Wounded Voices and Open Ears

APPROACHING THE HELP-REJECTING PATIENT

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The Challenge

- Some patients trigger instant tension — they resist every intervention.
- Common phrases:
  - **"That'll never work."**
  - **"I've tried everything."**
  - **"You just need to give me ___. Nothing else will work."**
- These may be **Help-Rejecting Complainers** (Frank, 1952): people invested in their suffering yet resistant to relief.

Understanding Help-Rejecting Patients

- Often live with **chronic, non-curable conditions** and **high distress.**
- History of **trauma or neglect → defensive (self-protective), aggressive patterns**.
- **Fear of vulnerability**, loss of control, or shame.
- Possible **neurodivergence**: Pathological **demand avoidance.**
- **Low psychological flexibility**; early in the Stages of Change model.

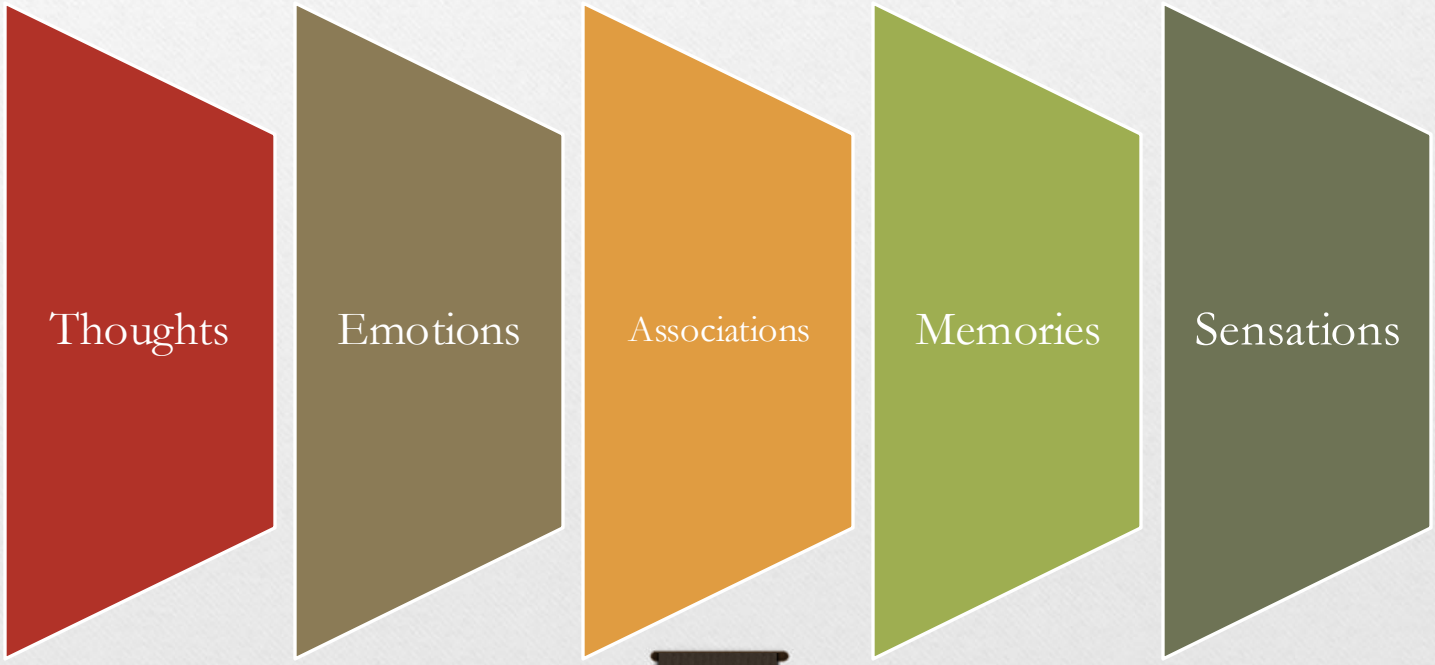
Transtheoretical Model of Change

Pre-contemplation stage

-  Lack of Awareness: Doesn't recognize a problem exists
-  Resistance to Change: Unwilling to consider modification
-  Overestimate Costs / Underestimate Benefits: Change seems too hard or not worth it
-  Past Negative Experiences: Failed attempts lead to discouragement and hopelessness

