



# DEALING WITH DIFFICULT PATIENTS

Debbie Fuehrer, MA, LPCC

Pam Whitfield, PhD, CeRT

# THE INEVITABLE: DEALING WITH DIFFICULT PATIENTS

During this session, we will:

- Examine underlying causes of difficult behaviors
- Reveal powerful communications strategies to foster trust and understanding with patients.

# CONTRIBUTORS to Challenging Situations

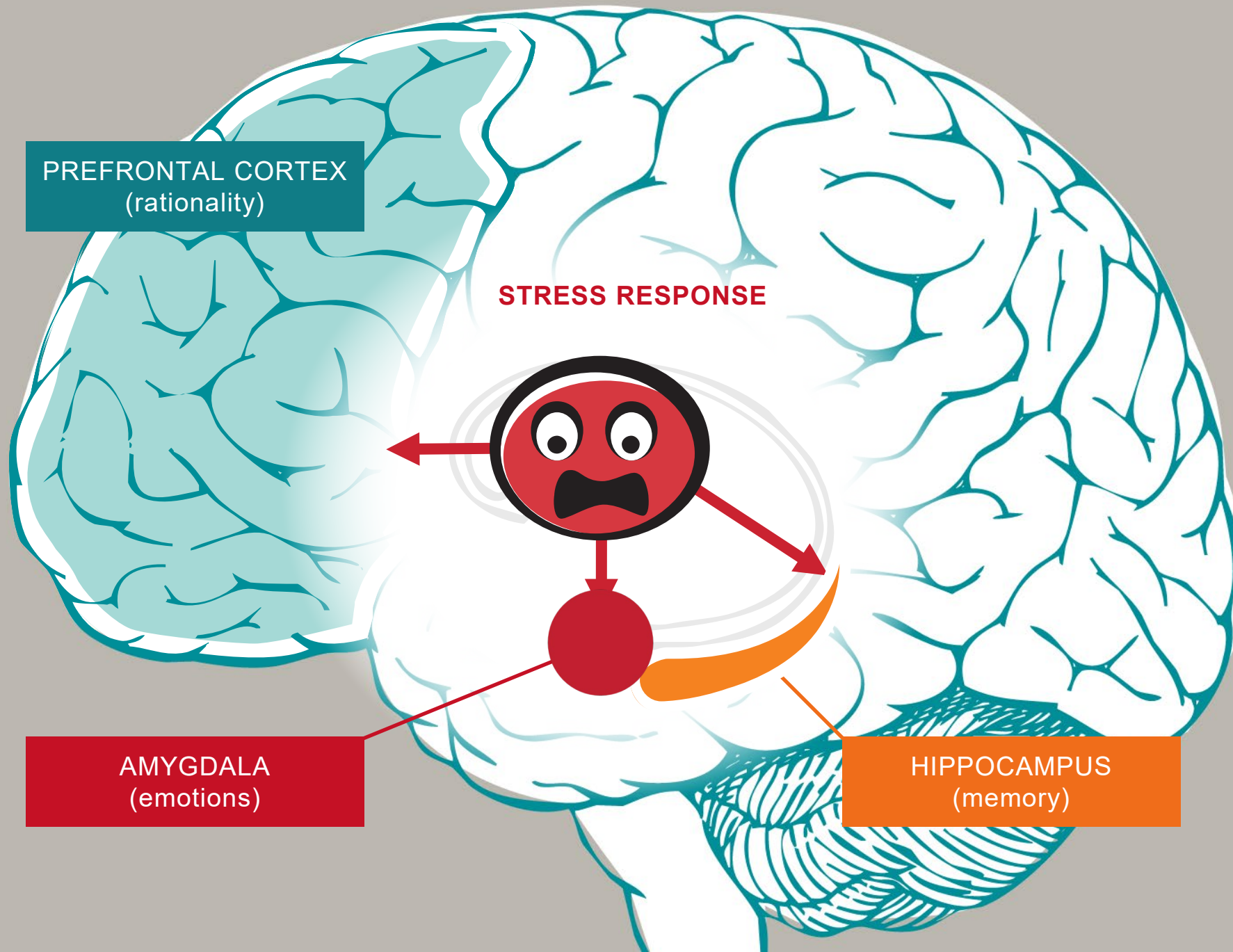
## Design of the brain

Hard-wired for stress

Scans for threats first

## Common stressors

- Demand-resource imbalance
- Lack of control
- Lack of meaning



PREFRONTAL CORTEX  
(rationality)

