



Pioneer Scheme Half-day Learning programme

Wednesday 7th August 2019

KNOWLEDGE EXCHANGE

Engaging marginalised patients/Complex cases

With Dr Andrea Williamson, Academic GP, Homeless HC/Addictions

1) What were the key learning points from this session?

- When engaging with marginalised patients **the relationship is key**, if they feel safe then you may actually get to address health issues.
- Consider what impact complex trauma may have on how a patient thinks/feels/behaves. Remember different people react differently to trauma.
- The concept of **mentalizing**: the ability to tune in to someone else's mind, to try and understand their behaviour in relation to mental states such as thoughts and feelings, then their behaviour becomes meaningful.
(Understand that the patient who cannot mentalist assumes what you are thinking is the same as what they are thinking. It may be helpful us use a statement like "I am thinking....."Or asking "I'm curious to hear what you are thinking about that".
- Self-awareness is important when dealing with complex patients.
 - The way we react often says more about us than the patient (listen to what your emotions tell you when you interact with patients).
 - Be aware and careful of verbal and non-verbal leakage.
 - Build resilience (be clear with the patient what you can achieve)

- **Collaborative care** at all times
 - “I will work at the pace you can cope with....”
 - “Remember we talked about you referring to PCMHT I am curious to hear what happened....”
- Practice **authentic compassion** (using mentalizing) “good to see, you thanks for coming in.”
- Working to establish safety “are you safe just now”
- **Grounding** the patient if needed (“would you like a drink” or “feel your feet on the ground..” bringing them to the here and now)
- Positive strategies the patient already uses to reduce increased feeling safe (eg listen to music)
- **Validating** is vital.

2) What changes to practice might you consider?

- Lots of useful tools such as mentalizing, self awareness, using grounding techniques to take into our consultations.
- Trying to understand why they might behave the way they do which then will affect how we react/ response to their behaviour.

3) Any useful resources to share?

- Fairhealth module on ACEs and Trauma Informed Practice (TIP)
- <https://www.fairhealth.org.uk/>
- NHS Lanarkshire Trauma and the brain: understanding abuse survivors response
<https://vimeo.com/126501517>
- Peter Fonagy (psychologist) mentalizing, lots of short videos/articles give more insight into this.