

Communicating with challenging patients

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The “challenging patient”

- What do we mean by “the challenging patient”?

The “challenging patient”

- What impact does “the challenging patient” have on us as health professionals and service providers?

Mental Disorder in Primary Care



Source: WHO PPGHC Study 1998

The MaGPIE Study

Prevalence of common mental disorders in NZ primary care services



Prevalence of 12 month DSM IV mental disorders in NZ General Practice*

	Overall	Male	Female
Substance abuse and/or dependence	11.4	16.1	8.5
Depression	18.4	10.9	22.9
Anxiety Disorder	20.1	11.2	25.4

* Weighted to take into account probability of selection based on 756 GP practices

Common Mental Disorders in Primary Care*

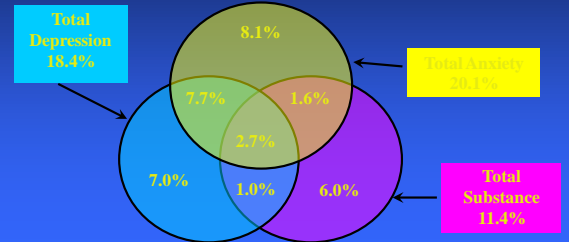
% of attenders with DSM IV disorder in the last 12 months

Any Anxiety Disorder OR
Any Depression OR
Any Substance Use Disorder } 35.4%

* Weighted to take into account probability of selection based on 786 GP attenders

Anxiety, Depression and Substance use disorders in General Practice: (12 months)

Percentages are estimates of proportion of general practice attenders, weighted for probability of selection among 786 GP attenders



What works: when patients feel satisfied with health professional consultations

- The patient feels that the doctor listened to them
- The patient feels that the doctor provided a meaningful explanation of the patients presenting complaint
- The patient feels that the doctor and the patient have devised a plan that will manage the complaint, and that they are beginning to implement that plan

What works: how to help the challenging patient feel listened to

- Goal of the consultation
 - Establish concept of the patients experience of the "disease" (the "illness")
 - Formulate what impact the illness is having on their life
 - Identify patients beliefs and expectations regarding the illness/condition

What works: how to help the challenging patient feel listened to

- Utilise active listening consultation skills
 - Non-verbal aspects
 - Put down files/pen; turn away from computer
 - Eye contact with patient, body posture towards them
 - Decrease use of closed ended questions ("Do...", "Is...", "Have...", "Are...", etc)
 - Increase use of open ended questions ("How...", "What...", "To what extent...")
 - Summarise and reflect what you think the patient has said, and ask for clarification and confirmation

Functional Assessment - The 10 Questions -

- What exactly is the current problem(s)?
- When did it start? (*history*)
- When does it happen? (*antecedent*)
- What disability is it causing? (*consequence*)
- What makes it better? (*functional coping*)
- What makes it worse? (*dysfunctional coping*)
- What does the patient think it is due to? (*patient hypothesis*)
- What do they believe can be done about it? (*expectation*)
- What would be a satisfactory outcome? (*realistic goal*)
- What effect would that outcome have on the patient and significant others? (*impact of change*)

When things get challenging: how to help the distressed patient feel listened to

- Acknowledge their concerns/complaints
- Acknowledge the impact their complaint is having on them
- Outline what your service can do to help address their concern
- Be clear about what you and/or your service can **not** do to help their concern. Do not allow them to develop incorrect expectations as to what you can do to help

When things get stuck: Fogging

- Summarise the patient's perspective
 - “It seems that you.....”
- Summarise your perspective
 - “However, I/we are.....”

When things get stuck: Cracked Record

- No matter how many directions the other person comes at you, just stick to your same reply;
- Do not try and fully address every additional angle they present
- Repeat your perspective

Organisational perspectives

- Do not allow yourself to engage in a consultation / discussion that is outside of your job description (esp. Reception staff)
- Do not allow yourself to support the patient's splitting of staff

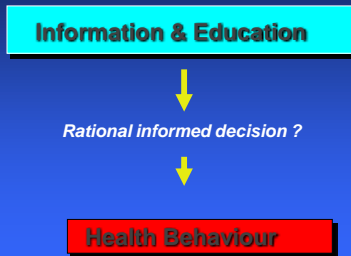
Enhancing health behaviour adherence

- What factors influence patients' ability to adhere to treatments?

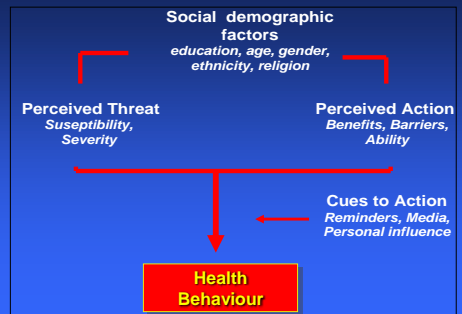
Enhancing health behaviour adherence: who makes the decisions?

- Ask the patient how much of a role they want to play in deciding what treatments to use;
 - Get them to rate themselves between 0 (not at all, leave it to the health professionals to decide); through to 10 (a lot; they want a major role in deciding treatment)
- Do not bombard reluctant patients with information and decision making; it will stress them out
- Do not withhold information and decision making from active patients; it will stress them out

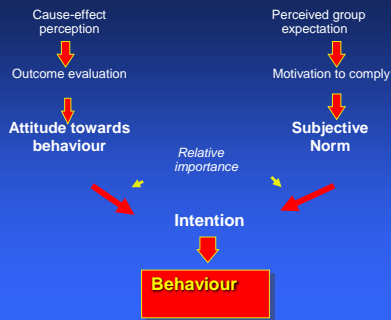
What determines our health behaviour?



