# Montana Primary Care Association:

## Integrated Team Care
## Front Office Support Guide

Consulting

## INTRODUCTION:

This guide is designed to be an interactive learning tool. I personally love these types of workbooks. I've done probably 15 personal growth-oriented workbooks in my life since was 13! I've found that they help me to reflect on and apply the information that I'm learning. I hope you find this format as helpful as I do. So, if you have suggestions, comments or questions, I'd love to hear them. Please share them with me during a workshop or email me with your thoughts. For other exceptional empathy related resources, please visit my website at: **www.emorrisonconsulting.com.**

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## ACKNOWLEDGEMENTS:

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## NOTICE:

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# INTRODUCTION TO EMPATHIC COMMUNICATION

Empathy is the only human superpower - it can shrink distance, cut through social and power hierarchies, transcend differences, and provoke political and social change.

***- Elizabeth Thomas***

# RESEARCH

Research on empathy and its effects on patient experience and treatment outcomes originated in the field of psychology during the 1950s with the work of Carl Rogers, who can largely be credited for establishing the foundational importance of empathy in the behavioral health field. His research demonstrated the deep power of "unconditional positive regard" or what we sometimes call "radical acceptance" or, more simply, "empathy". He found that unless a therapist established an empathic relationship with their client, there would be little they could do to provide help. He was able to rigorously research something we all likely know in our hearts- that if we don't feel care from someone, we do not share freely, take their suggestions, or trust the information they give us. This research and related research that has come after, resulted in the American Psychological Association Task Force on Evidence- Based Therapy Relationships designating empathy as an evidence-based element of the therapeutic relationship.

More recently, particularly over the last 20 years, there has been a significant expansion of interest in studying the connection between empathy and healing in the medical field. The empathy literature in medical sciences is varied and fascinating. Research has shown that when medical providers (and their teams) effectively convey empathy, it lowers blood sugar levels in diabetics, improve success in weight loss, lessens the duration and severity of the common cold, increases weight loss in those with obesity, and lowers self-reported pain levels. Research also demonstrates that communicating with empathy decreases symptoms of depression, anxiety, and problematic alcohol use. Empathic communication is also related to decreased medical errors and improvements in diagnostic accuracy. Conversely, conveying a lack of empathy, often characterized by judgment, has been shown to lower adherence to treatment recommendations, increase weight gain in diabetics, increase self-reported pain levels, and worsen alcohol use. A lack of empathy and increase in judgment also decreases meaningful health disclosures, resulting in higher levels of inaccurate diagnoses.

It is not only the empathy of medical providers that impacts a patient's health, but also the empathy conveyed by the entire organization. Empathy is fundamental to the work of receptions, nurses, medical assistants and billing staff. Research has shown that empathy conveyed from support staff has a significant and measurable impact on a patient's experience and their subsequent treatment adherence and health outcomes. Not surprisingly, successfully conveying empathy on all levels of an organization also has the further benefit of lowering patient complaints, grievances and litigation rates.

For a thorough annotated bibliography of all of the research mentioned above, and much more, visit **www.emorrisonconsulting.com**

# BARRIERS AND SUPPORTS TO EMPATHIC COMMUNICATION

Almost all of us *want* to communicate empathically. Sometimes it is natural and easy for us and, at other times, it is difficult or even seems impossible. The following is a list of some of the most common barriers to empathic communication and suggested supports for addressing them.

**Lack of skills:** Many of us were not raised with a lot of empathic communication, despite the fact that our parents likely loved us deeply. If our parents and caregivers didn't ask about our thoughts on things, had trouble apologizing to us, even when warranted, or dismissed and ignored our feelings, we may not have learned skillful empathic communication techniques.

**Support:** Just as with many other patterns we might have inherited from our parents or caregivers, once we become aware of them, we can make the choice to change them. Of course, this isn't meant to underestimate the difficulty of changing. Sometimes it can be really tough to change a pattern, especially a communication one! This is why we call empathic communication a practice.

