

Wisconsin Public Psychiatry Network Teleconference (WPPNT)

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WPPNT Reminders

How to join the Zoom webinar

- **Online:** <https://dhs.wi.zoomgov.com/j/1606358142>
- **Phone:** 669-254-5252
- Enter the Webinar ID: 160 635 8142#.
 - Press # again to join. (There is no participant ID)

Reminders for participants

- Join online or by phone by 11 a.m. Central and wait for the host to start the webinar. Your camera and audio/microphone are disabled.
- [Download or view the presentation materials](#). The evaluation survey opens at 11:59 a.m. the day of the presentation.
- Ask questions to the presenter(s) in the Zoom Q&A window. Each presenter will decide when to address questions. People who join by phone cannot ask questions.
- Use Zoom chat to communicate with the WPPNT coordinator or to share information related to the presentation.
- [Participate live to earn continuing education hours](#) (CEHs). Complete the evaluation survey within two weeks of the live presentation and confirmation of your CEH will be returned by email.
- A link to the video recording of the presentation is posted within four business days of the presentation.
- Presentation materials, evaluations, and video recordings are on the WPPNT webpage: <https://www.dhs.wisconsin.gov/wppnt/2023.htm>

Working with an Angry Client

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Sometimes I Think That:
I enjoy
my angry flights of self-
righteousness
they give me
purpose and direction and
power
they give me
Escape
from my normal boredom and
ambivalence
If something involves
commitment
I fear it
My anger and my ambivalence
make me feel like me
A non-person
trying to be
an acceptably mannered
creature.

Anger
satisfies my boredom
Anger soothes my
ambivalence
Anger is a sure way to escape
friendship and other
commitments
Because of anger
my only commitments are to
mental wards and I have only
the
acceptably fake friendships
of social workers.

lynne morris

Basic Emotions

- Acceptance
- Anger
- Curiosity
- Disgust
- Fear
- Joy
- Sadness
- Surprise

Presentation of Anger

- How do you know some else is angry
- How do you know that you, yourself is angry

Jill Reshke

Psychology of Anger

Interpersonal

- What is anger for?
 - Gets people to listen/attend
 - Gets people to back off/distance
 - Gets people to respond

- What are the consequences of anger?
 - People stay away

Adapted from Lorna Benjamin and Jill Reshke

Psychology of Anger

Intrapsychic

- What effect does your own anger have on you
 - Tiring
 - Blocks enjoyment

Lack of Specificity

- Turns off extraneous information
- Limits options
- Helps you “win”
- Your point of view is correct-PERIOD

Adapted from Lorna Benjamin and Jill
Reshke

What Makes You Angry?



GLASBERGEN

**"Thank you for continuing to hold.
Your wait time is approximately 70 minutes.
If you'd like to pretend you're poking me in the eye, press 1."**

What Makes You Angry?

- Not being listened to
- Being threatened
- Being made to feel you were stupid
- Being made that you did something wrong
- Having someone disagree with you
- Being frustrated that no one believes you
- Getting confused about what is going on
- Having people lie to you
- Having people talk about you behind your back

What Makes You Angry?

- Anger spilling over from someone or something else
- Being tired
- Being drunk



"Looks like the doctor confirmed my diagnosis.
It's not just your bowel. Everything
about you is irritable."

Anger is an acid that can do more harm to the vessel in which it is stored than to anything on which it is poured.

Mark Twain

Role of psychiatric symptoms

- Psychosis
 - Hallucinations
 - Delusions
- Mania
- Depression

- Transference: projection of feelings from experience with someone else

- Anger as habit, as an ongoing coping mechanism

What do you want when you are angry?

- To be heard
- To have someone on your side
- To have something happen soon

- Generally, you do not want your friend and support to be “reasonable” while you are being furious

The experience of a person brought to the Emergency Department in your hospital

- The police have just picked you up at your home and you have spent the last 2 hours in handcuffs
- You spent the last hour waiting in the emergency room to get a “medical clearance”
- You have not been allowed to smoke, or call anyone, or go to the bathroom by yourself, or given anything to eat
- Your own clothes have been taken away and you are in a hospital gown

What you likely feeling when brought in?

