

Dealing with Emotion: Empathic Responses

Create a partnership between yourself and the patient/surrogate by utilizing key principles and communication skills. We have included some key skills & sample statements to help you know what to say during a difficult conversation.

- It sounds like you are frustrated.
- It looks like you are concerned, or maybe worried?
- This information seems surprising to you.
- You are worried about upsetting your family with this information.
- **WRITE IN YOUR OWN:**

- **Pitfall to avoid:** You must be overwhelmed.

NAME: Putting an emotion into words helps to acknowledging it, which helps clinicians to explore them further. In general, turn down the intensity a notch when you name the emotion. *If you only do one, this one is the most important.*

Pitfall to avoid: the use of naming to tell people how they feel; float a hypothesis.

UNDERSTAND: Explain how you can see it from their perspective.

Pitfall to avoid: Until they tell you how they feel, you cannot “understand,” be careful to not come across as implying “I know already, so don’t bother.”

- I can see how dealing with this is [use their words].
- Given what has happened, I can appreciate your concern.
- **WRITE IN YOUR OWN:**

- **Pitfall to avoid:** I understand how you feel.

- You are asking all the right questions.
- I’m impressed with all that you have done to get to the bottom of this.
- You are an amazing advocate for your husband.
- **WRITE IN YOUR OWN:**

- **Pitfall to avoid:** You are doing a great job but the next few months are going to be very challenging. I’m sure you’ll be fine though, you are tough!

RESPECT: Admire what you *genuinely* feel good about. Try praise – build upon what strengths you have identified or what they are doing well.

Pitfall to avoid: Avoid the “feedback sandwich,” where you sneak in a negative statement.

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- I'd like to make this situation better, so I will be here to help and so will the rest of my team.
- I am here to answer any of your questions, any time.
- It's ok if you don't feel like talking, we can just sit quietly.
- **WRITE IN YOUR OWN:**

- **Pitfall to avoid:** If I were you, I'd definitely [...].

SUPPORT: Offer your caring, your expertise, your presence. Sometimes patients want **action**, sometimes they want to be **heard**. If your first statement didn't connect, try another one – don't give up.

Pitfall to avoid: Telling them what you think they should do.

EXPLORE: When you are not sure where to go, ask for more data. The best use of “tell me more” is to unpack something with an emotional charge. A gentle approach is best.

Pitfall to avoid: Bluntly asking what they mean, you may come across as too aggressive or challenging, and this shuts down dialogue.

- Tell me more about that, I'd like to have a better picture of what is going on for you.
- Could you say more about what you mean when you say that...
- Is it ok if we talk a bit more about what this means?
- **WRITE IN YOUR OWN:**

- **Pitfall to avoid:** What do you mean by [...].?

- [...].
- *[If it becomes obvious that they cannot or will not speak]* You are really quiet; may I ask you what you are thinking? *[while making eye contact]*
- [...].

- **Pitfall to avoid:** x

USE THERAPEUTIC SILENCE: Judicious use of strategic silence helps to elicit patients' feelings. You can still respond empathically with body language, touch, nodding, eye contact, handing a tissue or glass of water, etc.

Pitfall to avoid: Rushing to fill the silence.

Difficult Conversations: Fundamental Skills

Create a partnership between yourself and the patient/surrogate by utilizing key principles and communication skills. We have included some key skills & sample statements to help you know what to say during a difficult conversation.

- You are such a [strong, committed, caring, etc.] person.
- You [or mom, dad, spouse, etc.] are such a strong person and have been through so much.
- This is very difficult to think about, and yet, you are still willing to talk to me about it.
- I am impressed by how much you have done to try to manage your [or your loved one's] illness.
- I really admire your [faith, strength, love for family, thoughtfulness, etc.]

Affirmation: Acknowledging the patient's strengths & abilities.

Simple Reflection: Restate or rephrase what the patient says.

- This is really important to you.
- You just aren't ready to discuss this yet.
- So _____ has been the most difficult symptom for you to deal with.
- Dealing with this illness has been such a big part of your life and has taken so much energy.
- What I just heard you say was [restate], which helps me understand the situation better.
- I can see how dealing with this is [restate].

- You can't imagine discussing this with your son, but at the same time you are worried about how this will affect him later.
- One of the hardest things for you is all the uncertainty. One the one hand _____, and on the other, _____.
- This sounds [frustrating, scary, challenging, overwhelming, difficult, etc.].
- Other people in your situation have told me this feels very [name emotion].
- I'm wondering if you're feeling...[name emotion].

Complex Reflection: Interpretation of what the patient says, such as naming feelings.

Difficult Conversations: Fundamental Skills

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- Tell me more about what you mean when you say I don't want to give up [be on life-support, be a vegetable, etc.]?
- Help me understand more about...[not giving up, miracles, etc.]
- Tell me more about what [a miracle, fighting, not giving up, etc.] might look like for you.
- Can you say more about that?

“Tell me more.” Use when you are not sure what someone means or what they are talking about, rather than presuming or making an assumption.

Ask-Tell-Ask: Relates to “assess, knowledge, respond” in SPIKES and “reassess, reframe, plan” aspects of REMAP

- What do you think about...
- Here is what the tests show...
- Does that make sense?