**Lack of time:** While we probably don't need research to tell us - when we are hurried, our empathy ebbs low.

**Support:** Lack of time is a reality and also a construct of our minds. We can do our part to manage our lives and schedules so there is space to breath between things (waking up earlier), time for the unknown (traffic), allowances for others to be themselves (our toddler inspecting rocks on the way to the car). We can strive to avoid scheduling back to back meetings or phone calls, say "no" to requests when it seems possible and preferable. However, often times we do not have significant control over the pace and schedule of our personal or work lives. There are times when our personal lives are just packed full and our work lives in healthcare are dictated by difficult scheduling practices and the needs of our patients. During these times, it can be helpful to remind ourselves that "hurrying" in our minds doesn't make our bodies go any faster. We can only be one place at one time. We can practice slowing our mind down to breath and focus on the person in front of us, even if it is just for a few minutes.

**Lack of focus:** Often, we are distracted by thoughts in our mind that keep us from being able to be fully present in the current conversation we are in, which makes empathic communication almost impossible. Worry, above all, is what takes our minds away from the conversation we are in. When worry comes with feeling hurried, it becomes even more of an empathic barrier, as our minds are far away from the conversation in front of us.

**Support:** The good news and bad news of empathic communication is that we need to be present for it to do its job- connecting us to others, and others to us. Being present, as most of us know, is a lot harder than it sounds. The first step is becoming aware that our minds are elsewhere. Once we realize this, we can gently bring our minds back to the moment and to the person in front of us. We can take a breath and use our willpower to re-focus. In doing this we build up our mindfulness muscles. For those that struggle with chronic worry, this can be a very difficult thought pattern to break. There is an abundance of resources on practicing mindfulness. There are classes, apps, videos and a variety of programs to support this practice. For more on this subject and related resources, see "Empathetic Communication Resources".

**Bias, stigma and judgment:** Bias, stigma and negative judgments are all fundamentally a cluster of negative thoughts about another person or group of people. When we are judging someone, it is nearly impossible to feel empathy for them. In fact, empathy and judgment can be seen as a see-saw, when one goes up, the other goes down. Bias, stigma and judgment can be implicit, meaning we aren't consciously aware of them. They can also be explicit, meaning we are fully aware of them, and are choosing to keep them.

**Support:** Awareness is the key in countering bias, stigma and judgment. When these conditioned thoughts are implicit, we can't do anything about them. The goal is to make them explicit, so we can challenge, mitigate, counter and ultimately change them. One way to bring our implicit biases into consciousness is to remind ourselves that everyone has negative biases, stigma and judgments toward different ethnicities, ages, particular conditions, actions or characteristics- it is part of being a conditioned human. We are conditioned by our culture, family, religion, media…. the list goes on. By understanding that we all have biases, it allows us to explore what ours are. Once we are aware, we can make a decision about how we want to proceed. Most of us want to be rid of negative biases, for a number of reasons. First, almost all of us have been on the receiving end of judgment, bias, stigma too, and we know how bad it feels. Second, when we are feeling judgmental, we are unhappy too! Third, for many of us, it isn't congruent with our value system, with how we want to be. "Counter cues" are thinking corrections for negative bias, stigma and judgments. There are many different counter cues that have been heavily researched and you can begin by picking one or two that stand out to you to try. Some counter-cues to negate bias include imagining life from the other person's perspective or imagining that they may have been abused or otherwise hurt as a child. You can also try to picture the person as being from a group that we don't have biases toward. For more on bias and counter-cues, see "anger supports" below, or look at "The Empathy Effect" under Empathic Communication Resources.

**Anger:** When someone is angry at us, or when we are angry at someone else (or both) it is tough to have empathy. This is why it we are capable of saying mean things to even the people we love the most when we are angry. Because, when we are in a fight, we tend to feel hurt, maybe even fear or shame, and all of these emotions tend to underlie anger.

**Support:** Anger is complicated. It is typically what we call a secondary emotion or "masking" emotion because it always covers up more vulnerable feelings. The most common feelings anger covers up are hurt, shame, sadness and fear. It can be helpful to discern what feeling is under our anger, in order to relate to it more skillfully. However, sometimes it is important to stay angry- anger can protect us from others by keeping more vulnerable feelings at bay and pushing people away. This is important if others are a danger to us, physically or emotionally. Anger can also propel us away from unhealthy or dangerous situations. This is why anger often helps us leave unhealthy relationships.

Often though, anger doesn't serve a useful purpose for us. It is instead a reflexive defense against our feelings being hurt, feeling embarrassed or ashamed, feeling scared or sad. If we are in front of someone that we are fairly certain is not a danger to us, it is usually better to try and manage our anger and get to a place where we can communicate empathically. There are some tricks to doing this, many of them similar to the counter-cues mentioned above. For example, imagining the other person as an innocent child, identifying what you have in common with the other person, or reminding yourself that they too are vulnerable under their anger. These strategies help get our mind and hearts back into an empathic place.

