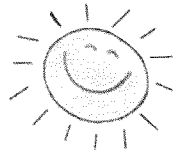


Understanding the Nature of Difficult Complainants and Handling of Unreasonable Behaviour



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1

Reasons for Unreasonable Behaviour

- Unmet needs & expectations
- Achieve righteousness
- Psychological gratification
- Personality defects (eg antisocial personality)
- Mental health problems (mood disorder, psychotic disorder etc.)

2

Principles of Handling

- Focus on observable things and behaviours of the complainant rather than assumptions and speculations of reasons & motivations behind (unless related to the complaint)
- Complainant's behaviour does not affect the complaint or the level of attention provided
- Handling in ways that are transparent, reasonable and fair
- Insist on respect & cooperation

3

Organisation Strategies

- Policy & Guidelines
- Training
 - roles, responsibilities & options
 - skills
- Recording, reporting & review
- Supervision & support system
- Security measures
- Compensation, legal assistance, psychological service

4

Restricting Strategies

- Restricting to certain central / substantial issues of the various complaints
- Restricting to a sole contact person
- Restricting when, where & how to contact
- Complete termination (alternative dispute resolution, legal mechanism)

(should be made at senior management level in accordance with clearly defined policies and procedures)

5

Handling Unreasonable Demands

- Identify the unreasonable demands
- Explain that the demands cannot be met
- State the procedure and scope of your organisation to deal with complaints
- Identify & focus on the relevant and central issues
- Set limits

6

Handling Unreasonable Persistence

- Complete procedures properly
- Say "NO" firmly & politely
- Indicate that pressure will not change the decision
- Need new information & evidence to justify a review
- Restricting strategies
- Final review letter signed by senior staff

7

Handling Unreasonable Arguments

- Ask questions & check for evidences
- Need clear evidence to support any allegations
- Decline or discontinuing involvement or deal with the reasonable portion only
- Make firm & final statements
- Do not argue
- Do not give false hope

8

Emotional Blackmail

- Threats of contacting media or third parties
- Threats of self-harm
- Threats of harm to you or others
- Threats of complaining you
- Pleading that you are the last hope
- Acknowledge the complainant's distress / frustration, but stay firmly with the decision / outcome
- Don't take it personally

9

Threatening Self-harm

- Maintain calm
- Avoid threats, arguments or unrealistic promise
- Show empathy and listen
- Encourage complainant to talk about the problems & reasons for self-harm
- Seek help and support

10

Threatening Aggression

- Ensure safety of yourself & the complainant
- Maintain calm without provocation
- Encourage the complainant to talk about his problems and frustration
- Empathise the complainant's emotional distress
- Emphasize the complainant's ability of self-control
- Seek help & support

11

Ten Steps for Handling Unreasonable Complainant / Behaviour

1. Calm yourself
2. Confidence (your roles & limits)
3. Central issues of the complaint
4. Clarification (scope & procedure)
5. Consistency (process and outcome)
6. Condition setting
7. Control access (what, who, when, where & how)
8. Consultation (seek help, support, debriefing & legal advice)
9. Cessation
10. Clear documentation & reporting

12

Complainant with Mental Problem (1)

- Psychosis (e.g. schizophrenia) presenting with delusion and/or hallucination
- Mood disorder (e.g. bipolar) presenting with extreme mood fluctuations
- Delusion may not be obvious sometimes
- Person with mental illness can make valid complaints
- Follow usual procedure without prejudice

13

Complainant with Mental Problem (2)

- Careful about tone and wordings because they are very sensitive
- Address complainant's emotional response & redirect to thinking mode
- Do not argue or collude with their delusions
- May refer complainant to mental health agencies (after thorough consideration)

14

Post-Traumatic Embitterment Disorder (PTED) (創傷後怨憤綜合症)

- Single exceptional negative life event
- Negative state developed in the context of the event
- Emotional response is embitterment and feelings of injustice
- Repeated intrusive memories of the event
- Emotional modulation is unimpaired

Michael Linden (2003)

15

Case 1: Deceived by Bank

- Retired lady, pension for investment in a bank
- Lost all the money
- Preoccupied, dreams about it
- Mood change, guilty feeling, anger
- Blamed her friend working in the bank misled her
- Went to bank often, argued, scolded staff, demanded compensation, told others how she was deceived
- More & more depressed and impulsive
- Physical discomfort e.g. poor appetite, poor sleep, poor memory, breathing difficulty, palpitation, dizziness and headache.
- Managed by psychotherapy

16

Delusional Disorder

- Fixed false belief, can be systematized
- Out of reality
- Thought & behaviour may not be bizarre
- Functioning maintained
- Persecutory / reference contents are common
- No hallucination

17

Case 2: Persecution from Pastor

- Middle age lady repeatedly complained about her Pastor spreading rumors about her at church and via the internet, also stole her computer files for more than one year
- Sent messages to church members
- Not subjected to advices / explanations
- Management: Help from family members, psychiatric treatment

18

Mood Disorder (Mania)

- Irritable / anger / elation
- Fast & racing thought / speech
- Over-activity / impulsivity
- Extravagant behaviour
- Grandiosity

19

Case 3: Threatened arson

- A male teacher complained about other teachers repeatedly to Principal in recent several weeks
- Not respecting him, not greet him in the morning, not share his workload.
- Unfounded accusations
- Appeared hostile, anger outburst, sometimes elated, uncontrollable laughing, disinhibited, fast speech, circumstantial at times
- Felt principal being unfair
- Threatened to set fire one day
- Management: call police, Admitted into hospital

20