"Ask the Expert" *is a service of the HCH Clinicians' Network intended to be a resource for clinicians who work with people experiencing homelessness. We are unable to answer questions for individuals about their own health problems. There is useful patient information on numerous websites:* **WebMD** *answers basic questions and is straightforward and easy to use;* **MayoClinic** *features consumer-oriented information about both illnesses and drugs;* **MedlinePlus** *features the latest scientific studies and interactive tutorials illustrate a variety of procedures and conditions;* **4Women.gov** *is best for women's specific health issues and has a free call center; and* **Medscape** *is a place to look for timely news from medical journals.*

OUR EXPERTS

Kim Harris Tierney, MPH | Clinic Manager | Westside Health Center | Portland, Oregon

Kim is the clinic manager of the Multnomah County Health Department's Westside/Burnside Health Clinic, the Health Care for Homeless Program and the After Hours Clinic. She has managed the Westside Health Clinics, including the homeless clinic for the last 12 years. Three years ago, Kim attended the Network-sponsored training in nonviolent crisis intervention. Since then, she has offered trainings in the Portland area, Idaho, and at national and regional homeless health care conferences. Kim has worked in public health for two decades in various roles including health education, clinic and program management, health planning and grant writing.

Monte J. Hanks | Client Services Manager | Wasatch Homeless Health Care, Inc. | Salt Lake City, Utah

Monte has been with Wasatch Homeless Health Care for almost 10 years. In his current position, he manages nine staff members plus volunteers, oversees respite programs and the Patient Prescription Assistance Program, and manages client interactions at the Fourth Street Clinic. Trained in health and human services, Monte has experience in short-term counseling and substance abuse interventions. Like Kim, Monte is trained in nonviolent crisis intervention, and he provides workshops on working with difficult clients at the local, regional and national levels. Monte brings his passion as a performance poet to his workshops, utilizing poetry and patient stories to engage and inspire participants. He developed the *Fourth Street Clinic Safety Manual,* which is included in the Network publication *Sample Safety Guidelines in Homeless Health Services Programs.*

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A coworker was in a situation where a client became angry and left the building. The client continued her outburst on the sidewalk outside and the co-worker followed the client outside the building. The coworker confronted the client and asserted, "If you have anything to say to me, say it to my face." Is it ever appropriate to pursue a client outside the building to confront them?

Kim Tierney: There is no situation where it is appropriate for a staff member to follow an angry client outside of a building. From what you describe, it sounds like the client was venting and the staff person became defensive. Confronting an angry, venting client escalates an already bad situation. It is best to listen to the client and wait until he or she has calmed down. Sometimes a staff person and client need to disengage if the conflict is not resolving. It appears that this is what the client was doing by leaving. In my opinion, the staff person's defensive behavior escalated the conflict.

I would recommend that a manager meet with the client at a later time to review the incident and discuss how to avoid future confrontations. It is best to do this after the staff member and client are calm and in control. In turn, the staff member should learn to remain rationally detached and not take a client's anger personally.

One useful technique is for the staff member to pretend to be a distant observer: *"Isn't it interesting that when I told you this, that you reacted in this way?"* To learn how to stay rationally detached, I recommend taking Crisis Prevention Intervention training.

From my experience as a manager, I would also suggest counseling. It might help the staff person to identify their own behavior patterns and sensitivities. Maybe the staff member has difficulty dealing with clients who have specific issues. Perhaps the manager could switch the client to another provider.

Many of our clients have personality disorders and are challenging. We need to remember that reacting defensively plays into the client's inappropriate behavior. Some clients love having an audience and claiming that the staff person is persecuting them. Choose not to play this game.

Monte Hanks: Neither is it appropriate—nor productive—to follow a client outside, especially when one or both participants are angry. When an angry client leaves the premises, the conversation is complete. Following a client outside exacerbates the situation and may result in a physical confrontation. A staff member at my workplace followed a client who was verbally threatening, which resulted in an attempted assault and police intervention. The staff member should have simply locked the door temporarily. Fortunately, no one was hurt.

As Kim recommends, never take a client's anger personally! Our *Fourth Street Clinic Safety Manual* advises, "There are reasons for [a client's negative or aggressive behavior], and most likely it is not you." It is a good idea to speak with a supervisor to deescalate or diffuse tension. The incident may be charted and a note attached for the supervisor to discuss the incident when the client is seen again. Sometimes a written contract, stating appropriate behavior for the client on future visits, is useful. Ask the client for ideas for the contract and have the client and supervisor sign and attach it to the chart.

The manager should also encourage the valued staff member to examine his or her contribution to the incident. A word of caution: Finger-pointing and blame should be avoided. This is a learning situation.

If it is the clinic's practice to meet and discuss such incidents, I think it serves the staff member better if only peers who witnessed the incident attend. The manager or supervisor can facilitate and focus the discussion on specifics. With our staff Behavioral Health Consultant, we are planning monthly group discussions to address similar issues. This way, staff can express their concerns and seek assistance concerning the difficult, emotionally-charged situations we face. These open meetings, however, do not replace *ad hoc* briefing sessions.

ADDITIONAL RESOURCES

To learn more about nonviolent crisis intervention, visit the Crisis Prevention Institute, Inc., website at www.crisisprevention.com. For over 25 years, CPI has supported the work of professionals who work with challenging or potentially violent individuals by providing a relevant, practical behavior management program called the **Nonviolent Crisis Intervention**® training program. More than 5 million professionals—spanning from facility administrators to front-line mental health providers to bus drivers—have participated in this program to learn how to resolve conflict at the earliest possible stage.

In response to members' requests for information about creating a safe environment for the workplace, the HCH Clinicians' Network compiled and published *Sample Safety Guidelines in Homeless Health Services Programs.* Purchase the 45-page publication online at www.nhchc.org/publications.html.

PREVIOUS ASK THE EXPERT TOPICS COVERED BY THE HCH CLINICIANS' NETWORK

- Borderline Personality Disorder
- Homeless Children and Youth
- Medical Ethics
- Diabetes and Homelessness

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