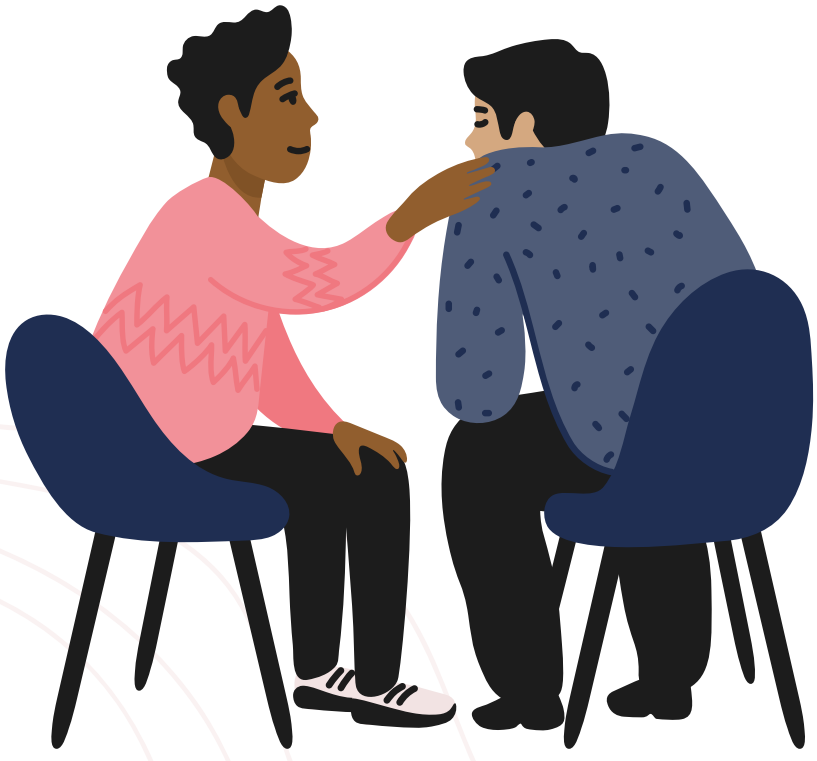
Consulting

EMPATHIC CONNECTIONS:

Follow Up Conversations On Sensitive Screens



Even before we transitioned to telehealth in response to the COVID-19 pandemic, engaging in follow up conversations on sensitive screening topics often created anxiety and discomfort for us as providers. Some of us who work in health care have mixed feelings about bringing up sensitive and topics, like difficulties with alcohol or other drug problems, or traumatic events for adults or children. We may feel nervous because we haven't talked with anyone about something so personal before. We may feel it is rude, invasive, and maybe even harmful to the patient because of the difficult feelings it brings up for them. We may have also had our own experiences with trauma or behavioral health concerns in the past, making talking about similar themes with patients an unwanted reminder.

If we have to conduct screenings over the phone or video it is even more complex. **Most of us generally feel more comfortable engaging in conversations in-person. This is natural, as biochemical proximity to another can create safety, we can better signal our empathy through body posture, and use other valuable non-verbal cues.**

When **we engage in follow up conversations after sensitive screening, we give our patients the message that we are inviting their whole self into the clinic**- that we want them to feel comfortable sharing anything they might be struggling with, especially those things that historically have been considered outside of the purview of a medical visit, such as their social and-emotional health. With skillful conversations, we start the small steps toward working for a future where our systems may be so deeply integrated, racially just, culturally responsive, and deeply compassionate, that we can just ask: "How are you?" "What is important to you?" "What is troubling you?" and, "what can we do to help?" and people would feel could feel free to share as much or as little as they desire.

Every human encounter has the possibility of helping, healing, connecting and humanizing for both people involved in the interaction. Even day to day interactions at the grocery store, on the phone with customer service, or crossing paths with a neighbor have this possibility. Human interactions can also sting, hurt and even harm, they are prickly, dismissive or judgmental.

