





How to give bad news:

A proactive approach to prevent potential behavioural crises



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Objectives

- What constitutes bad news?
- How to support clients and families through this time
- How to support rehabilitation teams through this time
- Planning proactive strategies (when bad news is on the horizon)



Why tell bad news?

- Do we have to? It's easier not to
- Professional Obligation
- Safety Concerns
 - Individual
 - Family
 - Community at Large
- Part of rehabilitation (moving on)



Here are the Bad News Bears . . .

- Reports to:
 - CAS
 - Hospital/Doctor/Mental Health Professionals
 - Ministry of Transport
 - Residential Placements
 - Police/Justice System/Enforcement Agency



Bearers of Bad News

- The rehabilitation team!
- Who tells?
 - Team Members
 - Family Members
 - Supportive Community Members (e.g., Cousin Bob or meaningful other)

Planning to bear bad news

- Why plan?
 - Things will go badly when you don't - reactive vs proactive
 - Examples of things you can plan for
 - Examples of things you can't plan for

"Calling C.A.S." - Case Study - what went wrong

- Too many people
- No identified "scapegoat"
- No identified support for the family present at meeting
- No third party commitment
- Environmental conditions

Planning to bear bad news

- Ensure professional counselling support
- Identify a "scapegoat"; discuss role
- Talk to specific individuals to gain understanding of rules and regulations related to the safety situation
- Comfortable Environment
- Appropriate individuals present to take action and provide support
- Continue counselling/ensure support afterwards
- Medicate! - client & team
- Monitor

Gary - Case Study

- MVA - former police officer
- Severe Memory Disorder
- No Insight/Anosagnosia
- Safety Issues - Driving and Firearms
- Both of these were overlearned activities and part of his identity
- Personal weapons were in the house (locked)

Gary - con't

- Increased anger and depression
- Increasingly apparent that there was need to address issues related to driving and guns
- Distraction/redirection was not working anymore

What works

- Plan A through Z - Plan for as many scenarios as possible
- Involve family/significant others in all steps
- Elicit input from all team, especially the front line and family
- Have a script - Make sure everyone knows their role and lines
- Determining ahead of time what and how to tell
- Don't rub it in
- Smallest group of people - just the basics
- Supportive stance vs. teacher (good cop, bad cop, call a cop)

What works – “The Script”

- Basic info, basic points
- Present information in context of big picture
- Repeat the key positives, not just the negatives
- Avoid timelines and promises
- Ensure client has perfect clarity of main points – Have them repeat it back if necessary
- Avoid other triggers

What works

- Support of family and client afterwards
- Support of team – Valium Licks and Dinner

What’s needed

- Know policies and procedures & legislation (have a good script), e.g.
 - Confidentiality and exceptions
 - Who to call and how to present information
- Have back up support – e.g. Psychologist on cell phone

What’s needed

- Don't have people who are potentially emotional or who don't handle confrontations well involved in breaking the news – that goes for team members as well as family members
- Need to share all information about prior history and risk factors with team
- Have strong natural consequences if the client cannot follow through
- Talk about choices for client
- If passing on information to professional services get family members to give as much information as possible

SUMMARY

- Gather all info to present; prepare client (counselling, meds)
- Assign individual(s) to present the script
- Assign supporting roles
- Choose time/place
- Do it!
- Provide support
- Monitor

Questions & Comments....

