



DELIVERING BAD NEWS TO
CHALLENGING PATIENTS...

***WHILE MAINTAINING POSITIVE
RELATIONSHIPS***

Patsy Foley, LICSW

James Apt, Lead Medical Case
Manager

Boston Healthcare for the Homeless
Program

Mini Case Scenario Examples

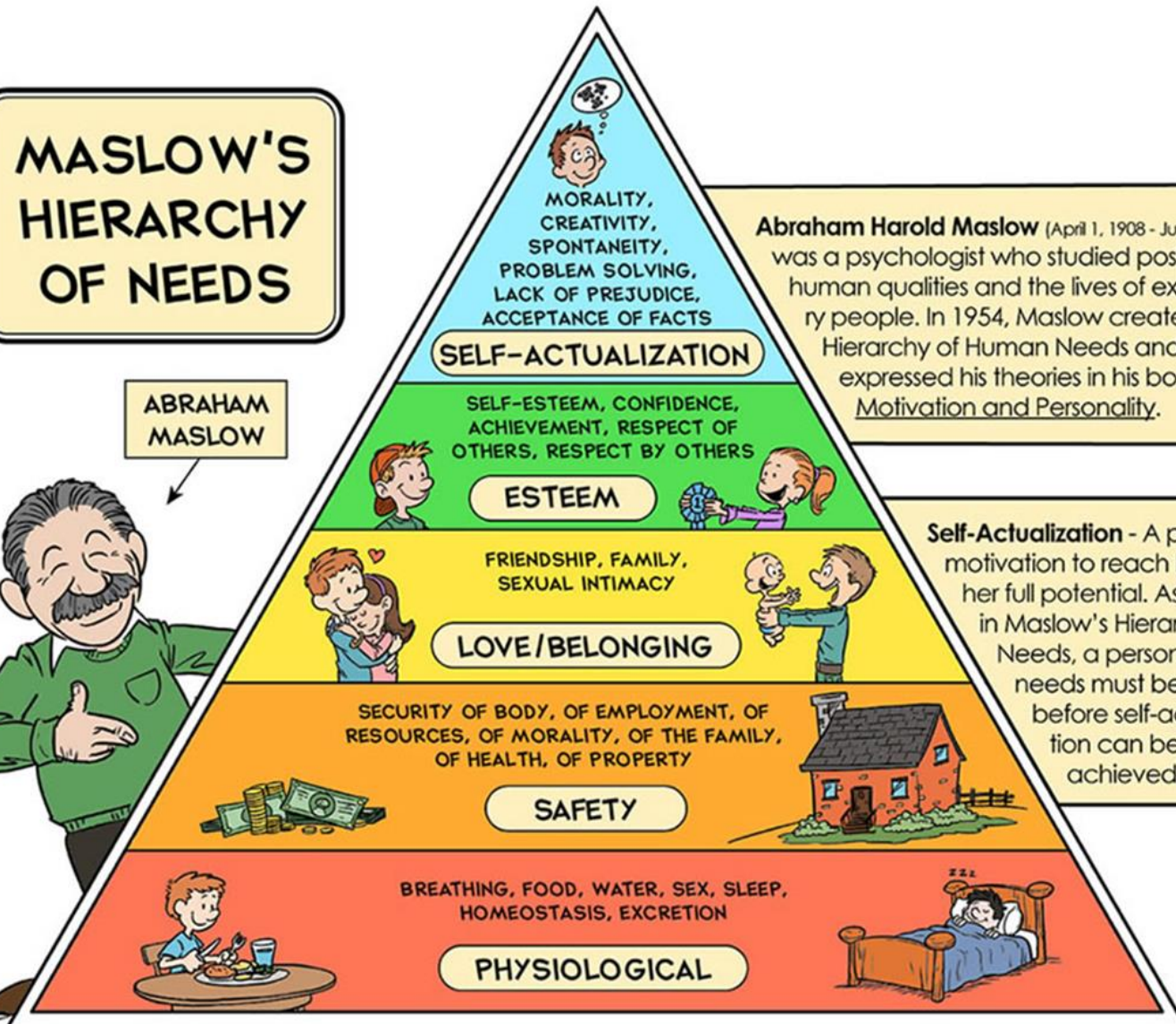
- Your client has not paid rent in 6 months and is at risk of eviction
- Your client tested positive for (cocaine/heroin/marijuana) and is in direct violation of their pain management contract with their PCP
- Your client was denied housing based on their CORI
- Your client was found with drug paraphernalia at their residential treatment program and is at risk for being discharged to the street
- Your client's recent labs have come back with a detectable viral load, even though the client reports taking meds as prescribed
- Your client applied for SSDI and received a second denial letter

