

Approaching a Manipulative Patient

Introduction

Manipulative behaviors are used by patients to control persons or situations by playing upon charm, persuasion, seduction, deceit, or unfair or insidious means to enhance their own positions. Patients use these behaviors to play one person against the other (nurse splitting), to attempt to get special treatment, and to seek attention. Manipulative behavior is usually a symptom of an underlying illness.

A manipulative patient didn't learn boundaries during his developmental years; however, he did learn to manipulate his environment to get his own way. Typically, a manipulative patient has low self-esteem and may have a history of a personality disorder (such as borderline personality disorder or antisocial or passive-aggressive behaviors), mania, or substance abuse as well as unreliable or immature behaviors. He commonly lacks insight and is in denial about his condition. The patient commonly avoids working on his own issues by focusing on other people's problems.

A manipulative patient needs one primary caregiver assigned to him for each shift to maintain consistency and to avoid staff splitting. The goal of the nurse is to help the patient recognize and accept responsibility for his behaviors. A specific care plan must be adhered to by the nursing staff.

Implementation

1. Review the patient's medical record for an existing psychiatric diagnosis and a history of manipulative behaviors.
2. Confirm the patient's identity using two patient identifiers according to your facility's policy.¹¹
3. Present yourself to the patient in a nonauthoritarian manner.
4. Assess the patient for a low frustration tolerance. For example, note whether the patient seems to get easily frustrated by tasks. *Patients who have a low frustration tolerance tend to be more manipulative toward their environment than patients with high frustration tolerance.*
5. Encourage the patient to express and acknowledge his feelings *to promote effective coping skills.*
6. Respond to the patient with empathy and understanding *to facilitate the development of a trusting relationship.*
7. Negotiate a care plan with the patient *to establish what is considered acceptable behavior and to help maintain the patient's autonomy.*
8. Set firm, clear limits that aren't punitive.

9. State the patient's limits and the type of behavior expected of him in a nonpersonal manner.
10. Enforce all unit policies.
11. Advise the patient of the consequences of unacceptable behavior.
12. Assess the patient's response to limit setting.
13. Use role-playing situations to allow the patient to practice appropriate behavior.
14. Provide positive feedback.
15. Ensure that all staff members understand the patient's care plan.
16. Follow through with the consequences for inappropriate behavior.
17. Maintain your boundaries.
18. Administer medications as ordered.
19. Document the procedure.²

Documentation

Using the appropriate forms for your facility, record specific information about the patient's behaviors. Document interventions performed, including whether medication was administered. Document his response to noninvasive and invasive interventions.

References

1. The Joint Commission. *Comprehensive Accreditation Manual for Hospitals: The Official Handbook*. Standard NPSG.01.01.01. Oakbrook Terrace, IL: The Joint Commission, 2010.
2. The Joint Commission. *Comprehensive Accreditation Manual for Hospitals: The Official Handbook*. Standard RC.01.03.01. Oakbrook Terrace, IL: The Joint Commission, 2010.
3. Potter, N.N. "What is Manipulative Behavior, Anyway?" *Journal of Personality Disorders*, 20(2):139-56; discussion 181-5, April 2006.
4. Varcarolis, E.M., et al. *Foundations of Psychiatric Mental Health Nursing: A Clinical Approach*, 5th ed. St. Louis: Saunders, 2006.
5. Videbeck, S.L. *Psychiatric-Mental Health Nursing*, 4th ed. Philadelphia: Lippincott Williams & Wilkins, 2007.

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