Understanding Help-Rejecting Patients

- Reactions stem from **TEAMS:**



Provider Challenges

- Patients evoke negative **TEAMS in providers** (frustration, defeat).
- Risk of a **parallel process**:
  - "I've tried everything…" → "I've tried everything with this patient."
- Leads to **burnout, hopelessness**, and **adversarial care**.
- Often no clear referral option—**others may have given up too.**
- **Other challenges?**

Common TEAMS Experienced by Demanding Patients

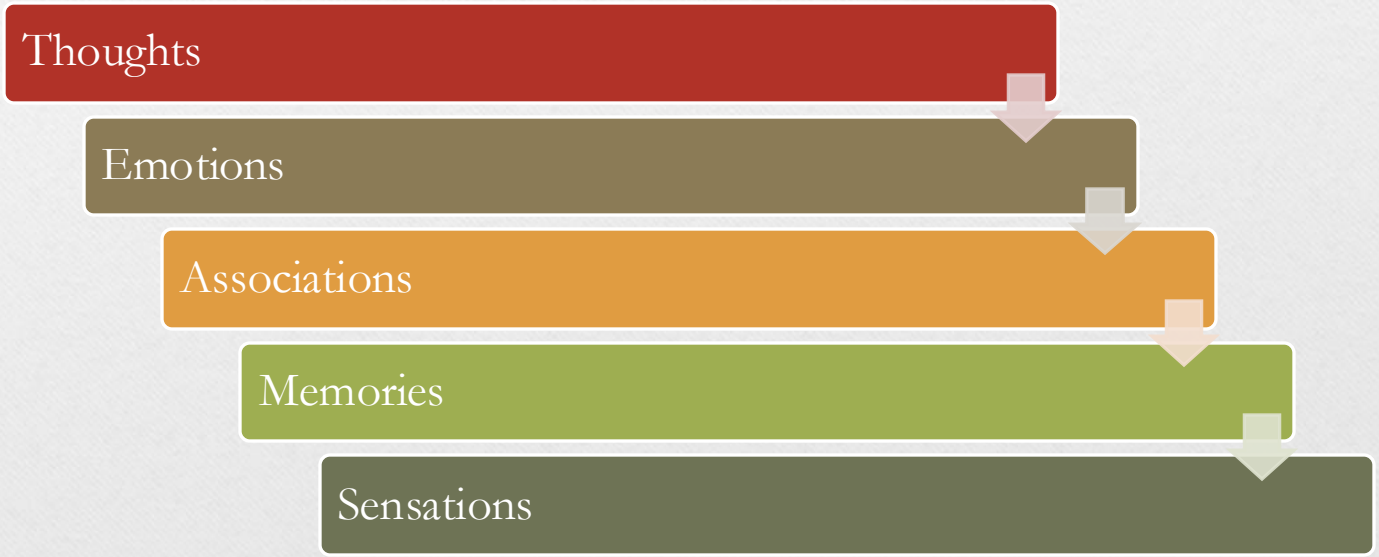
Thoughts	My provider doesn't listen to me and doesn't really care about me. He is just like all the other doctors and nurses who have misunderstood and misdiagnosed my problems: I have to make him understand how bad things are or he won't do anything. My health is failing, and no one seems to be doing anything about it. I am going downhill fast.
Emotions	Fear, anxiety, frustration, anger.
Associations	Image of standing up to authority who is yelling, threatening. Vague association of vulnerability to danger.
Memories	Being bullied and abused by father.
Sensations	Heart racing, headache.

Common TEAMS Experienced by Primary Care Providers During Visits with Demanding Patients

Thoughts	I wonder what new kind of complaint he is going to throw at me today. He doesn't understand that I have nothing else I can do to address his problems. He doesn't follow my instructions anyway; he probably has caused a lot of his medical problems by being so irresponsible. I'm going to try to keep control of the number of problems we discuss today. I'm going to tell him we have time to address only one problem.
Emotions	Apprehension, frustration, anger.
Associations	Feeling impotent, exposed as an ineffective provider.
Memories	Last visit with him and negative feelings associated with it.
Sensations	Jittery.