The stakes are even higher in health care interactions, as all aspects of the appointment, from phone calls, reception, vitals and provider visits will impact patient self-disclosures, experience and health outcomes. **Empathic screening and follow up conversation have the potential to be vehicles for transformative connection, promoting healing and affirming the good of the other**. Screening and response aren't just a step to getting help, or a step to a referral- they can ***be*** **the help**. Having a provider engage empathically might be one of the first times they have felt listened

to without judgment or advice. This can lead the patient to having the courage to talk to us about other things previously left outside the exam room, like struggles with food or substances; that they aren't taking the medication we prescribed, their marriage is unhappy; it can also catalyze sharing about meaningful hobbies, values, spiritual practices, close relationships or other strengths. These interactions can lessen shame, fear, anger or hurt, and can catalyze healing. Even a few minutes of skillful, empathic conversation can have a profoundly positive impact on the people we touch. The good work you are doing is important!

As a final introductory note, throughout this guide, we have placed multiple video examples of how to execute the tips suggested. These videos were filmed to specifically illustrate how to implement the skills virtually due to the COVID-19 pandemic and unique challenges of telehealth, but they are all applicable to phone, video or in person interactions.

Step 1:
Establishing a Foundation of Empathy

- **Eye Contact:** This literally and figuratively demonstrates that we "see" our patients as fellow humans. This means in person, but also involves keeping our eyes on the person via video if we are screening via telehealth, and....
- **Smile.** Smiling is one of the most powerful ways we indicate goodwill to another person. When we smile, others mirror us and smile back, creating the foundation for an empathic bond.

  Note: If we are on the phone, we don't have the above strategies to demonstrate empathy, this means doubling down on the verbal empathy strategies discussed in the rest of this document.

Show our face: **Take masks off when we are using video. Masks de-regulate our mirror neurons, making it hard for our patients to "read" our care for them in our faces.**

- **Avoid multi-tasking:** As providers most of us have become accustomed and adept to typing while talking or listening. We know, unfortunately, that multi-tasking lowers the quality of connection and disclosure, as patients know they don't have our full attention. Follow up conversations on sensitive screens call for singularly focused attention.

Step 2:
Asking Permission

Asking permission to engage in a conversation about the sensitive screening, provide information, or move to another topic affirms that people have a choice about what they share or don't share. When we ask permission, it shows respect, affirms self-determination and also engages and activates patients as a partner in the visit and conversation.

Example phrases:

"Would it be okay for us to talk a bit about the questions you answered before I came in?"
"Is it alright for me to share some information with you?"

Step 3:
Affirming Autonomy

Building off of setting expectations and asking permission, we can normalize not wanting to engage in these discussions. People may be responding to a previous experience of feeling judged or ignored when they disclosed something in another health care system or encounter. Respecting patient autonomy is part of practicing trauma informed care and ensuring that we don't inadvertently break trust or re-traumatize people through the screening and response process.

Example phrases:

"It is totally your choice, whatever you want or don't want to share is up to you…"
"…if you would rather not talk about this today, that's no problem…"

Positive Screen, Low Distress, Patient Declines BH

Step 4:
Core Strategies for Empathic Conversations:

Open-ended questions the gold standard of communication and they are one of the core techniques of all skillful interpersonal interactions, they show curiosity, convey an interest in what others think or feel, and can make a patient feel less guarded since they are less likely to perceive the conversation to be bound by a rigid agenda.

Example phrases:

" I wonder if you willing to share more about the difficulties you experienced as a child…."
"What are the things or people in your life you draw support from?"
" What are your thoughts about that?"

Although 'Why' questions are open ended, they are best avoided, as 'why' tends to feel judgmental, inhibiting connection.

Empathic Reflection involves repeating back what we have heard the other person say. It demonstrates hearing them is important to us and that we value what they've shared. When we are very skillful in using empathic reflecting, we can actually help others identify how they feel and what they are thinking, just by interpreting and reflecting what they've already said. Reflection often encourages people to continue to share, without having to prompt with questions.

Patient: "….well, um, yeah, things were pretty rough for me as a kid; I'm over it though…."'
Provider: "so things were pretty rough,,,you feel you are over it….
Patient: "…no I haven't had any suicidal thoughts…..
Provider: "It sounds like no, you haven't had any thoughts about suicide."

