Manipulation

Definition

➢ To control or play upon by artful, unfair, or insidious means, especially to one's own advantage
➢ To change by artful or unfair means so as to serve one's purpose
Unhealthy Agendas or Goals

- To “get your way” in interactions with people, places or things
- To get what you want even when others are initially unwilling to comply
- To make it seem to others they came up with an idea or offer of help on their own when in reality you have worked on them to promote the idea or need for help for your own benefit
- Dishonestly get people to do or act in a way which they might not have freely chosen on their own
- To “con” people into believing what you want them to believe
- Present reality in a way you want others to see it, rather than the way it really is
- Maintain control and power over others
What Leads to Manipulation

- Some of the irrational thinking that can lead to manipulation:
  - Feeling they might be ignored, forgotten, unaccepted or unwanted if they don’t keep others hooked into being involved with them.
  - For them to feel important, cared for, approved of, and accepted, everyone must be deeply involved in their life and their problems. They must be the center of attention.
  - They can’t lose the upper hand or someone will take advantage of them.
  - They must “win.” Losing must be avoided at all costs.
  - They must be perfect. The “real” you won’t be accepted.
  - They feel successful when they can “delegate” to others what they ought to be doing for themselves.
  - They can get someone to take care of all their needs. A “sucker” is born every minute.
  - They can fool everyone to get what they want.
What Manipulation Looks Like

- Denial
  - Lying to themselves and others. Refusing to admit they’ve done something wrong or hurtful
  - The “Who, me?” tactic of playing innocent. Gives you permission to keep right on behaving in the same way
  - Can be an outright untruth or simply distortion, as when omitting or withholding significant information, being vague
What Manipulation Looks Like

- **Rationalization**
  - The excuse for inappropriate or wrongful behavior
  - “If I can convince you that I’m justified in what I’m doing, I can continue without interference”

- **Minimization**
  - A unique kind of denial coupled with rationalization
  - An attempt to assert that behavior isn’t as harmful or irresponsible as someone else may claim
  - “Making a molehill out of a mountain”
What Manipulation Looks Like

- Selective Inattention
  - Similar to denial
  - Playing “dumb” or acting oblivious
  - Actively ignoring the warnings, pleas or wishes of others
  - Refusing to pay attention to anything and everything that might distract them from their agenda
  - “I don’t want to hear it”
    - Listening or heeding suggestion is interpreted as an act of “submission” and means a loss of power
What Manipulation Looks Like

➤ Seduction
  ➤ Using charm, praise or flattery to persuade someone to lower their defenses and surrender their trust and loyalty. Especially effective with those who, to some extent, may be emotionally needy or dependent and thus in need of approval, reassurance, and a sense of being valued or needed.
What Manipulation Looks Like

- **Diversion**
  - Being difficult to “pin down”
  - Throwing distractions
  - Knowing how to change the subject, dodge an issue, or throw a curve
    - A moving target is hard to hit

- **Intimidation**
  - Threatening the well-being of others
  - Creating anxiety and a fear to stand your ground
  - The best defense is a good offense.

- **Guilt-Tripping**
  - The more conscientious the victim, the more susceptible to guilt-inducement and self-doubt.
  - The “You don’t care” or “You’re so selfish” tactic
What Manipulation Looks Like

- **Shaming**
  - Inflicting sarcasm and “put-downs”
  - Another tactic for those susceptible to self-doubt

- **Projecting Blame**
  - Blame someone else. Can be done in subtle, difficult to detect ways
  - The “It’s not my fault” or “he started it” tactic

- **Playing the Victim**
  - Portraying oneself as an innocent victim of circumstance or of someone else’s behavior
  - “Suffering” to gain sympathy or evoke compassion
What Manipulation Looks Like

- Vilifying the Victim
  - A variation on playing the victim or “the best defense is a good offense.” Portraying oneself as only responding to the hurtful behavior of others

- Playing the Servant
  - Hiding a motive behind a more noble cause
  - Working on “someone’s behalf” to conceal ambition for power, wealth or recognition
How to Begin to Change Manipulative Behaviors

- Journaling can be an effective tool for a journey of self discovery and change
  - Step 1
    - Help them to identify the behaviors used to manipulate others
  - Step 2
    - Help them to identify the people they manipulate
  - Step 3
    - Help them identify why they manipulate
    - Have them ask themselves the following questions to identify and list the issues they try to get others to address or ignore
How to Begin to Change Manipulative Behaviors

- Step 3 (cont.)
  - How do you feel about each of these issues?
  - What issues do you want others to ignore or overlook?
  - What issues do you want others to fix or change for you?
  - What issues do you want others to feel responsible for?
  - What issues do you find overwhelming?
  - What issues overwhelm others?
  - What issues make you feel depressed? Angry?
  - What issues do you want to run away from?
  - What issues do you feel helpless or hopeless to deal with?
How to Begin to Change Manipulative Behaviors

Step 4

- Identify what hinders and what helps change
- What irrational beliefs keep them from coping with the issues above?
- What new, more rational beliefs would help them to more effectively cope with these issues?
- What keeps them from accepting personal responsibility for their own problems and issues?
- What new thinking do they need to accept personal responsibility for their own problems and issues?
How to Begin to Change Manipulative Behaviors