What barriers to feeling empathy do you most relate to in this section?



What remedies have you found helpful for this?

# CONCERNS ABOUT EMPATHIC COMMUNICATION

While it might seem like there is no downside to empathy, many of us have concerns and hesitations about both feeling empathy and communicating empathically. The following is a list of common concerns.

**It will take too much time:** This can be true. When we make efforts to develop empathic connections with others, it often results in people wanting to share more with us. This normally is a positive thing and something we are trying to do, whether it is in a relationship with our children, friends, or our patients. However, when we don't feel we have time to really engage and listen, it can become another source of stress. While there is no easy solution to this, it is important to consider that not using empathic communication also takes more time, because when we aren't listening or otherwise communicating empathically, others don't disclose things honestly to us, or they might repeat themselves in an attempt to feel heard or dismiss our input. One piece of information that might be comforting around this, is that an empathic connection can be formed quickly, even in interactions that last only a few minutes.

**The other person will cry:** This may be true. People are more apt to cry when someone is communicating empathically with them. Part of empathic communication is allowing others to express and experience their feelings. Our job is just be with them, without trying to "fix" them. If the person's tears cause us discomfort, we can make conscious decisions to work on this in ourselves, to be able to be with others who are crying and remain comfortable.

**I have too much empathy already and it is draining:** It is true that feeling what others are feeling can be very painful. Empathic communication encourages "cognitive empathy", which is taking the perspective of another and trying to understand where they are coming from. "Affective empathy" is feeling exactly like the other person feels. For example, feeling hopeless when they feel hopeless or feeling abandoned when they feel abandoned. This type of empathy can be very draining, and not always helpful to either person. Practicing cognitive empathy, where we listen deeply, step in to their world and imagine how they feel, without actually feeling the exact same feeling, leaves us feeling connected, not drained. For more detail on cognitive vs. affective empathy, see the empathy grid in the next section.

**I will be a doormat:** This one does not have to be true! We can say "no" empathically. As we will address below, our verbal communication (what we say) is only one piece of the puzzle. Our non-verbal communication (body language) and para-verbal communication (how we say it, such as tone of voice) also convey empathy. So, we can say "move out", empathically or "I can't talk about this anymore", empathically. We do not need to be angry to draw boundaries and set limits. In fact, often when we are more practiced at saying "no", or setting other limits, we don't feel resentful of the other person, so we can more easily empathize with them.

**Affective (or emotional) empathy:** This is feeling what others are feeling. It means when others feel emotional pain, we too are feeling emotional pain. If others are distressed, we too feel distressed. When others are elated, we too feel elation.

**Helpful aspects:** When we feel the distress of another, this can spur us to action; if we feel pain when others are, we may be more apt to try and comfort them or take action to protect them. Imagine the urgency to rescue a harmed animal, or protest family separation policies after seeing crying children and mothers)
When we feel elation or elevation that another is feeling, this can create a deep connection (imagine the collective euphoria at exciting sporting events the bond between strangers at an affecting concert, or the love felt when you are joyful with a family member over their good news.

**Downsides:** Because this type of empathy means we feel the distress, sadness and other painful emotions that others feel, it activates the pain centers in our brain. It can be heavy, draining and for helping professionals, can lead to burnout, or numbness as we try to distance from the feelings.
It often makes us less helpful to others. Imagine a friend sharing upset with us, then we who become equally upset. We then don't feel like a 'safe harbor' to talk to, as our friend sees their pain is causing us pain. It also sometimes causes us to give advice, dismiss, or otherwise try to 'fix' our friend- in order to not feel pain ourselves.
This type of empathy can also be very limited (and discriminatory), as we more often feel the feelings of people we relate to, identify with, or are close to.

**Cognitive empathy (or perspective taking):** This is imagining what others feel; taking their perspective; trying to understand what they are feeling or going through. This type of empathy is characterized by curiosity and imagination and often driven by a belief around understanding vs. judging.

**Helpful aspects:** Perspective taking empathy is unlimited- we can try and understand anyone, in any situation. We can imagine how people are very different form us, might do, say or believe things that are totally different from our own experience.
This type of empathy lights up reward centers in our brains- it makes us feel closer to people, more connected.  For helping professionals, it is related to job satisfaction and is protective of burnout.

