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My Favorite Tips for Engaging the Difficult Patient on Consultation-Liaison Psychiatry Services

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THE GENERAL PROBLEM OF DISENGAGEMENT AND WORKING WITH THE DIFFICULT PATIENT

Disengagement is the main enemy for the consultation-liaison psychiatrist. Hospital patients referred for psychiatric consultation often are disengaged. Inpatients who occupy a medical-surgical bed self-define their problems as "medical." After all, it was not their idea to be subjected to a psychiatric interview. Against this backdrop, the goal of the first interview is to transform the unwilling, uncooperative, and often difficult and hostile patient into an engaged interview participant. Otherwise, the interview is an unproductive interrogation and an unpleasant power struggle. The three interview-engagement tips or techniques described are among my favorite ways to overcome the impediments to engagement most often associated with difficult patients. Once the difficult patient is engaged, the more typical psychiatric interview can begin.

INTERVIEWING TIP #1: STAYING IN THE RING, MEDIATION, AND DEVELOPING THE THIRD STORY

The Problem

Difficult patients are impossible to interview unless the consultation-liaison psychiatrist overcomes the patient's initial hostility, anger, and sense of entitlement and invalidation. These challenging patients' interpersonal styles are characterized by one or a combination of several defensive character traits. Invalidating, demanding, disruptive, attention-seeking, annoying, and manipulative behaviors are all too common. These patients believe that they are at the mercy of

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an unfriendly professional staff and the likelihood that they may be reacting to feelings of helplessness, fear, and disappointment explain behavior without offering a means to gain cooperation. How do you get started interviewing in this situation? What do you say first?

The Solution

Any medical interview develops out of the clinician–patient relationship. The traditional interview relationship takes one of two forms: active-passive or guidance-cooperation [1]. Expert knowledge and explicit recommendations given to willing and agreeable patients are attributes of both models. Although patients often are told what to do, they seldom protest directly.

Here is a sequence of guidance-cooperation interactions: "I'm here to take you to X-ray." is the hurried and insistent announcement from the transport aide. "I wasn't told I'm having an X-ray today." "All I know is that I've been told to take you to X-ray." "I'm sort of annoyed, but, oh well, let's get going." Perhaps the doctor who ordered the radiograph told the patient in a brief interaction that just did not register, or perhaps the doctor simply forgot to mention this common procedure. Despite being a bit grumpy, most patients get transported to the radiology department without much complaint.

The difficult patient will not go to the radiology department so quietly: "I'm here to take you to X-ray." "Who the hell are you? And which one of my dumb-ass doctors sent you"? "All I know is that I'm supposed to take you to X-ray." "Well, listen to me, Buster! You don't know a damn thing, and I ain't going no place until one of those lazy nurses gets her butt in here and tells me what's going on!" Such raw language and devaluation of professional staff produces strong negative feelings. Typical rejoinders, such as, "You can't speak to people this way," are of no help. Chastising and blaming the difficult patient for misbehavior seems only to make matters worse.

Difficult patients see the situation differently. The problem is, "Nobody told me about going to X-ray." Moreover, the difficult patient feels self-righteous and thinks, "How can I help getting angry when I get no respect?" Now, all of a sudden, the clinician is the one that is supposed to apologize! Predictably, the difficult patient identifies differences that challenge the authority of the clinician, and difficult patients persist until the conflict is resolved in their favor. "Winning" is motivational for difficult patients.

Where to begin? You introduce yourself and the expected reply is, "Leave!" Your first instinct may be some combination of fear and anger. Get past it; don't be intimidated. The first challenge after hearing "Leave" is to stay in the ring and feel comfortable doing so. Your assertive position is made easier by accepting a new role: that of a mediator; it is important to think and act like one.

The key to mediation is found in developing what the Harvard Negotiation Project calls the "third story" [2]. Regarding "going to X-ray," there is the patient's story, the staff's story and the third story. The patient thinks the staff is