Normalizing is the opposite of making someone or the issues they are talking about feel/seem bad, wrong or pathological. **Normalizing is letting others know that they're not the only ones to have ever felt this way, done this, or had this happen to them.** It is letting others know they are not alone. Using the words 'we' and 'us' a powerful normalizing strategy. (box for last sentence)

Example phrases:

Patient: "I'm just embarrassed about it, the relapse".
Provider: "Relapse is the norm. We all struggle at times, trying to make important life changes"
*Patient: "I'm just not sure, I don't know…. *tears up*."*
Provider "Talking about these things is hard for most of us."

Appreciating is acknowledging effort. **It is a simple and powerful way to show empathy.** It acknowledges that the person didn't have to do this - they didn't have to answer the questions, they didn't have to come to the appointment, and they certainly didn't have to be honest or share anything personal or revealing. By stating our appreciation, we acknowledge all of this.

Example phrases:

'"thank you so much for sharing this with me today"
"I really appreciate you talking about this"

Affirming strengths is focusing on what is best about others, their inherent worth and unique abilities. The first task is to put on our 'strengths glasses' so we are looking intently for strengths. If we look we will find them! Then we share back to the person, what we see. This is a powerful way to communicate empathy, as we are letting someone know we have positive regard for them.

Example phrases:

'I can hear how important it is to you to raise your children different than you were raised"
"I'm so impressed you came today, with all of the things happening in your life"

Acknowledging Feelings shows care and concern for their experiences. Often, the mere act of acknowledging someone's feelings by repeating their "feeling words" helps them feel better. It can increase their tolerance for a difficult feeling and lessen the feeling's intensity. Simply put, when our feelings are acknowledged, we feel valued and cared about.

Example phrases:

"I hear your sadness about…"
'You are really worried about…"

Common Concerns

What if the Conversation Cause Someone to Start Crying?

First, it's important to remember that crying is a way of discharging emotion (like a release valve), so **it isn't necessarily a bad thing.** How we feel when someone is crying is usually determined by whether we feel the crying is harmful for them (in which case we feel awful when others are crying) or whether we feel it might be a good thing (in which case we tend to feel more comfortable with people crying). Sometimes when we find ourselves trying to stop someone else from crying, it typically reflects our own discomfort, and can actually inadvertently invalidate a patient's normal reaction and feeling state.

Taking a deep breath, pausing to allow silence for a moment and having a couple phrases in our pockets to say, for example, a normalizing phrase ("this is really hard") or an appreciation phrase ("I so appreciate you sharing this") or an empathic reflection ("it sounds like childhood was pretty tough for you") can help settle the situation. We also can remember that we don't have to actively work to get people to stop crying - typically people are trying to stop themselves and will self-regulate as we hold remain empathically present.

On the phone, if there is a long silence, or we think we might here crying, we can ask "Can I just check in and ask how you are feeling right now?"

Positive Screen, Patient Crying
Telephone: Positive Screen, Patient Crying

Regarding ACES: What if I Trigger a Traumatic Memory, or just make someone feel worse?

Often when we engage in conversations with them about depression, anxiety, substance use disorders or trauma express gratitude ("no one ever cared to ask me this information before"; "I thought I'd go to my grave and no one would know what happened to me"). Also, the many people who have had troubled childhoods, have healed, repaired and are thriving- like most of us.

That said, adverse childhood experiences are called that for a reason- they are painful and often traumatic experiences. Remember that expressions of distress (crying, for example) are not harmful for people and, as described above, can be a way of discharging painful emotions. If we follow the steps above (asking permission, and respecting autonomy), we are actually empowering the patient to answer questions how they want and when they feel ready.

Patient Appreciative PCP Knows Spanish, Positive PEARLS

What if They Start Talking and Won't Stop?

