

Practical Tips for Dealing with Difficult People

(or What Do I Do In The Real World?)

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Disclosure....

- None

The Difficult Patient in Primary Care

- “Ten percent of your patients may be the ones who provide 50% of the hassles in your practice. They have even generated their own terminology, the ‘heartsink’ patient.”
- Concept of difficult patient stems from the combination of an MD who feels inadequate and a dissatisfied patient

The Difficult Patient in Primary Care

- MDs describe 10% of patient encounters as highly frustrating
- 30-40% of patients are dissatisfied with MD visits in terms of amount of time spent and opportunity to explain their problem

Epidemiology of the Difficult Patient in Primary Care

- 627 patients at 4 PC clinics
- GPs rated 96 (15%) patients as difficult
- Difficult patients much more likely to have a mental disorder (65% vs 25%)
 - Somatic disorder (OR 12.3), Panic Disorder (OR 6.9), Dysthymia (OR 4.2), GAD (OR 3.4), MDD (OR 3.0) and Alcohol Abuse/Dependence (OR 2.6)
- Higher rates of functional impairment, health care costs, and dissatisfaction with care received

The Difficult Patient in Primary Care

- 15-30% of PC patients described as “difficult”
- Disproportionate use of resources
 - Office and ER visits
 - Prescriptions
 - Investigations
 - Referrals
- Physicians and other health care providers suffer significant stress from interactions with difficult patients
- Interplay between the unique styles and characteristics of BOTH the MD and the patient

- **Schafer and Nowlis, 1998**

The Difficult Patient in Primary Care

- Groves described four types of difficult patients:
 - Dependent clingers
 - Entitled demanders
 - Manipulative help-rejecters
 - Self-destructive deniers

- Groves, 1978

Personality Disorders

- What is a Personality Disorder?
 - Failure to achieve adaptive solutions to life tasks
 - Three types of failures (Livesley, 2003)
 - Failure to establish integrated representations of self and others
 - Interpersonal dysfunction with failure to develop capacity for intimacy, to function adaptively as an attachment figure, and/or establish the capacity for affiliative relationships
 - Failure to function adaptively in the social group as indicated by the failure to develop the capacity for prosocial behavior and/or cooperative relationships

DSM5: Personality Disorder Clusters

- A. “odd and eccentric” - Paranoid; Schizoid; Schizotypal
- B. “dramatic; emotional and egocentric” - Antisocial; Borderline; Histrionic; Narcissistic
- C. “anxious and fearful” - Avoidant; Dependent; Obsessive-Compulsive

Cluster A



Cluster B



Cluster C



Personality Disorders

- Significance of Personality Disorders:
 - Costly to society
 - Crime – 70-85% have PD
 - Alcoholism – 60-70%
 - Drug abuse – 70-90%
 - Increased mortality – accidents, suicides, unhealthy lifestyles
 - Increased use of health care resources
 - Increased separation, divorce, child-custody disputes
 - Worsens prognosis of co-morbid Axis I diagnosis

BPD Treatment Recipe

- $\frac{3}{4}$ validation, $\frac{1}{4}$ challenging
- Validation is not collusion, challenging is not confrontation
- Validation
 - “That sounds like it must have been really tough for you”
 - “I would imagine that you were really hurt by that”
 - “I think anyone in that situation would be hard pressed to cope”
- Challenge
 - “What do you think your contribution to that situation was?”
 - “Is there anything you think you could have perhaps done differently?”
 - “I would imagine that if one hangs out in biker bars, that probably increases the chances of something bad happening”

“It’s hard to drive when looking in the rear-view mirror” ...

- Many patients are so preoccupied with their past that they are paralyzed in the present
- None of us have a time machine, so we are not able to change the past
- However, we can change the present to help shape the future



“Life is simple, it's just not easy”...

- Healthier choices lead to more satisfaction and a higher quality of life
- Conversely, if we make more unhealthy choices than healthy choices, we are less satisfied and often experience a lower quality of life
- This is true and simplistic, but just not terribly easy
- Many people struggle to differentiate between a healthy choice and an unhealthy choice