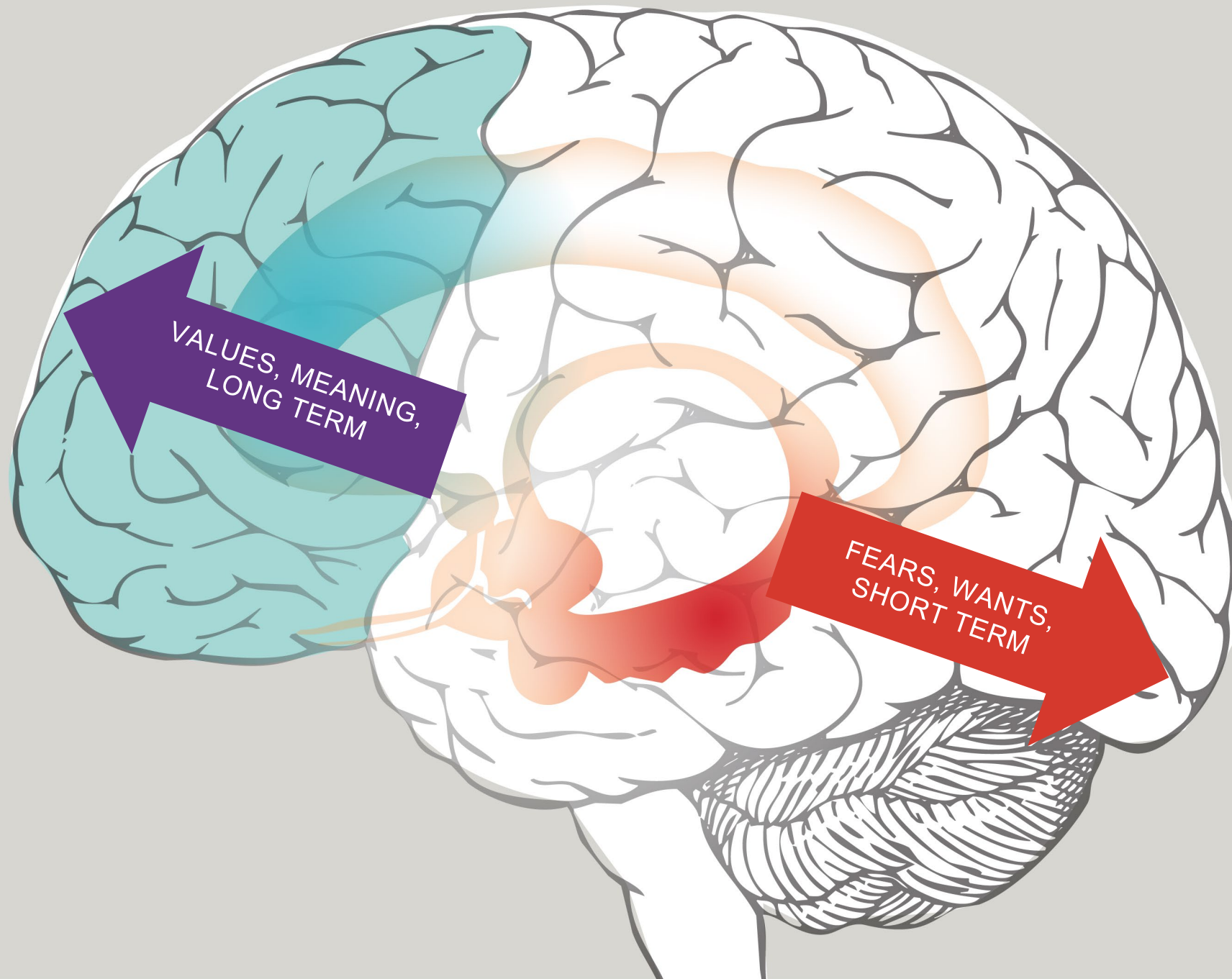
STRESS RESPONSE

AMYGDALA  
(emotions)

HIPPOCAMPUS  
(memory)

# DIFFICULT PATIENTS: DID ANYONE STOP TO ASK WHY?

- Common behaviors and attitudes (being stuck)
  - Patient not achieving what they want
  - Patient revisiting the issue repeatedly
- Underlying factors
  - Stress
  - Fear
  - Misunderstanding
  - Health issues
  - Anger
  - Fatigue



# WHAT CONTRIBUTES TO YOUR OWN REACTION?

- Along with the patient's contributing causes, we bring our own:
  - Personal triggers
  - Biases
  - Stresses
  - Emotions

# EFFECTIVE COMMUNICATION

- Start with Heart!
  - Emotional intelligence and self-awareness
  - (Penthouse brain living)
  - Higher values
  - Maintain professionalism and composure



# ANCHOR YOUR MIND IN HIGHER VALUES

Gratitude

Compassion

Acceptance

Meaning

Forgiveness

# MAKE IT SAFE

- Preserve safety for you and the patient
  - Distance between you and patient
  - Name tags
  - Know your physical environment
  - Know location of exits
  - Know location of your colleagues

# CONFLICT RESOLUTION & DE-ESCALATION

- Practice
  - Active listening skills
  - Empathetic communication
  - Nonverbal communication
  - Professionalism and composure
  - Mutual respect
  
- Look for something to validate
- Clarify intentions
- Commit to mutual purpose

# PATIENT SCENARIOS

1. Couple is fighting; continues to argue in exam room while you are trying to take medical history.
2. Crisis patient: covered in blood in hallway. Standing, breathing, but can't see wounds.
3. Patient introduces himself as a conspiracy theorist.
4. Patient wants to describe multiple past lives to explain current stressors.
5. Female patient doesn't want your male colleague to join the session.
6. Patient so anxious they can't concentrate on discussion with provider.
7. Patient crying uncontrollably when you enter the exam room.
8. Patient yelling at a resident because they "want a real doctor."
9. Patient is non-English speaker and interpreter didn't show up.
10. Service recovery: wheelchair bound patient, surrounded by 4 family members.

# WRAP UP

- What did you learn are some underlying causes?
- What new conflict resolution strategies did you learn?