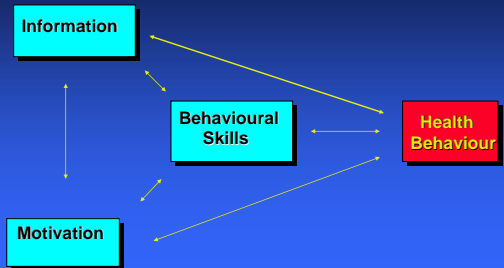
Health Belief Model



Theory of Reasoned Action



Information - Motivation - Behaviour Model (IMB)



Behavioural interventions that enhance health outcomes

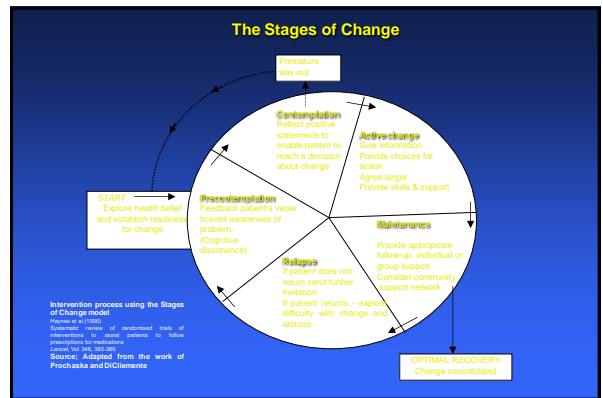
- Assess & identify deficit
- Design & deliver intervention to meet deficit
 - Information
 - Education & health promotion
 - Motivation
 - Peer education/interventions
 - Motivational interviewing
 - Behavioural Skills
 - Communication skills (service users and service providers)
 - Ability to access services
 - Developing highly adherent health treatments
 - Relapse prevention
- Monitor & evaluate intervention

Skills Training

- People need to have the behavioural skills to make changes in their behaviour
 - Communication skills
 - Goal setting
 - Time tabling
 - Problem solving

Motivational Interviewing

- Method for enhancing patients willingness to change
- Developing relationship with patient that is collaborative, non-judgmental, empathic.
- Discuss positive aspects of continuing with current (risk/unhealthy) behaviour, before moving on to potentially negative aspects



Motivational Interviewing Principles

- Collaborative relationship between doctor and patient, not authoritarian
- Evoking intrinsic motivations for change more desirable than trying to impose it
- Doctor respects patients autonomy and acknowledges responsibility for change lies with the patient

How to establish the patients level of motivation (Stage of Change)

- Ask them to rate on a scale of 0 – 10 how motivated they are right now to change (0 = not at all motivated; 10 = very motivated)
- Then ask the patient why the score is not lower (ie- why they are not less motivated) and listen to response
- Then ask them what would need to change for them to give a higher number, to feel more motivated
- This encourages patient to immediately express all aspects of their ambivalence without any judgement from the doctor

Motivational Interviewing Techniques

- Express empathy
 - Show an acceptance of the patients perspective
 - Use of reflective listening skills
 - Normalise ambivalence
- Develop the discrepancies
 - Between present behaviour and important personal goals
 - Evoke this from the patient and amplify it
- Roll with the resistance
 - Occurs when patient feels the doctor does not understand the importance of the behaviour, or their freedom to choose appears to be challenged
 - Doctor has done the wrong thing at the wrong time; signals the need to do something different
- Support self-efficacy
 - Look for successes elsewhere in patients life
 - Doctor supports and beliefs in patient
 - Elicit change talk

Relapse Prevention

- Method of identifying precursors to apparently random “relapses”
- Originally developed for alcohol/substance misuse; alternative to “abstinence” model
- Adapted to any “habitual”, “compulsive” behaviour

Treatment Adherence

- The degree to which patients carry out the behaviours and treatments that are required
- Compliance = “giving in to a request”
- Adherence = ability to stick to plan
- About 40% of patients fail to adhere to regimens

Adherence

- How assessed
 - Ask doctor
 - Ask patient
 - Ask patients “family”
- Semi-objective measures
 - Check number of pills left in bottle
 - Medication-recording dispensers (eg. MemsCaps)
 - Biochemical tests (blood, urine, etc)

Adherence

- Factors relating to Adherence
 - Demographics not clearly related
 - Motivations of the patient
 - Doctor-patient relationship
 - Social support

Adherence

- Adherence enhanced by
 - Present information/rationale clearly, simply, with objectively defined instructions, broken into sub-goals, backed up by written instructions, and asking patient to repeat/summarise
 - Behavioural methods
 - Tailor the regimen
 - Provide prompts and reminders
 - Self-monitoring
 - Behavioural contracting

Clinical aspects of Adherence

- Identify deficit (Knowledge, Attitude, Skill)
- If problem with knowledge, then provide appropriate information
- If problem with Motivation, identify Stage of Change
 - Use MI if pre-contemplative
- If problem with behavioural skill, help enact intention into behaviour
 - Multi-components best
 - Behavioural techniques
 - Cope with side-effects, lapses (Relapse prevention)

Behavioural techniques in changing or adhering to health behaviour

- Monitor their behaviour
- Contingency contracting (if x, then y)
- Reward contracts
- Response cost
- Shaping / successive approximations of behaviour
- Prompting
- Contract with significant other

Checklist: Enhancing health behaviour

- Find out what the patients perception is of their health risk
 - If low, provide appropriate information
- Find out how much of a priority that health risk is in their life
 - If low apply Motivational techniques
- Find out how capable they feel they are in bringing about a significant change in their health behaviour
 - If low, enhance behavioural skills

