Chapter 16: Troubleshooting Barriers to Care

Some patients have beliefs about mental health disorders and their treatments that can keep them from starting treatment or continuing treatment. Some patients may feel that they do not have an illness, while others do not agree with taking medication for their symptoms. The following is a list of common barriers that patients may have before they begin treatment with some suggestions for guiding the conversation with the patient.

The scripts incorporate motivational interviewing techniques and show care managers how to express empathy towards the patient, develop discrepancy, roll with resistance, and support self-efficacy.

Troubleshooting Barriers Scripts
Scripts for the following barriers are included:

- Patient does not believe he or she has the diagnosis.
- Patient does not feel the symptoms he or she has been experiencing are a serious problem in his or her day-to-day life.
- Patient does not think that receiving treatment from a doctor for his or her symptoms will be helpful.
- Patient would be embarrassed if his or her friends, family members, or co-workers knew that he or she was receiving treatment for this condition.
- Patient feels his or her other problems in life are more important than the symptoms he or she has been experiencing.
- Patient feels obstacles may get in the way of him or her getting treatment.
- Patient dislikes taking medications in general, even when ill or in pain.
- Patient is concerned about possible side effects of medication or that he or she might become addicted.
- Patient would feel uncomfortable talking about problems with a counselor.

### Patient does not believe he/she has the diagnosis

**Express Empathy**
- Explore what is making them uncomfortable about their diagnosis.
  
  “Help me to understand, if you don’t feel that you have this diagnosis then what do you feel is going on?”

**Develop Discrepancy**
- Try to normalize the diagnosis by explaining that it is not uncommon.
  
  “[insert diagnosis] is not uncommon. Many people suffer from it every day. You are not alone.”

- Encourage patient to think about how their current health compares to a time when they were feeling really good.
  
  “Could you tell me about a time in your life when you were feeling really good and not experiencing these problems?”

- Encourage the patient to ask someone who knows them well whether they seem like their usual self.
  
  “Some people ask a friend or family member who knows them well whether they seem...”
like their usual self. This is a way of checking to see if others may have noticed something that we haven’t. What do you think about trying this?”

Roll with Resistance
- Accept their view. Symptoms or functional impairment may be more important than diagnosis. “I understand that everyone has different symptoms. Some doctors place people with a broad range of symptoms into a single category and that is over simplifying it and not always helpful. What symptoms or problems are bothering you the most?”

Support Self- Efficacy
- Encourage autonomy. Offer to send additional educational materials and encourage them to seek information on their own. “Some people find that reading materials on their own is helpful. There is a lot of good information on the internet, at the library, or at a bookstore. I also have some information that I can send you. How does this sound?”

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<thead>
<tr>
<th>Patient does not feel the symptoms are a serious problem in day-to-day life</th>
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Express Empathy
- Explore reasons for why they do not view their symptoms as serious. “I am concerned about your [insert main symptoms]. How much trouble is this causing?”

Develop Discrepancy
- Encourage patient to think about how their present health compares to a time when they were feeling good. “Could you tell me about a time in your life when you were feeling really good and not experiencing these problems?”
- Encourage patients to think about how their life would be in the future if nothing changed. “Let’s suppose that you don’t make any changes, but continue on the same as you are now. How do you see your life in one year? 5 years?”

Roll with Resistance
- Do not fight patient resistance. Find out how they have been dealing with symptoms on their own. “If your symptoms aren’t a problem, then help me to understand how you deal with them on your own. How do you make them less of a problem for you?”

Support Self- Efficacy
- Encourage them to look at how their symptoms are affecting their life. “Would it be possible for you to observe how your symptoms are affecting your life over the next few weeks. Just keep them in mind as you go about your day. Is this something you would be willing to try?”
- Encourage autonomy. Offer to send additional educational materials and encourage them to seek information on their own. “Some people find that reading materials on their own is helpful. There is a lot of good information on the internet, at the library, or at a bookstore. I also have some information that I can send to you. How does this sound?”

