Managing the “Difficult” Patient

Dana Beall Brown, PhD
Clinical Psychologist
Weight Management Center,
Wake Forest Baptist Health
Psychology Today

TOXIC!
HOW TO HANDLE DIFFICULT PEOPLE

THE BENEFITS OF MELLOW LOVE
YOUTUBE CONFESSIONALS
5 SIGNS YOU'RE IN THE WRONG RELATIONSHIP
A ONE-HIT CURE FOR ADDICTION
THE TRUMP DIVIDE
AVOIDING FAMILY FALLOUT
Agenda

- Defining “difficult”
- Contributing factors
- Consequences of difficult encounters
- Management strategies
- Opportunities
Defining “Difficult” Patients

- 10-20% of patients are considered “difficult”
  (Hahn, et al. 1994; Hahn et al., 1996; Hinchey & Jackson, 2011; Jackson & Kroenke, 1999)

- Common descriptors: argumentative, non-“compliant”, hostile, unpredictable, time-consuming, manipulative, self-destructive
Defining “Difficult” Patients

- **4 “types”** (Groves, 1978)

- **Assessment (e.g. DDPRQ)** (Hahn et al., 1994)
  - How demanding was this patient today?
  - Did you find yourself secretly hoping this patient won’t return?
  - How hopeless do you feel about helping this patient?
  - How difficult is it to communicate with this patient?
  - How at ease did you feel when you were with this patient today?
Multiple Factors to Consider

- Also termed “difficult clinical encounters”

- Multiple factors:
  - **Patient** – stigma, multiple vague symptoms, mental health disorders, psychosocial factors
  - **Provider** – biases, poor communication skills, stress, inexperience
  - **System** – limited time, access to care, inadequate processes

(Hahn et al., 1996; Hinchey & Jackson, 2011; Lorenzetti et al., 2013; Robiner & Petrik, 2017; Sulzer, 2015)
Consequences of Difficult Clinical Encounters

- **Patients:**
  - decreased trust, interference with treatment/care, uncontrolled symptoms, higher utilization (Hahn et al., 1996; Hinchey & Jackson, 2011; Jackson & Kroenke, 1999)

- **Providers:**
  - stress, burnout/decreased job satisfaction, reduced quality of care, guilt (An et al., 2013; Bernhardt et al., 2010)

- **System:**
  - increased burden and cost (NIHCM, 2012)
Management Strategies

1) Provider awareness, accountability
2) Clinical effectiveness
3) Strategic communication
4) Team support
Provider Awareness

- Influenced by our own thoughts, emotions, behaviors (Halpern, 2007; Robiner & Petrik, 2017)
- Challenging old assumptions i.e. what if they’re not “difficult”? (Fiester, 2012)
- Benefits of challenging perceptions and labels:
  - Reduces negative thinking
  - Strengthens ability to see the bigger picture
  - Creates options
Improve Effectiveness

- Listening
- Empathy – A little goes a LONG way!
- Motivational Interviewing (Miller & Rollnick, 2002)
- Treatment of mental health conditions
- Utilize team perspectives
Strategic Communication

- Right time, right place, right way
- Consistency from interdisciplinary team
- Straightforward, considerate messages
- Proactive approaches
Opportunities

- Team support
- All’s well that ends well
- Posttraumatic Growth (PTG)
  - Positive change resulting from hardship or struggle (L.G. Calhoun and R.G. Tedeschi, UNC Charlotte)
References