**Downsides:** Sometimes imagining why or how someone might do or think something, keeps us from being able to draw boundaries, set limits, leave relationships or otherwise say no to them.

By enhancing a mindful awareness, we can intentionally move toward or away from affective or cognitive empathy, depending on what is most useful or important in that moment. The following graphic identifies some common reasons we'd want to shift our responses and evidenced-based strategies to do this.

# INTENTIONAL EMPATHY

## MOVING FROM AFFECTIVE TO COGNITIVE EMPATHY

**Awareness of:** feeling affective empathy

**Feels like:** distress, sadness, hopelessness (what the other person is feeling)

**Desire:** to move into cognitive empathy

**Common reasons:**

- to increase our helpfulness to others
- to soothe self

### STRATEGIES:

- **internally name the feeling to ourselves ('name it to tame it')**
- **intentionally look for strengths and resilience in the other person**
- **remind self how resilient others are**
- **how often great difficulty leads to good outcomes**
- **call on faith; prayer**
- **spiritual beliefs- 'this person has their own path'**
- **therapy for self when indicated**

## MOVING FROM BIAS, JUDGMENT TO COGNITIVE EMPATHY

**Awareness of:** not feeling empathy for someone

**Feels like:** others are not 100% human; negative judgments; 'unreal others'

**Desire:** to feel empathy for this person

**Common reasons:**

- empathy is a professional obligation
- discomfort with feeling judgment/dislike
- wish to improve relations with a friend or family member
- actively correcting negative bias for an 'outgroup'

### STRATEGIES:

- **imagine the person as a child**
- **imagine the possibility they experienced significant hardships as a child**
- **bring to mind positive experiences with another in the same outgroup (for racism)**
- **imagine them as a family member**
- **imagine commonalities with the person**

## STAY IN AFFECTIVE EMPATHY

**Awareness of:** feeling affective empathy

**Feels like:** whatever the other person is feeling

**Desire:** to stay in the affective empathy state

**Common reasons:** to understand what others are feeling

- to propel to action in protecting self or others
- positive emotions, bonding

### STRATEGIES:

- **move into action to protect**
- **verbalize what we are feeling to the person to connect**
  *(I'm feeling really sad/scared/angry, I wonder if that is what you are feeling?)*

## STAY IN ANGER OR DISCONNECT

**Awareness of:** not feeling empathy for someone

**Feels like:** anger, numbness, disconnection

**Desire:** to 'stay in anger or disconnect'

**Common reasons:**

- we are in danger from this person
- we need to leave this person/situation
- we need to protect ourselves or others

### STRATEGIES:

- **take action to leave/disconnect**
- **take action to protect self or others**

What concerns do you have about using empathic communication?



What have you done in the past to address these concerns?

# TECHNICAL SKILLS

Listen with ears of tolerance,
see with eyes of compassion,
speak with the language of love.

***- Rumi***

# OPEN ENDED QUESTIONS

Open-ended questions are considered the gold standard of communication. They are the foundation of effective assessment and are related to diagnostic accuracy, in both the behavioral health and the medical field. More generally, they are one of the core techniques of skilled interpersonal interactions, and a building block for empathic connection, in both personal and professional realms. They show curiosity, convey an interest in what others think or feel, and can make a patient (or our kids, partner, friends….) feel less guarded since they are less likely to perceive the conversation to be bound by a rigid agenda.

When questions are truly open, we don't know what we will hear next or where things might go in the conversation, and that is okay! In asking open- ended questions, we are demonstrating to others that we value their story and their perspective– not imparting our own judgment or opinions on their experience. Open-ended questions are an invitation for others to share what's on their mind, allowing us to see things from their point of view and catch a glimpse of their beliefs, values, and strengths.

**Here are some open-ended question stems:**

- ***"Tell me more about…"***

Even though this is more of a request than a question, it is incredibly effective. "Tell me more" is versatile and can be used in front of any subject. It can guide the conversation to a specific place if we need it to go there, while still keeping the question open and, thus, empathetic.

- ***"How did you decide…?***
- ***"What are your thoughts about…?"***

Note that even though "why" is also an open-ended question stem, it isn't very effective. "Why" sounds judgmental, even when we don't mean it to be. It tends to put people on the defensive and closes the door to a fuller conversation. Just think about what happens when we say "why" to our kids. Watch how quickly they fold their arms and shut down.