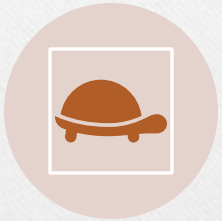
Self-reflect

- Identify a patient that activates your TEAMS. Fill in the boxes for what comes up for you:



Core Principles for Providers

• USE **"SOFT EYES": MINDFUL, CALM, COMPASSIONATE PRESENCE**.



• **SLOW DOWN** YOUR VOICE AND PACE.

• **ACKNOWLEDGE FEELINGS AND PERSPECTIVE**, EVEN IF YOU DISAGREE.

• NORMALIZE RESISTANCE: **IT'S OKAY FOR THE PATIENT TO BE HESITANT**.

Core Principles for Providers

- Avoid the Righting Reflex—**don't rush to "fix."**
- **Don't personalize** rejection.
- **Consult peers** for perspective and support.
- Doing **these things alone** counts as **the "work"** you are doing in an appointment.

Communication Strategies

Stuck Response | Unstuck Response

- "That's not the right drug for what you have." → "I can see how much you want relief and rest. Let's explore ways to support that goal safely."
- "I don't treat you like an addict." → "It sounds like you've felt judged before. Let's start fresh without assumptions."
- "No, I won't prescribe that." → "I want to support your health and sleep—let's find a way that aligns with your long-term goals."

Techniques for Intervention

- **Thought Watching (ACT intervention)**: Observe your thoughts without reacting. "I'm noticing that I am having the thought that…."
  - You can use reflections to the patient in the same way: "So you're having the thought that I think you're an addict?"
- **Values-focus:** Identify values and small, aligned actions.
- **Use data**: Track progress (pain, BP, sleep).
- **Motivational Interviewing** (MI): **OARS** – Open ended questions, Affirmations, Reflective listening, Summaries.

Techniques for Intervention

- **Motivational Interviewing** (MI):
- **Develop discrepancy** (gently):
  - "You've said your main goal is to have more control over your symptoms—how does avoiding treatment fit with that?"
  - "You value being independent—how might this treatment support that goal?"
- **Elicit-provide-elicit:**
  - "Can I tell you about some patients who've tried this and what their experiences were like?"

Case Study: Kate

- Young woman with **chronic pain, migraines/headaches, insomnia, and high reactivity**.
- Works in **retail**, has a **partner and a dog**.
- **Patient goals**: Sleep better and get rid of pain. She feels like she's tried everything and only valium has worked for her insomnia.
- Kate has a history of **childhood trauma**, and this is the second pain treatment center she has been treated at locally.

Role Play

Role Play

"You have to do something to help with my headaches. They are destroying my life. I can't stand the pain. This medicine you gave me isn't working at all. I still can't fall asleep for hours. Valium at least helped me relax enough so that I could sleep."

- **Staying stuck response:** "I don't think Valium is the right drug for us to use" or "I'm sorry, but I won't prescribe Valium because it isn't a medicine for headaches."

- **Getting unstuck responses:** "It's obvious that you value your health, and improving your sleep is a positive goal, one I want to support. It can be frustrating when things don't come around as quickly as you'd like"

Getting Unstuck

- Provider uses ACT-based reframing:
- Shifts focus from "get rid of pain" → "live better despite pain."
- He identified healthy values, expressed empathy for her difficulties
- Encouraged mindfulness, self-reflection, connecting to values
- Outcome: Better sleep and self-awareness; less fixation on medication.

Revisiting Your Patient

- Now that you've heard some examples, how might you approach the patient you identified earlier that triggers your TEAMS?

Key Takeaways

- **Resistance** = **protection**, not defiance.
- Meet patients where they are—with **compassion and structure**.
- Focus on **values-aligned change**, not compliance.
- The "work" is staying **mindful, empathic, and grounded**.
- **Progress is often subtle**—but deeply meaningful.

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