- **Step 5**
  - Identify new, more productive behaviors that will help them to develop healthier ways to address their problems and issues

- **Step 6**
  - Implement these new behaviors

- **Step 7**
  - Help them Inform people of their old manipulative behaviors and give them permission to “call you on it” if you fall back into old manipulative ways
How to Begin to Change Manipulative Behaviors

- **Step 8**
  - Help them identify if they should find themselves sliding back into old manipulative ways to get people to ignore issues or to take care of them, return to Step 1 and begin again.
Warning Signs of Staff Burn-Out

- Sometimes it’s difficult to respond in a therapeutic manner to needy & manipulative patients
- BUT, despite how interactions with them might make you feel (angry, frustrated, exasperated, FED-UP!), you are NOT empowered by your managers or your position to be RUDE or BELITTLING to them or any other patient
Warning Signs of Staff Burn-Out

- Any reports of mistreatment from patients or staff, let management know
  - You have run out of resources with which to deal with needy & manipulative patients
  - You may never have been taught how to deal with them WITHOUT expressing your hostility
  - You are experiencing burn-out with this type of patient
- Such reports require urgent intervention by management
  - Rude, hostile, belittling, or abusive behavior is unprofessional, inappropriate, and destructive to a therapeutic environment, and cannot be tolerated
Set the Example

- YOU ARE A ROLE MODEL FOR APPROPRIATE BEHAVIOR
- Make sure you display it!
Role Model

- Speak in an **even-toned, soft and respectful manner** to the patient at all times
- To do otherwise may escalate the undesirable behavior
- Make **direct eye-contact** when speaking to someone specific
- **You** must **remain calm**, no matter what
  - If you are getting agitated, end the conversation and walk away
  - Seek the resources of co-workers, charge nurse, or supervisor in managing the situation
- In certain situations (as this action may not always be appropriate), you may let the patient know that another staff member will be dealing with this issue
Role Model

- Do **not** touch a patient who is agitated – this invites aggressive behavior
- Do **not** take a patient’s behavior as a planned personal attack on you
- Be ready to set reasonable limits on the patient’s behaviors
  - Make this clear in private, whenever possible
  - When it is not, make certain your request is just that... a request
    - “Mary, please don’t yell at the TV.”
Role Model

- Repeat yourself as often as needed when the patient asks repeatedly for the same thing (also known as the "broken record" technique)
  - "Cheryl, it’s 8:00 – time for your medicine. Please come to the Nurses’ Station, now."

- When she starts to bargain for more time, you need to re-state the expectation
  - "Cheryl, it’s 8:00 – time for your medicine. Please come to the Nurses’ Station, now."

- Remember, the patient has a diagnosed psychiatric condition and may have varying levels of awareness of her behavior
Role Model

- Do not argue with patients – they are better at this than you are – you will lose.
  - It is not important for you to be ‘right’. It is important for the patients to be safe, for the rules to be followed and for the patients to be treated with kindness and consideration, even while setting limits!

- Use your manners – say “Please” and “Thank You” when appropriate

- Do not threaten anyone! This is unacceptable behavior and may warrant disciplinary action towards you!
Role Model

- Be willing to look at how your own behavior is contributing to the problem – right now
  - Are you speaking about the patient in a belittling manner?
  - Within earshot of others (other staff, other patients or the patient herself)?
  - Are you doing this in a public place (not behind closed doors)?
  - Out of frustration, do you groan when the patient approaches the desk?
  - To prepare yourself for what you feel is about to happen, do you change your facial expression when the patient approaches the desk or asks you a question?
Role Model

- What about your other non-verbal behavior?
  - Do you point?
  - Stand with your hands on your hips?
  - How do you approach?
  - Coming straight at a patient could escalate the situation.
  - To eliminate the ‘nonsense’, do you ‘cut-off’ the patient’s statement as soon as he begins to speak?
  - To get the patient ‘off your back’ or to shut him out or down, do you slam doors in the patient’s face?
- Are you treating this person as you would want your family member to be treated????
Role Model

- ‘Check in’ with another person who is not affected by this person’s behavior to see if you are ‘on track’ with your perceptions – you may be wrong about what you see/feel
- Take a break when you’re feeling like you might just ‘go off’ on the patient or someone else
  - Let the Charge Nurse know that you need to go ‘clear your head’ or get some distance between you and the patient
  - If you are the patient’s contact person for the shift and you know it is going to be tough for you, ask to be assigned for a ½ shift, rather than a whole shift
How to Encourage ‘Good’ Behavior

- The best way to change behavior is to positively reward positive behaviors.
- Tell the patient (usually best when a negative behavior has surfaced) what types of behavior you want to see from them.
- ‘Catch ‘em being good’
  - Recognize when the patients have done something positive and let them know you’re aware of it and appreciate it.
- Play ‘Tag Team Good Guy’
  - Two staff walk up to a patient and each gives positive reinforcement for the behaviors they saw or heard about.
In Summary

- Review these suggestions as often as necessary. It will help you to stay in control of yourself and keep your perceptions in perspective – which will keep you as effective as possible with the patients!

- Remember, providing patients with quality care is the only reason we are here
Reference