**Example at work:**

- ***"Tell me more about your medicines" or "What are your thoughts about smoking?"***

**Example at home:**

- ***"How did you make that decision?" or 'Tell me more about your thoughts on that."***

Open-ended questions are considered to be the "gold standard" of communication by the Institute of Medicine

What has been your experience asking open ended questions?



What has been your experience being asked open ended questions?

# A QUICK WORD ON CLOSED AND NARROW QUESTIONS

Closed questions only allow for "yes" and "no", and narrow questions restrict the possible answers to one word or subject. They demonstrate that we are really concerned with our agenda, narrowing the recipient's focus to what we feel is important. Closed questions squeeze out the other person's freedom to speak about what they believe is really important concerning a given topic or subject. Narrow questions also limit dialogue and squash rapport. While they may obtain transactional information, they aren't very effective at conveying empathy.

**Here are some examples of closed and narrow questions that tend to lead to one- word or otherwise restricted answers:**

- ✖ ***"Did you have a good day?"***
- ✖ ***"Do you get along with your mom?"***
- ✖ ***"Are you taking your medication?"***
- ✖ ***"How often are you taking your medications?"***
- ✖ ***"When did you meet her?"***

Research demonstrates a higher ratio of open-ended questions is related to diagnostic accuracy.

**Now, consider these closed questions:**

- ✖ ***"What classes are you taking in school?"***
- ✖ ***"Do you think you're ready now, or do you want to wait?"***
- ✖ ***"Is your medication working?"***

**We can observe how much more empathetic the same questions sound when framed as open questions:**

- ✔ ***"Tell me more about your classes."***
- ✔ ***"How do you feel about going now?"***
- ✔ ***"What are your thoughts about how the medications are working?"***

# EMPATHIC REFLECTION

Empathic reflection involves repeating back what we have heard the other person say. This demonstrates that we are paying attention and that we want to make sure we've heard someone correctly. More importantly, it demonstrates hearing them is important to us, and that we value what they've shared. When we are very skillful in using empathic reflection, we can actually help others identify how they feel and what they think, just by interpreting and reflecting what they've said.

In practice, empathic reflection can take the place of a question, prompting someone to talk further, without having to pose an inquiry. Empathic reflection also replaces evaluative judgments. These are statements like "that's great!" or "how horrible!". Reflecting, instead of evaluating, gives the other person the freedom to evaluate what they feel and think for themselves. By reflecting back what we've heard, we are signaling that we are "with" the person and that we are willing to suspend our own reactions to hear more about theirs.

Research demonstrate that using empathic reflection actually saves time during appointments. When others feel heard, they tend not to dwell on things and repeat themselves.

Repeating back selected parts of what another person has said might seem counter-intuitive, and often, empathic reflection is one of the empathic communication techniques that people find most challenging. This is for good reason! While we were growing up, it is unlikely others used empathic reflection with us. Also, sometimes when it is unskillfully used in professional settings, it can sound insulting or disingenuous. However, with practice, empathic reflection can be a powerful empathic communication technique - perhaps the one with the biggest pay off for patient care outcomes (and our own personal relationships!).

**Example at work - Medical Assistant speaking to a patient:**

- ✔ ***You want to make sure the doctor knows the medication isn't working. You also want to ask about your lab results and to find out the status of the referral for your foot."***

This is an "exact word reflection". The patient feels confident they've been heard and reassured that their issues will be addressed. The patient likely will not feel the need to repeat these things.

**Example at home - Spouse speaking to partner who has disclosed multiple events at work that were distressing today:**

- ✔ ***Wow, that sounds like a really tough day"***

This is a "summary reflection". Summary reflections attempt to capture the general nature of what was shared, instead of reflecting back the specific list of items that were shared.

**Example at home or work:**

*"It's been really tough for me to lose all this weight this year."*

- ✔ ***"It's been tough...."*** **(Selected exact word reflection)**
- ✔ ***"Sounds like it has been hard for you."*** **(Summary with a stem. Stems are phrases like 'Sounds like...' and 'I hear you saying....')**

**Unfortunately, instead of reflecting, we often use ineffective responses:**

*"It's been really tough for me to lose all this weight this year."*

- ✖ ***"Don't lose too much too quickly!"*** **(Advice)**
- ✖ ***"It's wonderful that you've lost weight!"*** **(Cheerleading)**
- ✖ ***"I don't think that's necessarily a good thing"*** **(Judging)**
- ✖ ***"Don't worry, it is tough for everyone"*** **(Reassurance and dismissing)**
- ✖ ***"You need to take better care of yourself"*** **(Correcting)**

All of these responses block the person making the statement from describing how they feel about losing so much weight.