Other examples?

How do we stay in the moment, but also be prepared with resources to jump into action mode for our patients?

MASLOW'S HIERARCHY OF NEEDS

ABRAHAM MASLOW



Abraham Harold Maslow (April 1, 1908 - June 8, 1970) was a psychologist who studied positive human qualities and the lives of exemplary people. In 1954, Maslow created the Hierarchy of Human Needs and expressed his theories in his book, *Motivation and Personality*.

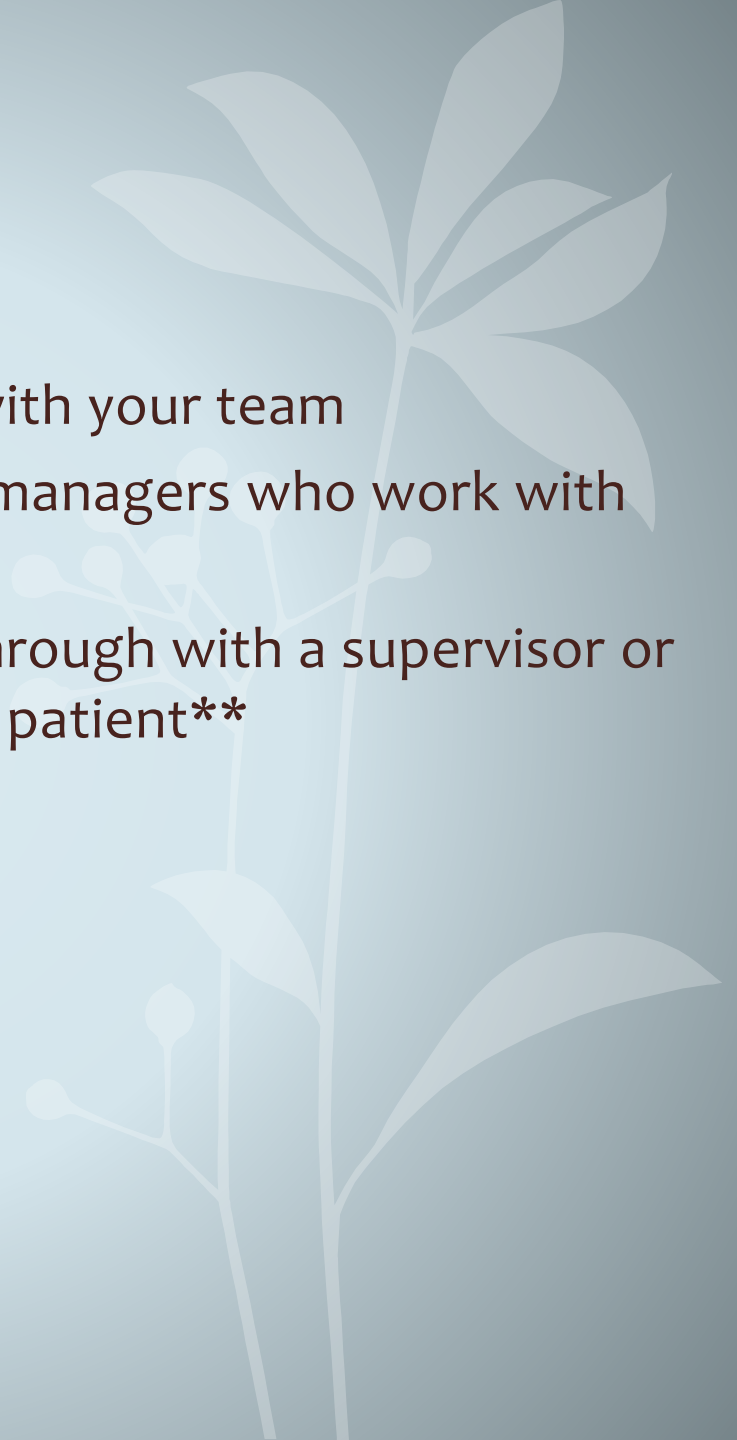
Self-Actualization - A person's motivation to reach his or her full potential. As shown in Maslow's Hierarchy of Needs, a person's basic needs must be met before self-actualization can be achieved.