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Express Empathy
- Explore experience with prior treatment. “Have you ever received treatment before... medication and/or counseling?”
- Explore patient beliefs about the effectiveness of treatment. “Some people find that treatment can improve symptoms. How do you feel about this?”
- Explore how they have been dealing with symptoms on their own
“It must be hard on you to have to deal with [insert main symptoms]. How have you been dealing with this on your own?”

**Develop Discrepancy**
- Explore their belief that treatment won’t work for them.
  
  “Treatment has been shown to help most people with some of the same symptoms that you are experiencing. Why don’t you feel it will work for you?”

  **If the response is negative...**
  
  “All of your symptoms may not completely go away. What treatment can do is help you cope. Your symptoms don’t have to interfere with your relationships, work, or everyday activities. What are your thoughts on this?”

- Do they know someone who has benefited from treatment?
  
  “Do you know anyone with a similar problem who has received medication or therapy and gotten better?”

  **If the response is negative...**
  
  “Can you think of any reason why that person may have not done well with treatment?”

**Roll with Resistance**
- Do not argue with the patient if they don’t want to engage in treatment.
  
  “It is your decision whether you want to try this or not. You know yourself better than anyone else. Sometimes it’s good just to explore all of our options.”

**Support Self-Efficacy**
- If the patient is resisting treatment, try it their way.
  
  “Okay, what do you think about this? Over the next week, continue managing your symptoms the way that you are now. This will be a way of seeing how well it’s working. Does this sound okay?”

- Encourage autonomy. Offer to send additional educational materials and encourage them to seek information on their own.
  
  “Some people find that reading materials on their own is helpful. There is a lot of good information on the internet, at the library, or at a bookstore. I also have some information that I can send to you. How does this sound?”

**Patient would be embarrassed if his/her friends, family members, or co-workers knew that he/she was receiving treatment for this condition**

**Express Empathy**
- Explore how patient perceives his family, friends, or co-workers reacting if they were to find out.
  
  “Help me to understand. How do you see your family, friends, or co-workers reacting if they were to find out?”

**Develop Discrepancy**
- Remind patient that all conversations between him and his providers are confidential.
  
  “You know your family/friends/co-workers better than anyone else. It is up to you to decide what you want them to know. Does it make you feel better to know that everything that is said between you and your provider is confidential?”

- Explore how patients would look upon family members, good friends, or co-workers if they told them they had the same diagnosis.
  
  “Could you tell me how you would react if a close relative, friend, or co-worker told you that he or she has the same diagnosis?”

**Roll with Resistance**
- Do not argue with patients. If they perceive stigma, they might be right.
  
  “I can understand how you feel. It is your decision whether you want to let others know...”
what is going on. If that time comes, I’ll be glad to discuss it with you. Sometimes it’s helpful to prepare for positive or negative reactions. Does this make sense?”

**Support Self-Efficacy**
- Encourage autonomy. Offer to send additional educational materials and encourage them to seek information on their own.
  
  “Some people find that reading materials on their own is helpful. There is a lot of good information on the internet, at the library, or at a bookstore. I can also send you some information. How does this sound?”

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<th>Patient feels his/her other problems in life are more important than the symptoms he or she has been experiencing</th>
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<tr>
<td><strong>Express Empathy</strong></td>
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<tr>
<td>- Explore what the patient feels are the most important problems in their life.</td>
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  “What are your biggest concerns in life right now?” “What else?” “Which one is causing you the most problem?” |
| **Develop Discrepancy** |
| - Suggest to the patient that they might be able to manage these problems more effectively if they weren’t having the symptoms they are experiencing. |
|  
  “I can see how these other problems are bothering you. Some people find that they can manage these problems easier if they weren’t being bothered by (main symptoms). If these symptoms weren’t bothering you, do you think it’s possible that you could handle your other problems easier?” |
| - Encourage them to think about the things that they can change versus the things that they can’t. |
|  
  “Now I know that you’ve probably heard this before, but sometimes we have to take a look at the things that we can change, instead of focusing on the things that we can’t. Do you think your other problems will get better?” |
| **Roll with Resistance** |
| - Do not argue. Validate their view and suggest prioritizing problems |
|  
  “I can see how you feel that your other problems are more important. When we have so many problems in our lives it’s hard to know how to prioritize them. Can we make a list of your problems and determine which ones you feel are changeable?” |
| **Support Self-Efficacy** |
| - Encourage them to focus on solving their main problem |
|  
  “What do you think about focusing on your main problem over the next few days? If you wish, we could go over your main problem now and hopefully come up with a plan to make it better. What do you think?” |