**Another common mistake is making the reflection into a question:**

- ✖ ***"So, you're feeling sad?"***

**Instead, try:**

- ✔ ***"I hear you're sad..."***

Rest assured that if you are incorrect in your reflection, the other person will let you know, and the reflection will still have the impact of conveying empathy.

**Parent speaking to child:**

**Parent:** *"I hear you're sad"*

**Child:** *"No, not sad, just frustrated"*

**Parent:** *"Just frustrated...."*

What are your experiences with using empathic reflection?



What are your experiences with being on the other end of skillful reflective listening?

# FOCUS ON STRENGTHS

Orienting our communication in a way that recognizes and validates another person's strengths benefits the relationship that we have with them in a multitude of ways. No one wants to feel as if they are a walking problem, are incapable, unable, or ineffective. When others are sharing difficulties with us, we want to first let them now we see them as fundamentally good and whole, before jumping into the problem.

By affirming strengths, we show them that we are focused and attuned to what is best about them, their inherent worth and unique abilities. This strengths perspective represents a paradigm shift in the field of healthcare. It is a move away from traditional deficit and pathology-based communication models and towards truly whole-person care.

Focusing on strengths is much harder than it sounds for most of us. We've been raised, trained and educated to follow the problem, so it usually takes quite a bit of conscious practice for most of us, to not follow the 'problem' immediately, and instead first highlight the goodness that lies beneath the concern.

**Examples at work:**

*"I don't smoke in the car when my kids are with me."*

- ✔ **"You really care about the health of your children."**
- ✖ **Instead of: "There is likely still second hand smoke exposure" (problem focused, some judgment)**

**Or:**

*"I can't seem to stick to a diet, or exercise. It's hopeless."*

- ✔ ***"You really want to be able to make healthy changes to your lifestyle."***
- ✖ **Instead of: "Have you tried the Paleo diet?" (problem focus, advice)**

**Or:**

*"I'm sick of waiting for 2 hours every time I come here."*

- ✔ **"I sure appreciate how honest you are about your feelings. I know I'd feel the same way."**
- ✖ **Instead of: "The doctor had a delivery at the hospital this morning" (problem focus, explaining)**

**Examples at home:**

*"I hate math!"*

- ✔ **"I'm amazed that you can continue to work on it even though you can't stand it. That's real grit."**
- ✖ **Well, it won't help to complain, you still have to just do it' (problem focus, dismissing)**

**Or:**

*"I don't know why Ethan is mad at me again. We had another argument at school."*

- ✔ ***"You really value harmony in your friendship with him."***
- ✖ **Instead of: 'what was it about this time?' (problem focus, content driven)**

**Or:**

*"I feel bad about this, but sometimes I don't want to be around Grandma."*

- ✔ ***"I'm impressed you were willing to tell me. It's often hard to talk about feelings we feel bad about."***
- ✖ **Instead of: 'She is your grandma. She loves you, you shouldn't feel that way' (problem focus, judgment, advice)**

Imagine someone in your life that recently shared a difficulty. What would you say to affirm their strengths?

# ELICITING

When someone asks for advice, it is quite tempting to jump right in and tell them what to do. Especially in healthcare, sometimes we feel the reasons people come to see us is to be told what to do! Unfortunately for those of us that are 'fixers', advice doesn't actually work very well. In fact, while there is a whole cannon of research to demonstrate this, most of us know this from our own experience.

We can though, give others information. There are a few things we can do to ensure the information we give is 1) wanted 2) timely 3) helpful. One technique to do this, is when we feel the urge to give advice, take a breath, step back and start by asking the other person what they think first. Asking others for their thoughts before we share our own often takes practice and a fair amount of discipline. It is worth the effort though- conversations that involve jumping to advice giving aren't very rewarding, as it often makes others withdraw; conversations where we ask others what they think first, tend to be richer, more interesting, and more empathic. As we say in the helping professions, if advice worked, no one would need professional care!