Prioritizing Tasks with Clients

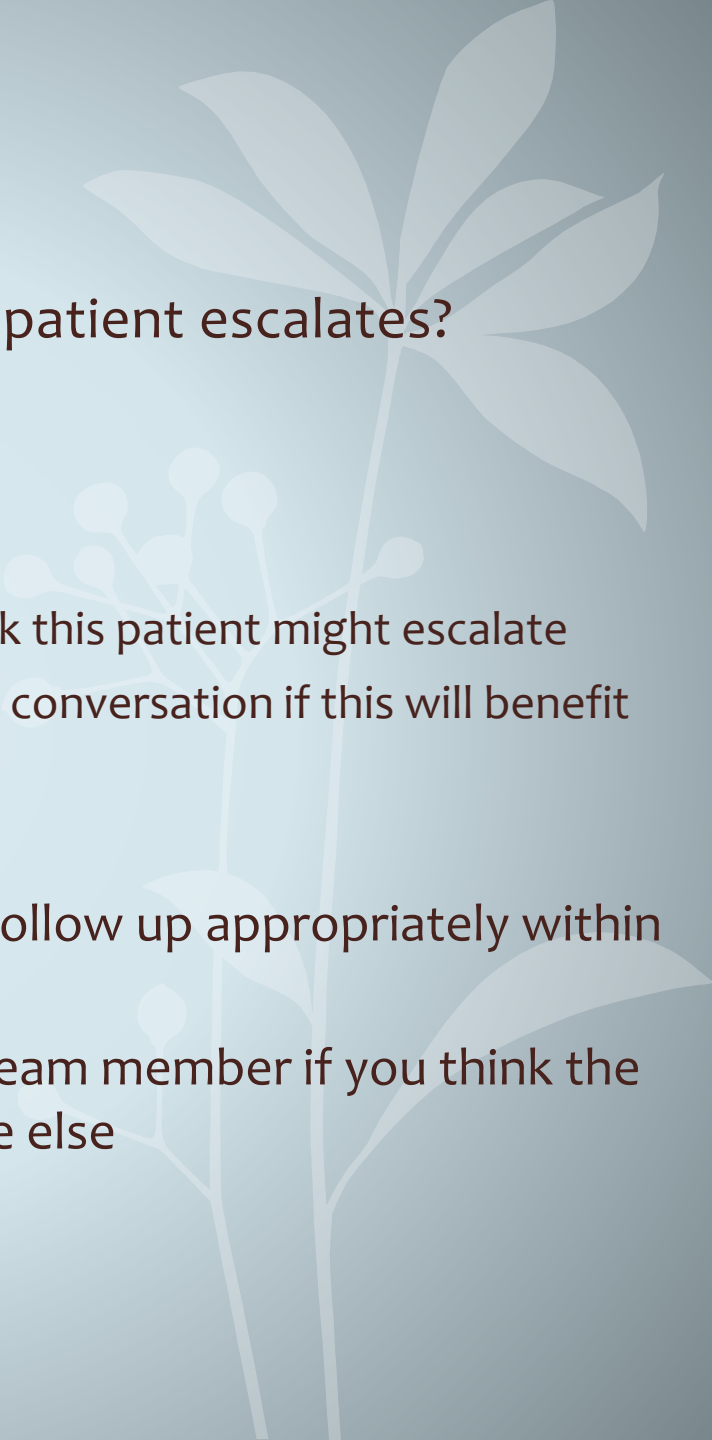
- Recognize your agenda, while respecting the client's immediate needs
 - Our agenda: usually health oriented
 - Client's agenda: may include health needs, along with immediate basic/safety concerns (housing, food, transportation etc.)
- Anything that helps a client engage in care and feel well is an important task to work on!
- Building a relationship is key for making space to give bad news down the line
 - Saying yes when others might say no builds trust (clothing donation requests, gift card requests, transportation, etc.)
 - There are many ways to say yes when we are inclined to say no:
 - “Yes I can help you with that.” “Yes, let me find the best person to help you with that.”
 - “Yes, I’m happy to listen.” “Yes, I don’t have the answer at my fingertips, but I can find out more for you!”