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<th>Patient feels obstacles may get in the way of him/her getting treatment</th>
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<td><strong>Express Empathy</strong></td>
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<tr>
<td>- Explore what obstacles are getting in their way</td>
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  “Can you tell me what obstacles would keep you from getting treatment?” |
| **Develop Discrepancy** |
| - Validate their concerns and encourage them to focus on how they have successfully dealt with similar obstacles in the past. |
|  
  “Yes, I can see how that could be a problem. How have you handled something like this in the past?” |
- Normalize obstacles
  “Obstacles are a normal part of life. Luckily there are some simple steps that help to break down problems, making them easier to deal with. What do you think about trying these steps right now?”

| If the patient answers yes, proceed with steps outlined after the scripts |
| If the patient answers no, skip to “roll with resistance” |

**Roll with Resistance**
- Acknowledge patients prior skills at solving problems.
  “I understand. I know that you have solved numerous problems in the past. These were just some simple steps to organize the problem solving process that others have found helpful. Would you let me know if you change your mind and want to try this?”

**Support Self-Efficacy**
- Encourage autonomy and enhance patient’s confidence within themselves. If agreeable, encourage them to practice the steps to solving problems on their own.
  “I have a feeling that you can do anything you put your mind to. What do you think about trying out these steps at home?”

**Patient dislikes taking medications in general, even when ill or in pain**

**Express Empathy**
- Explore their concerns about being on medication.
  “Can you tell me all of the reasons you dislike taking medication? What else?”
- Find out their main concern.
  “Out of all the reasons you mentioned, which one concerns you the most?”

**Develop Discrepancy**
- Find out how they deal with other health problems.
  “Help me to understand. How do you treat other health problems such as flu symptoms or joint pain?”
- Compare managing the symptoms of their condition with managing diabetes or high blood pressure.
  “Controlling symptoms like yours is like controlling something like high blood sugar. Let’s say that your doctor diagnosed you with diabetes. Would you take insulin to control your high blood sugar?”

**Roll with Resistance**
- Do not argue if patients are resistant. It is ultimately their decision on what treatment, if any, they prefer. Examine alternatives to medication.
  “Okay, I understand that you don’t feel that medication will work for you. You know yourself better than anyone else. What other treatments or approaches do you feel might improve your symptoms?”

**Support Self-Efficacy**
- If the patients do not want medication, try it their way and discuss how they feel at the next visit.
  “Okay, how about seeing how your symptoms affect your life over the next few weeks. This will be a way of seeing how you’re doing without medication. Will this work for you?”
- Encourage autonomy. Offer to send additional educational materials and encourage them to seek information on their own.
  “Some people find that reading materials on their own is helpful. There is a lot of good information on the internet, at the library, or at a bookstore. I can also send you some information. How does this sound to you?”
Patient is concerned about possible side effects of medication or that he/she might become addicted

Express Empathy
- Explore their concerns about side effects/addiction.
  
  “Help me to understand. Can you tell me what concerns you have about side effects/addiction?”

- Explore prior experience with mental health medications.
  
  “Can you tell me about any problems you had in the past with side effects or addiction that you felt were caused by mental health medication?”

Develop Discrepancy
- Side effects: Acknowledge patient’s concerns. Be open about possibility of side effects. Encourage them to weigh pros and cons.
  
  “I understand your concerns. Many people do experience some type of side effect. Side effects normally occur early on, but once the body has had time to adjust to the medication, they usually subside. Sometimes it’s good to weigh the pros and cons to figure out if something is worth trying. For those people that medication has helped, they found that it was worth the risk of side effects in order to get their symptoms under control. What are your thoughts on this?”