**Examples of eliciting:**

*"I mean, what am I supposed to do after hearing something like that?"*

- ✔ ***"Yes, wow. What are your initial thoughts?"***
- ✖ **Instead of: 'well, first you can tell him he can't talk to you like that' (Advice)**

**Or:**

*"And now my sister is saying that my mom should move in with us! How is that possible?"*

- ✔ ***"What are your thoughts about that?"***
- ✖ **Instead of: 'You have to tell her no; that would be impossible!' (Advise)**

**Or:**

*"What do you think is causing these panic attacks?"*

- ✔ ***"I'd love to hear your thoughts on that first. What comes to you when you've asked yourself that question?"***
- ✖ **"Well, panic attacks are often partly hereditary, so I suspect it runs in your family" (Expert trap)**

Often, we do need to provide information to patients (or to family and friends). We may want to let a patient know about the effects of failing to lose weight or quitting drinking. We might want to let our child know what the consequences will be if he/she doesn't clean their room.

The difference between giving advice and giving information is that giving information is not telling someone what they should do. Rather, it is offering data to inform their decision. The following are 4 steps that can help us more skillfully share information.

When we give advice to others, the most common response is a defensive defiance to protect our autonomy and personal decision making.

Making sure you aren't telling someone what they already know: *"what do you already know about smoking during pregnancy?"*

Making sure the other person wants the information by asking permission: "Can I give you some information?" *(assuming they say yes….)*

Avoid the "you" pronoun when giving the information and keep it short! *"What we know about smoking during pregnancy is that it can cause babies to be born underweight"*

**Finally, it is about asking how the information was received:**

*"what are your thoughts about that?".*

**When giving information, an easy way to remember these steps is AATA or Ask Tell Ask.**

**Ask** what they already know about the subject in which you want to give information.

**Ask** permission to give information they don't already have.

**Tell** them the information, keeping it short and avoiding the 'you' pronoun when possible.

**Ask** them what their thoughts are on what you shared.

**Here is an example at home:**

**Ask:** Okay, it sounds like you really want to drop the class. What do you already know about what might happen if you do that?

**Ask:** Can I give you some information about that? (assuming they say yes….)

**Tell:** I'm fairly certain if you drop the class, you won't be full time anymore, and will lose your financial aid. This would be tough, as your dad and I can't help you this semester'

**Ask:** what are your thoughts about that?

How easy or hard is it for you to not give advice? Circle 1-10 with 10 being "impossible" and 1 being "not difficult at all". What led you to answer the number you did?

**1 2 3 4 5 6 7 8 9 10**

How easy or hard is it for you to ask others for their thoughts on their own problems? Circle 1-10 with 10 being "impossible" and 1 being "not difficult at all". What led you to answer the number you did?

**1 2 3 4 5 6 7 8 9 10**

# NORMALIZING

Normalizing is the opposite of making something or someone, bad, wrong, or pathological. It 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. Maybe the same thing has happened to us, and even if it hasn't, we can effectively normalize. Normalizing strengthens the relationship, increases selfdisclosure and encourages the other person to tell us more.

**These examples illustrate the difference between pathologizing and normalizing:**

*"I know I shouldn't, but I actually started talking to my ex-boyfriend again."*

- ✔ ***"Gosh, we've all done things we know we shouldn't. Tell me more." (Normalizing)***
- ✖ **Instead of: *"You know where that leads - the same place every time"* (Judgment).**

**Or:**

*"I've been yelling at my kids a lot lately."*

- ✔ ***"When we are stressed, it seems to come out on those closest to us." (Normalizing)***
- ✖ **Instead of: *"You can't take your stress out on them."* (Judgment)**

**Or:**

*"I picked up cigarettes again last week."*

- ✔ ***"Gosh, cigarettes are so tough. We all have those things we struggle with. How are you feeling about it?" (Normalizing)***
- ✖ **Instead of: *"Again? You've got to start taking care of yourself"* (Pathologizing, Advice).**

**Or:**

*"I ended up dropping out of school this semester, it was just too much."*

- ✔ ***"I've had to drop commitments before when I was overwhelmed too. Tell me more about it". (Normalizing)***
- ✖ **Instead of: *"When I was in school, I had two kids and I was working." (Shaming)***

Imagine something your clients or patients often disclosed, that you have not experienced. How could you normalize this for them? Write what you might say?



# ACKNOWLEDGING FEELINGS

*"Never meet a feeling with a fact"* is a phrase we often use to talk about acknowledging feelings.