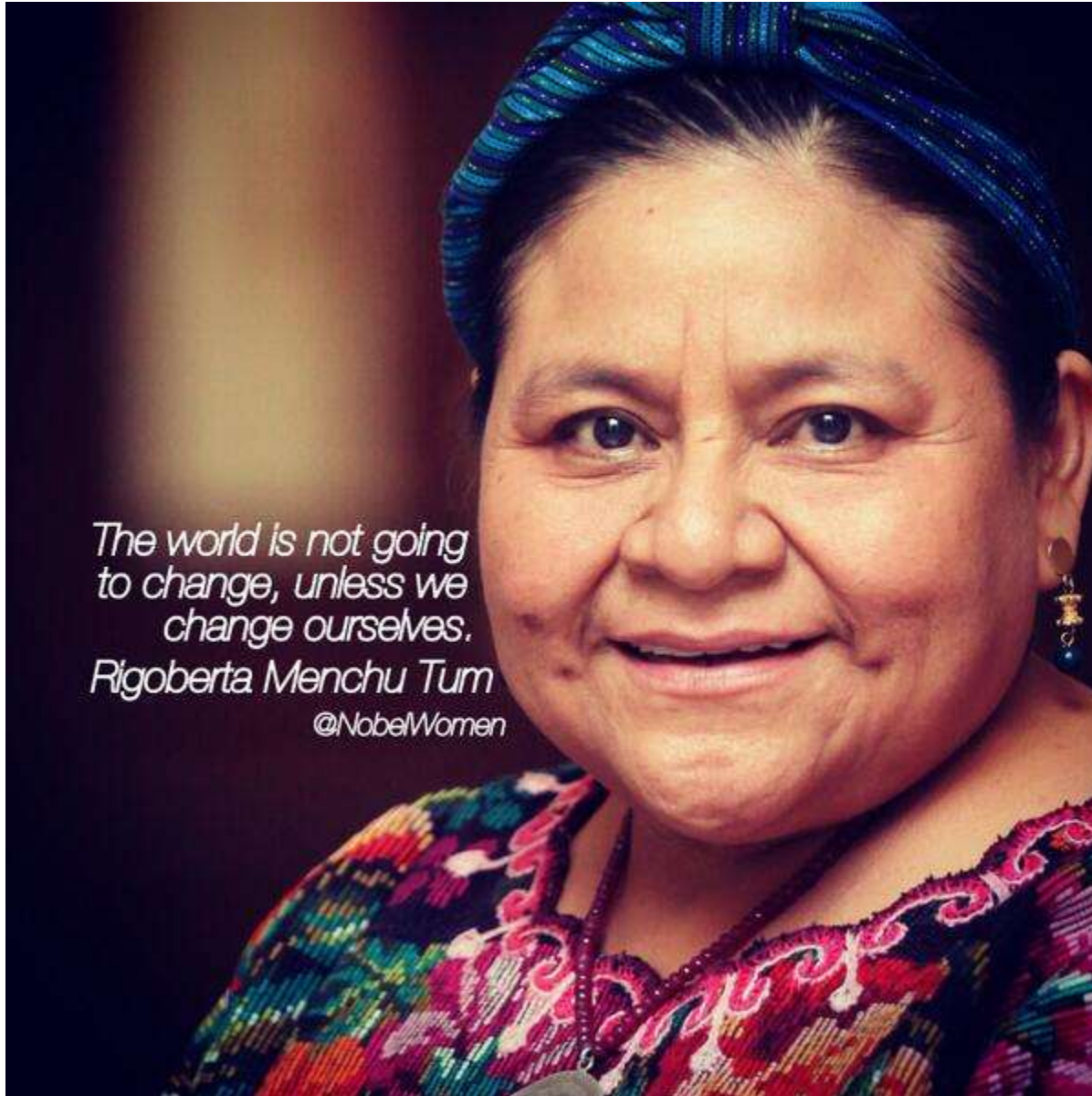
You cannot control what others choose to do or say, but you can control how you choose to react...



“Even when it’s personal, it’s not personal....”



“The world is not going to change. You
have to change yourself.”



*The world is not going
to change, unless we
change ourselves.*

Rigoberta Menchu Tum

@NobelWomen

Use challenge/validation/clarification

- Validate their feelings and advocate TOLERANCE of strong emotions **before** exploring coping/problem-solving strategies
- Teach them to distract themselves when “the volume is too high” . They need to buy themselves the time to “think” before they “act”

**“You can't stop the waves,
but you can learn to surf.”**

Jon Kabat-Zinn



Use challenge/validation/clarification

- Explain “Life Truths”
 - Life is not fair

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 - You cannot choose your family
 - You only have one childhood
 - Pain is not a competitive sport

“I can't hear you when you are yelling/screaming at me....”



“The fact that I do not agree with you does not mean that I do not understand you.”

I DISAGREE WITH YOU, BUT I STILL
LIKE YOU AS A PERSON WHO IS A HUMAN BEING AND
I WILL TREAT YOU LIKE THAT BECAUSE IF I DIDN'T IT WOULD
MAKE EVERYTHING BAD AND THAT'S WHAT LOTS OF PEOPLE DO
AND IT IS LAME.



Use challenge/validation/clarification

- Increase their awareness/ insight by reviewing concrete examples of how her patterns of thinking/ behaving are linked to positive or negative outcomes
- Use positive reinforcement and point out successes as a means to encourage motivation to change
- Make the client aware of the consequences of his/her beliefs and attitudes
- Explain the long-term goals and possible future positive results

“Do or Do Not. There is No Try”