- Scared
- Confused
- Angry
- Frustrated
- Not being heard/believed
- Desperate
- Embarrassed
- Sometimes
- Relieved

Experience of Person in Coming in for Outpatient Mental Health Appointment

- You have waited 6 weeks for an appointment
- You have been given no choice in whom you are seeing. You wanted to work with a man and now your clinician is a woman
- The clinician is 20 minutes late
- You start talking, but the clinician seems to be in a rush and interrupts with a lot of stupid questions and is filling out a form on a computer
- The clinician spends more time looking at the computer than at you
- The clinician starts telling you that you need medication and to stop drinking when she does not even know you

Working with someone who is angry:

Calibrate yourself/ take a breath

- How are you feeling?
- How does anger effect you?
- We tend to get scared by anger. What is your experience with anger?

Which angry people scare us?

We over and under estimate the risk of violence based on stereotypes and stigma

- Gender
- Size
- Different ethnicity/race
- Larger body movements

Working with someone who is angry:

Make sure that you feel safe

- You cannot listen if you are worried about safety
- Are you feeling safe?
- If not, why not?
- What would it take for you to feel safe?
- Consider both your own subjective response AND the objective risk

A Native American grandfather was talking to his grandson about how he felt. He said, "I feel as if I have two wolves fighting in my heart. One wolf is the vengeful, angry, violent one. The other wolf is the loving, compassionate one." The grandson asked him, "Which wolf will win the fight in your heart?" The grandfather answered, "The one I feed."

From Timeline, a publication of the Foundation for a Global Community

Working with someone who is angry

- What does the person want?
- Assumption: Everyone wants something
- Does the person want to make you scared?
 - If yes, why? How will making you scared help him or her get what he wants?
 - If not, how can the person help you become less scared so you can better help him get what he wants?

Working with someone who is angry

- Side with the patient
- What does the patient want
- What part of that can you help with or agree with
- Make sure the patient feels heard
- Concentrate on areas of agreement rather than areas of disagreement

Look for small areas of collaboration, even in the midst of the crisis

- The goal is to help the client reestablish control of him or herself
- The need is to minimize risk of harm while the person is still out of control
- Risk cannot be eliminated: some risk will always remain
- The goal is NOT to “win”

Look for areas of collaboration

What does the client want?

Of all of the things that the client wants, what can you help him or her obtain?

- Focus on what you can help with
- Acknowledge those things you cannot help with

Look for areas of collaboration

Start first, and then invite the client to follow

- Too often, we start by requiring the client to change first
- What can we do/give/say to demonstrate good faith
- What can we do that might help the client to reestablish control

Look for areas of collaboration

Empathize with the client's plight

- How do we respond to a client who is angry
- How do we want to be responded to when we are angry
- Avoid being too rational too early
- Avoid unsolicited advice

Look for areas of collaboration

Validate

- Feelings
- Attempt to cope with the situation
- Degree of difficulty
- Any proactive behavior

Look for areas of collaboration

Pay attention to issues of power

- How is the person trying to “fight back”
- What tools is he or she using
- Do we want to “win”, or get out of the fight
- Corollary: avoid getting into fights we do not want to get into

It is oxymoronic to say that one person is not cooperating. It requires at least two people to not cooperate....

From Miller and Rollnick Motivational Interviewing 2nd ed
Ch 5 “Change and Resistance: Opposite Sides of a Coin” p 45

Miscommunication:

Courtroom exchange between defense attorney and a farmer: Houston Texas

Att: "At the scene of the accident, did you tell the constable you had never felt better in your life?"

Farmer: "That's Right."

Att: "Well, then, how is it that you are now claiming you were were seriously injured when my client's auto hit your wagon?"

Farmer: "When the constable arrived, he went over to my horse, who had a broken leg, and shot him. Then he went over to Rover, my dog, who was all banged up, and shot him. When he asked me how I felt, I just thought that under the circumstances, it was a wise choice of words to say I've never felt better in my life."

The reason we are paid and the patient is not
is that we are supposed to be more flexible
than the patient

In America, what's the opposite of speaking?

Waiting to speak

Aaron Wolfe

Active Listening

- Avoid being judgmental
- Give undivided attention
- Focus on feeling- what is being said
- Use silence - when to stop talking
- Use restatement
 - Caraulia and Steiger
 - Nonviolent Crisis Intervention 1997

Avoid Power Struggles

- What do we need?
- What does the client need?
- What can we give in on?
- Arrange for both sides to “win”

Move from structure to collaboration

Work with Resistance

- Invite the client to help you out
- Negotiate issues and agenda
- Avoid confrontation
- Be clear about limits that apply to both you and client
- Your job is to help the client! It is not the client's job to help you.

