Responding to Strong Emotions
Tim Gilligan Background

• Medical Oncologist and vice-Chair for Education at Cleveland Clinic's Taussig Cancer Institute in Cleveland, Ohio.
• Board-certified in medical oncology and specializes in cancers of the testicles, bladder, prostate and kidneys as well as in problems related to cancer survivorship.
• Director of Coaching at the Cleveland Clinic Center for Excellence in Healthcare Communication where he teaches communication skills, trains others to teach communication skills and provides physician coaching.
• Served as Program Director of the Cleveland Clinic's Hematology-Oncology Fellowship and medical director of the inpatient solid tumor oncology service.
• Has written and edited treatment guidelines and cancer-information summaries for national and international organizations, including the National Cancer Institute, the American Society of Clinical Oncology (ASC)O) and UpToDate.
• Co-Chair of the ASCO panel that wrote the “Patient-Clinician Communication” guidelines scheduled for publication in 2017.
Strong Emotions

• Normal and to be expected when human beings face traumatic crises or life-changing events

• Can originate in the patient or the clinician, or derive from the interaction between clinician and patient

• Responding to emotions empathically strengthens the clinical alliance and promotes healing

• Learning to respond skillfully to patients' emotions can promote personal and professional growth
Empathy

- Empathy refers to imagining the experience of another person.
- Expressions of empathy are a way to demonstrate that we care about the other person.
- "Mirror neurons" are neurons that fire in response to seeing someone else experience something that would make the same neurons fire if you experienced it yourself.
  - Example: When I see you smile, some of the same neurons in my brain fire that would fire if I smiled myself.
Responding to Emotions

• Awareness of emotions and the ability to recognize them in other people gives us an opportunity to express empathy.

• If we develop a comfort level being in the presence of strong emotion, we can respond thoughtfully and mindfully rather than reflexively.

• Reflexive responses often result in attempts to shut-down emotion or provide premature or false reassurance.

• Empathic responses help make patients feel cared for and can help stop escalation of emotions.
Clinician Emotions

• Emotions are “contagious.”
• Becoming more aware of our own blind spots and "hot buttons” can make us more effective and less prone to being triggered by other people.
• Strong emotions in a patient may provoke either different or similar emotions in the clinician.
• We respond differently to emotions – there is no “correct” or “best” response.
• Developing a greater awareness of our own emotions can help us refrain from inappropriate emotional responses.
Making Emotions Work for You

• Our empathic responses are therapeutic, because feeling understood is healing.
• If we fail to respond, patients may infer that we do not care or value their experiences.
• Our empathic responses help our patients join with us to explore their stories of illness more efficiently.
Sadness, Fear and Anger
Intense Sadness

• A normal response to bad news.
• May be non-verbal – crying, withdrawn, staring at the floor
• Gentle exploration and curiosity is more effective than trying either to reassure or to persuade them to feel differently
• Giving the patient control over whether and how to discuss the emotion will also give the patient some control of the emotion
Responding to Intense Sadness

1. **Name the emotion:** “You seem sad.” “Can you tell me what’s upsetting you?”

2. **Understand/Acknowledge:** “The last few months of your wife’s illness have been really difficult.”

3. **Respect:** “I’m impressed with how you’ve coped with such a devastating loss.”

4. **Support & Partner:** “I’m concerned about you and want to help you feel better. I’m hoping we can work on that together.”
Intense Fear

- Patient confronts the agent of an anticipated loss
- Assist patients by helping them bring their fears into the interview where you can listen and show your understanding
- Resist invoking false reassurance in order to minimize the patient’s or your own discomfort
Responding to Intense Fear

• Reflect: “You seem apprehensive.”

• Explore the cause: “What worries you most about this illness? operation? dying?”

• Validate and Support:
  – Pastoral services
  – Naming the fear or hearing that particular concerns are normal, rather than extraordinary, diminishes fear
  – Since a lack of control over future events drives the intensity of fear, taking any positive action may confer a sense of control
Responding to Intense Fear

• **Legitimize/Validate**: “The anticipation of chemotherapy is scary for many of my patients. They worry that the side effects will be more than they can handle.”

• **Understand/Acknowledge**: “You’re dealing with a lot right now.”

• **Respect**: “And you’re doing very well with it.”

• **Partner**: “I want to work with you to help you get through this.”
Intense Anger

- Reacts to injury or loss or potential loss by fighting back against a threat
- Sometimes called a secondary emotion, because underneath the anger may be found sadness about the loss
- Some people are more comfortable expressing anger when they feel sadness, because expressing sadness acknowledges vulnerability
- Some find it difficult to acknowledge anger because doing so can feel confrontational
Responding to Intense Anger

- **Name the emotion**: “You seem angry. Help me understand what is upsetting you.”
- **Legitimize**: “Anyone would be upset after being kept waiting in a cold room dressed in a flimsy gown.”
- **Partner**: “I hear what your are saying about how much pain you are in and I want to help you feel better. I’m committed to working with you to develop a plan for managing your pain.”
When a patient loses control or won’t listen: Describe the limits within which you will continue to engage.

Patient can escalate or de-escalate the conversation.

If de-escalation does not occur, your limit-setting should escalate.

“I’m willing to continue this conversation so long as you exhibit the same respect towards me that I am giving you.”