Planning for Safety

- You are not alone!
- Collaborate & plan before the meeting with your team
- Get feedback or advice from other case managers who work with this patient
- If you're feeling nervous, talk scenario through with a supervisor or someone you trust **before sitting with patient**

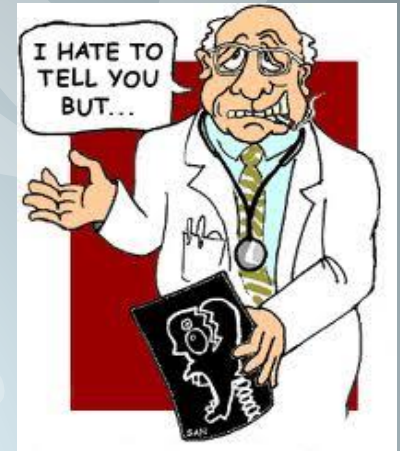


Basic Safety Check

- Who is available to you in the clinic if the patient escalates? (Security, case managers?)
 - **Set up your space**
 - Are you sitting in the chair closest to exit?
 - Clear the room of unsafe loose objects if you think this patient might escalate
 - Identify patient ally on staff and include them in conversation if this will benefit patient
 - **Make a follow-up plan**
 - If your patient escalates and leaves, plan to follow up appropriately within 24 hours
 - Remember that you are not alone –tag in a team member if you think the patient will respond more calmly to someone else
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Tips for Delivering Bad News

- Be as direct as possible
 - Do not leave room for interpretation
- Validate client's frustrations
- Talk to the client about their strengths
 - “You're here today, and serious about addressing these (Health/Housing/Substance Use) issues! That takes a lot of courage.”
- Use your **Motivational Interviewing Skills** – now is the time for some affirmations and reflective listening



Tips for Delivering Bad News, Continued

- Listen to client concerns and when needed ask difficult questions
 - When a client is moving into a new housing unit – being direct about asking financial planning questions
 - Talking directly about relationships and sexual behaviors when relevant
- Involve client voice in planning for future
 - “How do you want to move forward?”
 - “Tell me what you think you need to feel safe and supported.”
- Give yourself time to wrap up with the client
 - Summarize goals
 - Remind the client that you are part of their support team