Anger and Violence

“Hot Threats” and “Cold Threats”

- People can be violent without being angry
 - “cold” violence Vs. “hot” violence
- People can be angry without being violent

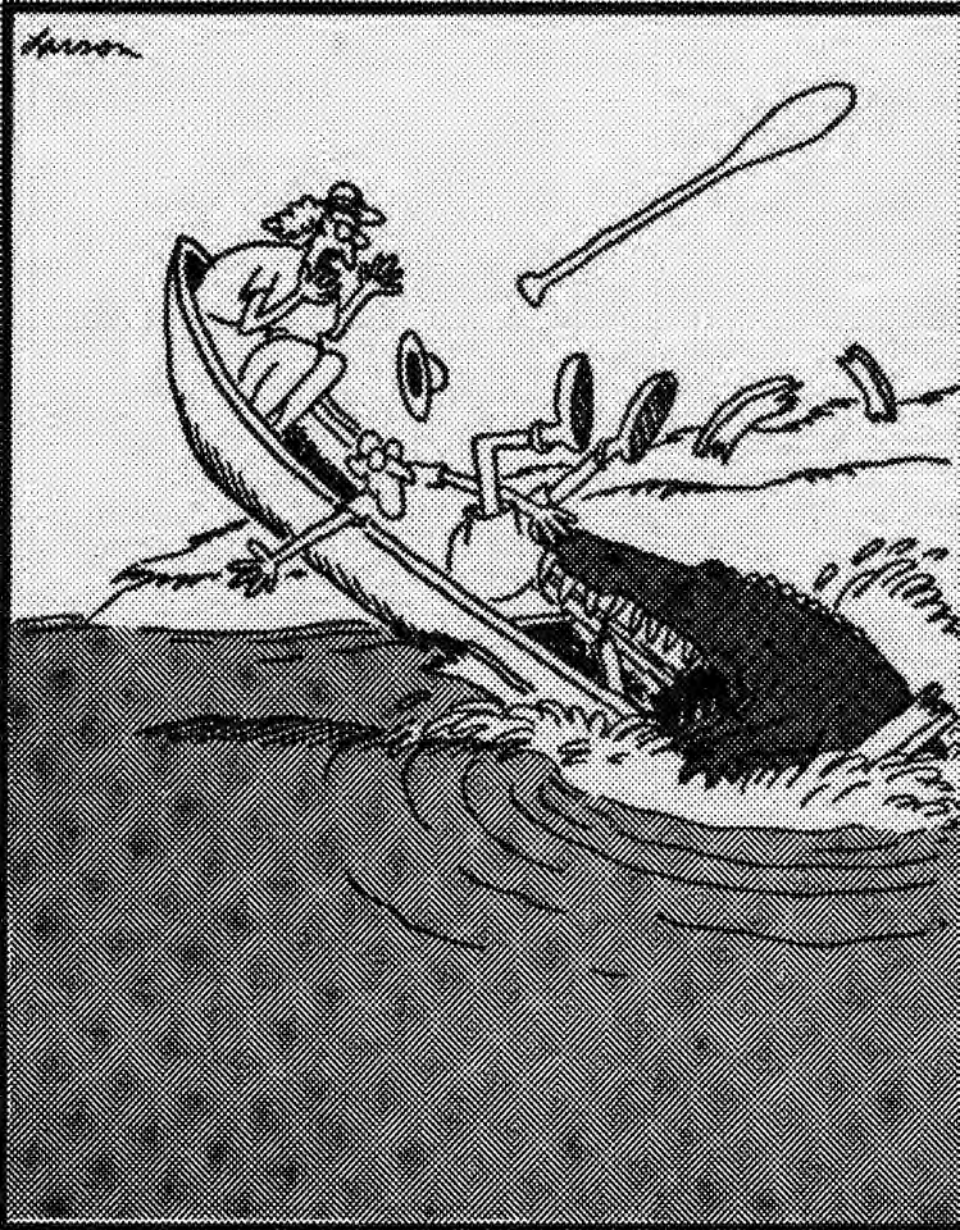
Strategies for Paranoid Patients

- Therapeutic alliance
 - Hear the full paranoid story
 - Maintain some distance
 - Be non-judgmental
-
- Be interested in the specifics of who is causing the potential threat, and the patient's likely specific response
 - Assess how the person is responding to his or her paranoia

De-escalation Key Points

- Overdose: Use Agreement
- Be Flexible
- Listen Actively
- Reflect Empathy
- Gentle Attitude
- Gentle Tone
- Redirect: don't Resist

Greg Van Rybroek



"Rub his belly, Ernie! Rub his belly!"

**Pleasing
customers
is our
number one
goal.**

