Working with Clients Who Are Not Improving: Vignettes

1. Pills are a mess

You go to visit your client, Roger. You notice that he has some of his pill bottles on the coffee table, and some next to the sink, and that while last time you brought him a pill box, it is still in the wrapping. You say "Would it be ok if I helped you get started with the pill box?"

Roger says, "No, I got it covered, I just have my own system, I don't need you to do it for me."

You are concerned that he is not getting his meds.

What would you think about finding out next?

2. Client agrees, but doesn't function

You are with your client, Gail. You go over the directions for her CPAP machine with her for the third or fourth time. "Look right here," you say, "it shows how to adjust the strap…" You notice she is looking over your shoulder at something else. She says "Sure, I can do that!" and she seems to mean it, but it never seems to happen. You are having trouble accounting for the difference between what she says she can do, and what she actually does.

What would you think about finding out next?

3. Family opposed

Your client, Matilda, has had her blood pressure rising with each of her psychiatric appointments, in spite of being prescribed antihypertensive medication. You ask her if she has any idea why this might be. She says she has stopped taking it every day, because her mother told her that taking such strong medication every day must be bad for her, and she doesn't want to make her mom mad.

What would you do next?

4. Active psychiatric illness

Steven announces that he is not having his blood pressure done any more, being weighed, going to the PCP, or for that matter, taking his antipsychotic injections, which are "poison." He clarifies that he is being advised about this by God, who is talking to him. This is a change for Steven, who previously had been quite interested in his health, and proud of the progress he was making.

What would you do next?

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5. Leveraging the relationship

You are working with Jeff. He is obese and has pre-diabetes. His PCP told him that he could forestall the onset of actual diabetes by exercising and losing some weight. He is fine with exercising, but struggles with the eating part. He lives mostly on frozen pizzas, and may eat 3-4 in a day – they are his idea of something good to eat, and he has never learned how to prepare any other kind of food, though he is over 40. You make clear to him that you think he should start eating other kinds of food. He says that he will do this for you, as you have been working with him for years, and he feels terrible when he thinks you are disappointed with him. But now he starts eating pizzas on the sly, and hiding the evidence.

How could you work with Jeff to help him make change at a rate he can manage?

6. Non-symptomatic client

Susie has high blood pressure, diagnosed by her PCP, and has been prescribed medication for this. She will take it for a few days, and then stop, because she feels fine. Why should she be taking medication?

How would you answer this question? Or find someone to answer it? How could you talk with Susie about this from a Motivational Interviewing point of view?

7. Other BH staff disparaging

William has bipolar disorder and a borderline personality disorder. He has worked for years with a therapist at your agency, who has helped him stabilize and develop skills for managing his emotional reactivity. He shares with you that his therapist has told him that she thinks that the agency's work on physical health is silly, a waste of time, and "the latest fad." He thinks that he should concentrate on his mental health, and let his diabetes work itself out.

What kind of inquiry could clarify what is really happening in this situation?

8. PCP not welcoming

Your client, Louise, has seen Dr. Bob ever since he delivered her in 1971. He is the doctor for her whole family. In addition to schizophrenia, she has an inherited form of hyperlipidemia that needs to be treated. She frequently forgets appointments, what she is supposed to do with her medication and diet, and to get her lab tests done that Dr. Bob orders. Your team decides that you should offer support to her medical care, and you arrive with Louise at her next appointment with Dr. Bob. He says that he has no idea why you are there, or why you should be in the exam room, and asks you to leave – he can manage Louise's care perfectly competently just the way he always has.

How can your team build a working relationship with Dr. Bob?

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9. Client adherent, but still not getting better

Caroline came to your program at a late stage – she has a number of conditions in addition to her hypertension, diabetes, and hyperlipidemia: she has had a heart attack, breast cancer, which is presently in remission, and colitis. She is an enthusiastic participant in your program – she is motivated to eat thoughtfully, make sure she gets some exercise, and she has even assigned herself as an ambassador to other clients who are reluctant to engage with your program. In spite of all this, her blood pressure is still high when measured at her psychiatric appointments. This makes her sad and frustrated.

What should we do next?

10. Child with diabetes and adherence problems

Ramon is 15 years old and is being treated at your center with risperidone for autism with agitation. While this has helped him return to school, he has gained a great deal of weight, and now actually meets criteria for type II diabetes. He has been started on metformin by his pediatrician, but doesn't get it regularly, because he and his family think that he has got into enough trouble with medication side effects already.

How could we engage Ramon and his folks in his medical care in a way that will be sustainable and productive in the long haul?

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