This is one of the most common concerns. We are perpetually hurried, and almost always running behind. For these reasons, it can feel really stressful if we see that someone may not stop talking on their own. Compassionate containment is containing the dialogue in a way that is empathic and doesn't wound the relationship. Some helpful strategies:

- Using their name to gently interrupt. "Mr. Ramirez….
- Share genuine appreciation for their sharing "I want to thank you so much for sharing with me…'
- Express intent using 'I wish' statements 'I wish we had more time to talk today…'
- Apologizing 'I'm so sorry we don't have more time..'
- Offering other outlets 'Can we talk more at the next visit?' or 'What are your thoughts about meeting with my colleague (BH) to talk more about this?'

Patient Overtalking, PCP Contains

What if they are angry?

Sometimes someone may be angry about being asked screening questions, and this will bubble up when we ask an open ended question to start the follow up question. We may be "inheriting" anger from something that happened to them at previously, when they were judged, or they may have specific boundaries around how much they disclose about their personal lives or may just be particularly guarded about the specific things we are asking. There are three main pillars of effective interactions with others who are angry:

1) Diffuse as early as possible (don't ignore signs they are angry)
2) Apologize and
3) Affirm autonomy.

Example phrases:

Provider: "On the screening, I noticed that you answered that when you were a child, you sometimes went without food…."
Patient: "Yea, what the hell sort of question is that?"

Provider: "Oh my gosh, I know- these questions we are asking everyone are very personal (normalizing), and you just came for your shoulder pain. I'm sorry (apology). We don't have to discuss any of these if you don't want to (affirming autonomy).

Patient Angry About Screen; Repair Needed

Our Emotional Health

Moving from Affective Empathy to Perspective-taking Empathy

Sometimes we might feel like we have "too much" empathy. This often manifests in us feeling drained or even taking on the pain that others experience. This type of empathy is often referred to as "affective empathy" in the research. **Affective empathy is distressing- it actually lights up the part of our brain that feels pain.** This type of empathy means that we actually feel what the other person feels (feeling hopeless when they feel hopeless or feeling abandoned when they feel abandoned). This can be a sign of "vicarious trauma" and is correlated to burn out. Sometimes, in an effort to combat the intense affective empathy we are feeling, we might resolve to "hardening up" to protect ourselves from further pain. This can impact our ability to respond effectively to others when they need an empathetic presence.

"Cognitive empathy" is something a bit different- It means that we take the perspective of the other person in an effort to understand **where they are coming from and how they might be feeling,** but we don't necessarily "feel" it ourselves. Practicing cognitive empathy, where we listen deeply, step in to the world of the other and imagine how they feel, without actually taking on the exact same feeling, helps us feel connected to the other person and lights up the reward centers in our brain. This type of empathy is actually related to job satisfaction rather than burnout. All of this doesn't mean we are working to not feel empathy when we hear about something difficult, it just means that we are working towards not experiencing intense distress when we hear about something that is challenging. To practice cognitive empathy we can do the following:

- **We can get help for our "hot spots" that trigger our affective empathy.** For example, if I feel (distress) affective empathy every time I hear a disclosure about verbal abuse, it might mean I could benefit from therapy or doing my own healing work on my own experiences with verbal abuse.
- **We can practice "Name it to tame it",** which is a cognitive strategy that refers to the power of naming what we are feeling. For example: "Ah, I'm feeling demoralized and hopeless. This likely means Mrs. Gomez is feeling this way right now" Just simply naming how we feel tends to give perspective and give us a little space around the emotion, which shifts us back towards cognitive empathy.

Our own healing

The vast majority of us have lived experience with mental health conditions, substance use disorders, and adverse childhood experiences (either having experienced one or more of these ourselves or within our families). Sometimes talking with patients deeply about their own histories and current struggles can weigh more heavily on us, if we have, or had, similar difficulties. IN this way, our reactions and responses to patient's can be map for us, showing us the areas where we need self-compassion, healing, or assistance.

Video Links

Links to Videos:

Positive Screen, Low Distress, Patient Declines BH

Positive Screen, Patient Crying

Telephone: Positive Screen, Patient Crying

Negative Screen, disclosure with PCP

Patient Angry About Screen; Repair Needed

Patient Appreciative PCP Knows

Patient Overtalking, PCP Contains

Spanish, Positive PEARLS