“If you continue to disrupt our ability to conduct care safely in this clinic, I will need to call Security.”

Your own safety takes precedence over being therapeutic. Your own gut feeling about personal safety is generally reliable, and being attuned to a sense of danger is but another aspect of self-awareness.
PEARLS Tool

• P - Partner
• E – name the Emotion
• A - Appreciation
• R – Respect
• L – Legitimation
• S – Support
Conclusion

• Maintain professional demeanor in the presence of strong emotion
• Use empathy skills: partnership, naming the emotion, acknowledgement, respect, legitimation (validation), support (PEARLS)
• Calibrate your response to emotions
• Explore the sources of patients' intense emotions
• Learn to be aware of and to understand your own emotional responses.
More Information

DocCom Module #13
“Responding to strong emotions: Sadness, Anger, Fear”

Includes a Facilitator Guide for Faculty
Evidence-Based Importance of Communication Skills

- Improve medical outcomes
- Decrease malpractice claims
- Enhance physician/provider satisfaction
- Improve patient satisfaction scores
  - HCAHPS surveys mandated by the government if hospital receives Medicare funds from the government
  - Analysis demonstrates that 2 communication dimensions drive scores
DocCom Overview

• Module authors - leading faculty
• 42 multimedia-rich interactive on-line modules (~1 hr in length) > 40 CME/MOC credits
• >400 videos realistic interviews (loved by learners)
• Annotated interactive videos
• Faculty Resources
  – Assignments
  – Assessment questions – essay & MCQs
  – Grading matrix
  – Resources
  – Curriculum guides for faculty.
Sample Module

- Consistent format across modules
- Rationale
- Key concepts
- Learning goals
- Content
- Videos interspersed
- Behavior checklist
- References
Annotated Video Examples

**MODULE 33 WELCOME**
- Rationale
- Patient’s View
- Doctor’s View
- Questions
- Key Concepts
- Learning goals

**INTRODUCTION**

**6 STEPS: NEWS & SUPPORT**
- Advance Planning
- What is known?
- What to want to know?
- Sharing information
- Respond to emotions
- Plan and follow up

**SPECIFIC TOPICS**
- Clinician self reflection
- Family won’t tell
- Language barriers
- Telling a prognosis
- Phone notifying of death
- Saying I’m sorry
- Hopes and wishes
- VIDEO: You have cancer
- VIDEO: Treatment Falls

**CONCLUSION**

**REFERENCES**

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greet verbal and nonverbal
ask: what do you know?
ask: do you want to know? Are you ready for news?
tell: news direct words, self-reflection, warning
name, legitimize emotion
tell: news direct words, attentive listening
ask: what do you want to know?
attentive listening
reflection both events and emotions
tell: potential plans takes charge
i wish it were different shares distress
legitimize anger, sadness supports husband and wife
tell: news direct, and supportive nonverbal
allows interruption supportive nonverbal
attentive listening “am I going to die?”
tell: prognosis gives range
balance truth with compassion do not give false hope
tell: potential plans partnership explore together
tell: advice explore options

play | pause | back 5 seconds | full screen - change video rate: 1x | 1.4x | 1.8x

1:07 / 11:07
Empathy Understanding

06: Build the Relationship

- by Julian Bird MD and Steven Cole MD
Facial Recognition
Resources

Advanced Communication Topics
Facilitation Guide
Series of 12 One-Hour Learning Sessions

Facilitator Guide
Syllabi
Admin Guide

Session 2: Personal Attitudes Toward Illness, Vulnerability and Death
Practicing the HPI

Date: Tuesday 9/17 & Thursday 9/19
Time: 2:00 - 4:00 PM
Location: Queen Lane Seminar Rooms (SPs during the second hour)

Objectives:
1. Explore feelings and thoughts in relation to beginning discussion.
2. Explore understanding of how personal attitudes toward illness, vulnerability and death might affect patient care.
3. Review the elements of the opening of an interview and eliciting an HPI.
4. Understand using facilitation skills to elicit a patient’s history.
5. Understand the importance of techniques of eliciting patient complaints, beliefs, fears and hidden agendas.
6. Understand what it means to be professional and how this session promotes self-reflection as a necessary and healthy task for professional development.

DocCom Assignment:
Module 8A Gather Information
Read the module. No need to complete multiple choice or discussion questions.

Reading and Writing Assignment:

Write: A brief piece that expresses your reactions to beginning discussion.

Clinical Framework Issues:
- Further thoughts from last session.
- Reactions to discussing a sadness and sharing of written reflections.
- Practice the skills of eliciting an HPI with a standardized patient.
- Include attention to the use of facilitation skills, especially for alternative silence, and eliciting the patient’s concerns.

What did we learn today? Topics for next session.
- What were your assumptions about discussion? Did the "Coulson" quote reflect how you feel when beginning your discussion? Have the process of or experience with discussion caused you to reflect on your own attitudes about death and dying? How do you feel discussing a death will influence your attitudes toward death and dying, and your abilities to work with patients with these issues? (Some feel that discussion is the first step in physician’s increasing tolerance with death, which may lead to beginning denial or inexperience in dealing with the issues of death and dying. I hope your personal experiences with loss and great affect your ability to work with dying patients? If you were dying, what do you think you would want and need from your physician?)
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