# WORKING WITH PATIENTS PERCEIVED AS CHALLENGING

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## Objectives

- By the end of this session, you will be able to
  - Identify management techniques to facilitate effective hospitalizations and discharges of patients perceived as challenging
  - Analyze personal behaviors to identify productive and counterproductive activities related to caring for patients perceived as challenging
  - Discuss strategies to enhance trainee experiences with patients perceived as challenging

## Agenda

- Introductions
- Part I: Small Groups
  - Comprehensive Care
- Part II: Choose One
  - Maintaining professionalism and positivity
  - Supporting Trainees
- Wrap-up

## Brief Introduction

- Somatoform Disorders
  - Mind/body connection: Limbic system can affect sensorimotor signaling
    - Can occur after an illness or injury and can continue happening despite the illness or injury no longer being present
    - Can also occur as a result of conditioning in the body, sensitization to pain or sensations, underlying psychiatric symptoms, life stressors, or a disruption in routine and scheduling

## Brief Introduction

- Labeling
  - The 'Hateful / Difficult / Heart sink Patient'
  - 'Families/patients perceived as difficult'

## Small Group Work

- Comprehensive care
  - Building a multi-disciplinary team
  - Establishing expectations
  - Language to use
  - Discharge planning

## Comprehensive Care

- Building a multidisciplinary team
  - Get everyone on the same team
  - Avoid dichotomizing medical and psych
  - Identify team/communicator leaders
  - Clarify roles
  - 'Huddles'
  - Utilize the parents → empower/encourage them to parent (in appropriate ways)
  - Simplify the message, give it consistently
- Effective care team meetings

See Burton et al for further details

## Comprehensive Care

- Expand the System
  - Expand the family system
    - Friends, relatives, clergy, school
  - Expand the hospital system
    - PCP, SW, chaplain, child life, child psych, palliative care, child protection, acupuncture, art therapy

## Comprehensive Care

- Establishing expectations
  - Goal of this hospitalization…
  - Pathways/guidelines/rules
  - Schedule regular, short, focused visits

# Comprehensive Care

- What language to use ("scripting")
  - Explaining Conversion
    - "First of all, I want to make sure that you understand that I/we believe that your pain/symptoms are real and that you are truly suffering."
    - "Sometimes, without us being aware of it, our minds figure out that having symptoms is helping solve another problem and that can get in the way of healing and recovery"
  - Justifying attention to stressors
    - "Nothing is ever 100% medical or 100% stress/emotional. There is always a combination. And my goal is to get you 100% better. Would you like to be 100% better? Even if emotional stuff is responsible for 1% of your impairment in functioning/pain/etc, I want to make sure we're addressing it- getting you and your family help with it, because you deserve to get 100% better."

# Comprehensive Care

- What language to use ("scripting")
  - Conveying the diagnosis/treatment plan
    - Hold that uncertainty is a fact of parenting/life
    - "There is always another test we could do or repeat. There is always another rare diagnosis to consider. However continuing to hunt for them – esp. in the absence of new signs/sx- comes at a price. And it gets in the way of focusing on the things WE KNOW are present and WE CAN HELP FIX"
    - "You're never going to be 100% sure this isn't a seizure….So, since you won't be sure, how do you decide whether to still send her to school or not? Let's talk about how we can help you decide…"

## Comprehensive Care

- Discharge Planning
  - Know your resources
    - PT, OT, pain clinic, cognitive behavioral therapy, psychiatry, support groups
  - Medical home/outpatient ownership
    - Provide them with resources to succeed with continuation of care
    - Coordination with school
      - Set clear criteria for missing school
  - Hospitalization/ED Action Plans

## Comprehensive Care

- Discharge Planning: Intensive rehabilitation programs
  - Hasbro Children's Hospital Partial Program (Providence, RI)
  - Mayo Clinic Pediatric Pain Rehabilitation Center (Rochester, MN)
  - Boston Children's Hospital Pediatric Pain Rehabilitation Center (Boston, MA)
  - CHOP Center for Amplified Pain MSK Pain Syndrome* (Philadelphia, PA)

    * *Also treat amplified abdominal, head or chest pain*

http://stopchildhoodpain.org/faqs/what-hospitals-offer-this-treatment-program/

## Small Group Work

- Choose one:
  - Maintaining Professionalism and Positivity
  - Supporting Trainees

## Maintaining Professionalism and Positivity

- Identifying Emotions
- Reframe
  - Their symptoms are real
  - They are truly suffering (similar disability and even more stress)
  - This is the only response they can come up with to an overwhelming problem
  - They need your help desperately
  - You can actually help them
- If all else fails, it is harder to be them than to be with them

## Maintaining Professionalism and Positivity

- Conflict Resolution
  - Scripting:
    - "You never have to apologize for advocating on behalf of your child"
    - "I think we can all agree that things haven't been going as well as we'd like"
    - "I don't think I've done the best job of hearing you…"
    - "I find myself using a tone…"
    - "Everybody gets upset, but at the same time, this is a children's hospital…"
    - "We share your hope for a miracle/complete resolution of symptoms….part of how we increase the chances of bringing that about…"
    - "This only works if we can work as a team, share the same goals, and trust one another…"

## Maintaining Professionalism and Positivity

- Establishing Boundaries
  - Set ground rules for effective communication/interactions (and refer to prevent derailment)
  - Clearly delineate unacceptable behavior/consequences
  - Know your hospital's disruptive visitor policy
  - Put it in writing
- Pro-active/pre-emptive, regularly scheduled meetings
- Defer to the team/Avoid splitting

## Maintaining Professionalism and Positivity

- Resources for support
  - Colleagues
  - Risk management
  - Consulting psych team (for you!)

## Supporting Trainees

- Acknowledge our own feelings
- Help trainees acknowledge their own feelings
  - Help them reframe their feelings
- Set clear expectations for trainees/provide empathic but firm feedback about unhelpful language
- Model responsibility over blame
- Be cognizant that the team becomes caricatures of their leaders

# Wrap-Up

Final thoughts?

Questions?

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