- I wish I could say the chemo always works. [PAUSE]
- I wish we had more effective treatments that could make this illness go away. [PAUSE]
- I wish you didn't have to deal with these lung problems. [PAUSE]
- I hope for a miracle, too. [PAUSE]

I wish: Enables you to align with the patient while acknowledging the reality of the situation. It is important to pause after using the statement to keep from reducing its impact. It gives the patient the opportunity to say more if needed. *Do not use this skill if your response is not genuine.*



PATIENT: “What do you mean CPR doesn’t always work?”

CLINICIAN: “This information seems really surprising.”

PATIENT: “I just don’t know how I’m going to talk to my kids about this. I want to talk to them so they know what to do, but they’ll be so upset...”

CLINICIAN: “You’re worried about upsetting your kids, and at the same time you know it’s important to talk to them about this.”

PATIENT: “My breathing has gotten so bad. Why can’t they find a way to get rid of my COPD?”

CLINICIAN: “I wish you didn’t have to deal with these lung problems.”

PATIENT: “My doctor says the cancer is in my lung and liver. Why can’t they just cut the cancer out?”

CLINICIAN: “I wish we could remove it, too.”



CLINICIAN: *Tell me what you understand about your illness.*

PATIENT: *I'm not getting better with this treatment, but there's got to be something else out there.*

CLINICIAN: *I wish we had a more effective treatment. What is your sense of where things are?*

PATIENT: *I know I've got COPD, and my breathing has gotten worse over the last several weeks. But I've had this for quite awhile, and it will probably get better, at least I hope it will..."*

CLINICIAN: *You have been living with this disease a long time. I can't even imagine what it's like for you to live with an illness that keeps getting worse. It seems like we're in a different place now than where we were when I first started seeing you. This must be hard.*

PATIENT: *It is. There is a lot happening.*

CLINICIAN: **<<SAYS NOTHING; ALLOWS FOR SILENCE>>**

PATIENT: *I'm a fighter. I know I can still beat this thing.*

CLINICIAN: *I really admire your spirit and everything you've done to fight this illness.*

PATIENT: *I just worry that if things continue to get worse, then I'm just going to end up as a burden to my kids.*

CLINICIAN: *I can see how worrying that must be for you.*

PATIENT: *I've just kept hoping that the treatments would work, but I guess they're not. Now what do we do?*

CLINICIAN: *I was hopeful they would work too... would it be all right if we talked about where we go from here?*

Difficult Conversations: Helpful Phrases

Having a good response to a challenging question or statement is very important to keep the conversation moving. These phrases are examples of empathic continuers; patients may not respond immediately to your first empathic statement. They will often need multiple successive empathic responses to their questions to work through an emotion.

God's going to bring me a miracle:

- I hope that for you, too.
(Remember: no buts!) (“I WISH”)
- I really admire and respect your faith. (AFFIRMING)
- Having faith is very important. (AFFIRMING)
- Can you share with me what a miracle might look like for you? (EXPLORING)

How much time do I have left?

NOTE: This question may mean many things – they are scared, they want to know so they can plan, they are suffering, etc. Exploring what they want to know can be very helpful.

- That is a great question. I am going to answer it the best that I can. Can you tell me what you are worried about? Or Can you tell me what information would be most helpful to you? (EXPLORING)

Are you telling me my dad is dying?

NOTE: These responses will affirm the question empathically – so do not use them if the patient is not dying.

- I wish I had better news. (“I WISH”)
- This must be such a shock for you. (REFLECTING)
- I can't even imagine how difficult this must be. (REFLECTING)

Are you saying there is nothing more that can be done?

- I can't even imagine how [emotion] this must be. (REFLECTING)
- It sounds like you might be feeling ... [name emotion] (REFLECTING/EXPLORING)
- I wish we had a treatment that would cure you. Our team is here to help you through this. (“I WISH”/RESPONDING TO EMOTION)

My dad is a fighter!

- He is. He is such a strong person and he has been through so much. (**AFFIRMING**)
- I admire that so much about him. (**AFFIRMING**)
- It must be [name emotion] to see him so sick. (**REFLECTING**)
- Tell me more about your dad and what matters most to him. (**EXPLORING**)

Why are we talking about this now?

- You seem worried/overwhelmed/ scared. (**REFLECTING**)
- Maybe you aren't ready to discuss this right now. (**REFLECTING**)
- That's ok if you don't want to discuss this right now. (**AFFIRMING**)
- You don't think this is a good time to discuss this. Tell me more about what the right time would look like. (**EXPLORING**)

Do you know something I don't know?

- Tell me more about what you are asking. (**EXPLORING**)
- You seem worried. (**REFLECTING**)
- You are wondering if there is something your doctors haven't told you. (**REFLECTING**)
- What is your understanding of where things are at with your health? (**OPEN ENDED**)
- This situation must be very [name emotion]. (**REFLECTING**)

Are you giving up on me?

- I wish we had more curative treatments to offer. Our team is committed to help you in every way we can. (**"I WISH / RESPONDING TO EMOTION**)
- It sounds like you might be feeling ... (**REFLECTING/EXPLORING**)
- No – I want to make sure we get you the best care possible to address what's going on for you now. (**RESPONDING TO EMOTION**)