Understanding and Managing Difficult Patient Encounters

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Managing Difficult Encounters with Patients

Faculty

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- No relevant financial relationships to disclose.
Learning Objectives

• Examine contributing factors and impact of difficult patient encounters (DPE)

• View DPE through a trauma informed lens

• Learn best practices techniques to manage difficult patient encounters
DPE and Health Outcomes

- 15% to 30% of family physician visits

Contributing Factors

- Physician
- Patient
- Situation
- Combination

(Larenzetti, et al., 2013)
Understanding Our Patients

- Define the Behavior, Encounter, not the Person
- Work on changing your relationship with the patient, not only the “disease”
- Understand that there may be underlying reason(s) influencing patient’s response, such as experience with trauma
Case Vignette: Ms. K
Case Vignette Discussion

What are key components that are useful to consider in managing the difficult encounters with this patient?

• A sense of dread as you enter the room.
• You are significantly behind schedule.

• Despite repeated efforts, patient remains non-adherent to lifestyle changes.
• New symptom(s) with specific demands for testing or medication
Trauma-Informed Care

Trauma Defined

- a deeply distressing or disturbing experience or physical injury
Stress Response

- Traumatic Event → The Body’s Alarm System
- The Body’s Alarm System → Stress Hormones
- Stress Hormones → Traumatic Stress
Types of Trauma

- Interpersonal Violence
- Sexual Assault
- Traumatic Losses
- Systems Failure
- Forced Displacement
- Community Trauma
- Cultural Trauma
- Domestic Violence
- Medical Trauma
Impact of Trauma on Health

- Somatic Complaints
- Dermatological Disorders
- Substance Abuse Disorders
- Urological Problems
- Sleep Disturbances
- Respiratory
- Gastrointestinal
- Cardiovascular

Trauma
Impact of Trauma on Health

Trauma

- Intrusive memories
- Startle response
- Shame, self-hatred
- Panic attacks
- Emotional overwhelm
- Chronic pain, headaches
- Eating disorders
- Substance abuse
- Self-destructive behaviors
- Little or no memories
- Hypervigilance
- Depression
- Dissociation
- Irritability
- Loss of interest
- Numbing
- Insomnia
- Decreased concentration
- Hopelessness

Adapted from Janina Fisher
Using a Trauma Lens

• Recognize that trauma has effects on physical health outcomes, behavior patterns, and the physiological way information gets processed.

• Many times we experience “problem behaviors” from a patient that are their coping mechanisms or learned survival skills.

• We want to avoid re-traumatizing the individual.

• Identify “What is important to this person?”
  • Asking “Can I do anything to help you?” instead of “What is wrong with you?”
Approaches: Setting Boundaries

• You should never be mistreated in the course of doing your job

• **Setting boundaries:**
  • Make it known that abusive language and threats will not be tolerated and are cause for termination of call or interaction.
  • “It doesn’t look like this is the right time to talk about…”
  • Date to call back or new appointment
  • Document abusive encounters
Approaches: OARS

- **Open-ended questions**
  “What has happened since we first met?”

- **Affirmation**
  “I appreciate that you are willing to share your frustration with me today.”

- **Reflective Listening**
  “It sounds like…” “What I hear you saying…”

- **Summarizing**
  “Here is what I’ve heard...Tell me if I’ve missed anything”
  “This is what I can do for...This is what I can’t do for...”
Approaches: NURS

- **Name:** The patient’s emotion
  “You say that these constant headaches really get on your nerves.”

- **Understand:**
  “I can see why you feel this way.”

- **Respect:**
  “You’ve been through a lot and that takes a lot of courage.”

- **Support:**
  “I want to help you get better.”
Approaches: BATHE

- **Background**
  “What has been going on in your life?”

- **Affect**
  “How do you feel about that?”

- **Trouble**
  “What troubles you the most about this situation?”

- **Handling**
  “How are you handling this?”

- **Empathy**
  “That must be difficult.”
Approaches: Centering Yourself

• Not taking the patients’ responses personal.
• Remember that patients are coping with their internal triggers/thoughts/emotions.
• Focus on your breathing.
• Open your senses to your surroundings.
• Notice where in your body the tension is felt.
• Avoid your own triggering
  • Affirm yourself, despite what member might say about you
• Take a moment to regroup.
• Process with coworkers for support.
Q and A