- Addiction: Distinguish between addiction and taking a medication for a long term physical condition.
  
  “Medications are often needed to get symptoms under control and may be discontinued by your provider once this is accomplished. However, some people do require medication for a longer period of time to keep symptoms from returning. For example, some blood pressure medications are needed to maintain a stable blood pressure. Taking medications as prescribed isn’t considered an addiction. It’s simply controlling symptoms. Does this make sense?”

Roll with Resistance
- Do not argue if patients are resistant. It is ultimately their decision on what treatment, if any, they prefer. Examine alternatives to medicine.
  
  Okay, I understand that you don’t feel that medication will work for you. You know yourself better than anyone else. What other treatments or approaches do you feel might improve your symptoms?”

Support Self-Efficacy
- Encourage autonomy. Offer to send additional educational materials and encourage them to seek information on their own.
  
  “Some people find that reading materials on their own is helpful. There is a lot of good information on the internet, at the library, or at a bookstore. I can also send you some information. How does this sound?”

Patient would feel uncomfortable talking about problems with a counselor

Express Empathy
- Explore patient concerns about counseling.
  
  “Have you ever received counseling before?”

  If the patient answers yes.

  “How long ago did you receive counseling?” “How many sessions did you attend?” “What was helpful?” “What wasn’t helpful?” “Did you feel comfortable talking with your
counselor?”

If the patient answers no.

“Some people are a bit nervous the first time they go to counseling. They usually aren’t sure what to expect. Are you having any of these thoughts?”

**Develop Discrepancy**
- Find out how they normally deal with their problems. If they don’t mention talking to other people, explore this with them.
  “I’m curious. How do you normally deal with your problems?” “Does it ever help to talk to other people, like your friends or family?”
- Increase relevance of counseling by equating it with learning a new skill.
  “Have you ever started a home improvement project without the right tools or skills and it turned out to be such a disaster that you had to call in an expert to show you how to fix the problem? Once you learned what tools should be used to do the job, it was much easier. Right tools + right skills = easier job. Going to a counselor to help you with your problems is like calling in an expert. They give you the right tools and skills to help you manage your problems. Does this make sense?”

**Roll with Resistance**
- Do not argue if patients are resistant. It is ultimately their decision on what treatment, if any, they prefer. Examine alternatives to counseling.
  “Okay, I understand that you don’t feel that counseling will work for you. You know yourself better than anyone else. What other treatments or approaches do you feel might improve your symptoms?”

**Support Self-Efficacy**
- If the patients are resisting counseling, try it their way and discuss how they are doing at the next visit.
  “Okay, what do you think about this? Just continue managing your symptoms the way that you are now. We can see how well this is working when I call again. Does this sound okay?”
- Encourage autonomy. Offer to send additional educational materials and encourage them to seek information on their own.
  “Some people find that reading materials on their own is helpful. There is a lot of good information on the internet, at the library, or at a bookstore. I can also send you some information. How does this sound?”

### Problem solving Steps used in treatment barriers
*(Note: these steps can be used with any problem)*

1. Make a clear description of the obstacle. “What do you feel is your biggest obstacle to getting treatment?”
2. Set a measurable, realistic goal to overcome obstacle. “What do you specifically need to overcome this obstacle?”
3. Come up with solutions. “Dream up as many solutions as you can, even if they don’t seem practical. You could even think about how someone else would solve it.”
4. Look at each solution and think about the pros and cons. “How much time, money, and effort will it take?”
5. Choose a solution. “Which do you think will work best?”
6. Set up an action plan. “Write down the things you will need to do to make your plan work. You will want to think of when, where, and how you will put the plan into action.”

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*https://sharepoint.washington.edu/uwpsychiatry/SPIRIT/Pages/default.aspx*
The more detailed you can be about planning your course of action, the more likely you are to follow through with it.”

(If patient agrees to problem solving steps, skip Roll with Resistance.)