Forbes Leadership Forum: The 10 Commandments for Delivering Bad News

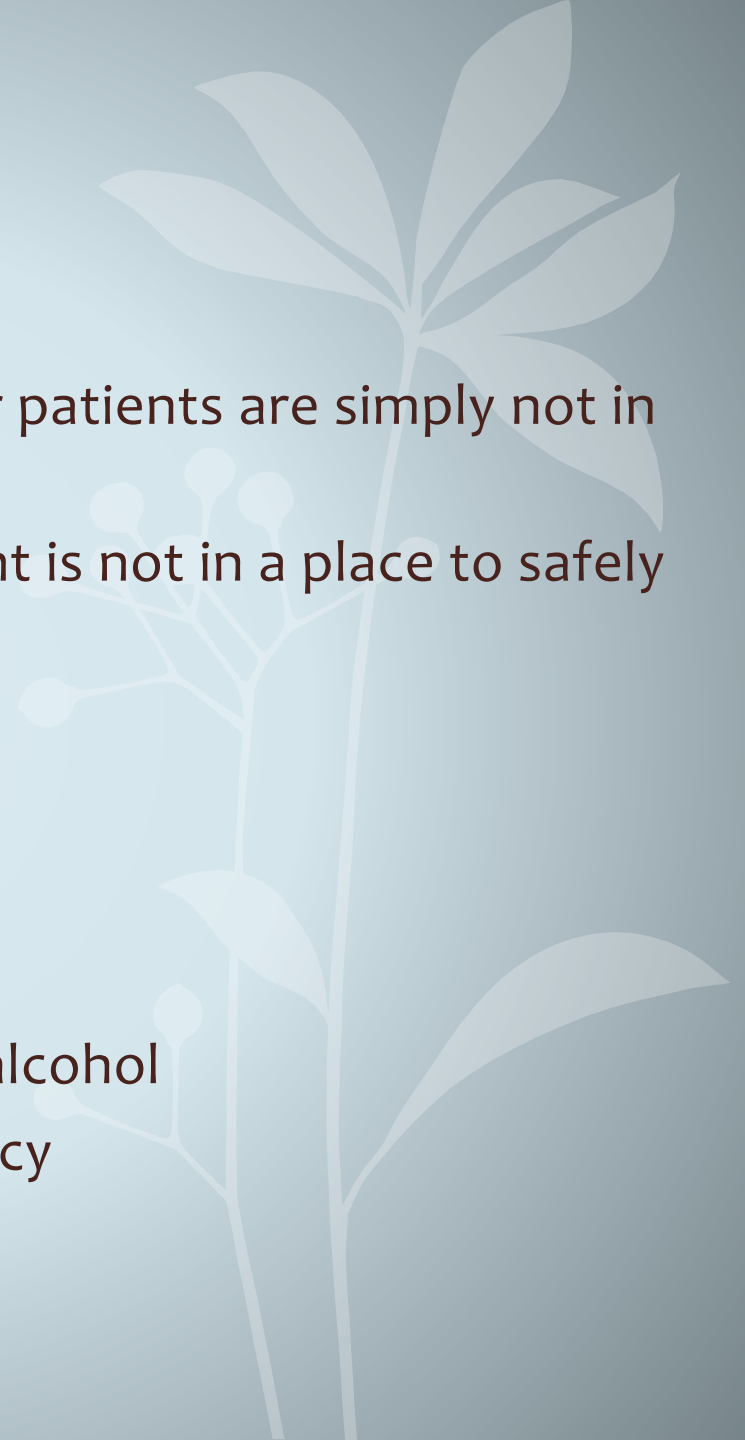
- **10: “Thou shalt never surprise”**
- 9: “Thou shalt never delay”
- 8: “Thou shalt never hide the facts”
- 7: “Thou shalt always put it in writing”
- 6: “Thou shalt always justify”
- **5: “Thou shalt always look for the silver lining”**
- **4: “Thou shalt always bring solutions”**
- 3: “Thou shalt always remember your multiple audiences”
- **2: “Thou shalt always follow up and follow through”**
- **1: “Thou shalt always treat people with respect and dignity”**

Barriers to Communication & Special Circumstances

- Timing is everything, and sometimes our patients are simply not in the space to hear bad news
- It's okay to table bad news if your patient is not in a place to safely hear it!

Examples:

- Over sedation
- Actively psychotic
- Heavily under the influence of drugs or alcohol
- Actively dealing with a medical emergency



Bad News is an Opportunity for Change

Situations and circumstances change!

Our job is to stand by our clients during the hardest parts of their journey, and when possible help them affect change!