Acknowledging feelings is one of the fundamental cornerstones of effective human interaction, although depending on our upbringing, it can be exceedingly difficult to do initially. Many of us didn't have our feeling acknowledged when we were growing up. Remember hearing comments like these?

- ✖ ***"You don't have anything to cry about."***
- ✖ ***"You shouldn't be angry about this, it's nothing."***
- ✖ ***"Don't be embarrassed."***
- ✖ ***"You should be happy about...."***

Hearing such remarks as kids often led us to believe that what we were feeling wasn't "real" or important. As a result, today, we may find it difficult to acknowledge our feelings, much less the feelings of others. We may continue saying similar phrases to patients and our loved ones out of habit or routine.

Acknowledging another person's 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. Dismissing another person's feelings does exactly the opposite. It can make someone feel alone, ignored, or shamed. Ignoring feelings also increases their intensity. Psychologists often use the phrase 'name it to tame it' when describing acknowledgement. This applies to others feelings as well as our own. This doesn't mean that we discuss all feelings deeply, or that we need to "process" all feelings, it only means that we acknowledge the feeling.

**Here are some ways to acknowledge others' feelings:**

*"I'm so nervous about surgery.'"*

- ✔ ***"Sounds like you have some worries about it."*** **(Reflection of a stated feeling)**
- ✔ ***"You're feeling really nervous."*** **(Reflection of a stated feeling)**
- ✖ **Instead of: *"There's no reason to be scared. The surgeon has done this procedure 100 times."* (Dismissing)**

**Or:**

*"Every time I come here, I have to wait for two hours in this waiting room!"*

- ✔ ***"I hear your frustration with the wait time." (Reflection of a stated feeling)***
- ✔ ***You must be really frustrated." (Reflection of a stated feeling)***
- ✖ **Instead of: "*Have a seat and I will check to see when you will be called" (Ignoring the feeling, fixing)***

Acknowledging the feelings of friends and family is equally important in maintain good relationships and conveying empathy. These are also the things we can regularly think about saying to ourselves.

**Examples at home:**

*"I'm too embarrassed!"*

- ✔ ***"You feel really embarrassed" (Reflecting a stated feeling)***
- ✔ ***"This is tough for you." (Reflecting a demonstrated feeling)***
- ✖ **Instead of: *"Don't be embarrassed! No one even notices!"* (Dismissing/ Reassuring)**

**Or:**

*"I feel so hopeless."*

- ✔ ***"You are really feeling down..." (Reflection of an expressed feeling)***
- ✔ ***"You've had a hard time lately." (Reflection of an expressed feeling)***
- ✖ **Instead of: *You don't have any reason to be depressed, your life is great."* (Judging/Dismissing)**

What feelings are most difficult for you to acknowledge in others? In yourself?



What feelings do you find you acknowledge fairly easily in others? In yourself?

# BODY LANGUAGE AND TONE OF VOICE

Research shows that we tend to believe what we see in someone's body language and hear in their tone of voice more than their actual words. An "I'm sorry" with a genuine look of concern and a slight leaning in is believable. An "I'm sorry" with a surly tone and arched eyebrows is received entirely different. To this end, it is important to remember that our body language and tone of voice can naturally convey empathy when we are feeling open and caring of others. However, when we are tired, irritable, judgmental, fearful, or distracted it takes some extra conscious thinking to manage our body language and tone.

We know quite a bit about what types of body language and tone of voice convey empathy (whether we are feeling it that day or not) from cross cultural research.

Studies have found that when we are communicating with someone, words only account for 7% of the overall message. Tone of voice accounts for 38% and body language accounts for the remaining 55%.

**Eye contact** provides the most powerful non-verbal way to convey empathy. Maintaining eye contact becomes more difficult as we become more familiar with others. As a result, our families often get the least amount of eye contact of all. Initial eye contact when a patient walks up to reception, or when a provider walks into a room, must happen within the first few seconds for it to be effective.

**Smiling** is one of the only ways we can convey goodwill to someone non-verbally. Smiling is incredibly powerful in conveying empathy and has been researched extensively. It has been written about by many spiritual leaders of different traditions. It is sometimes referred to as "holding hands" without touching.

**Open body posture** that is "squared" to the other person conveys engagement and care. Crossed arms or side positioning can indicate disengagement or judgment. Likewise, leaning slightly forward, when sitting or standing, conveys empathy. On the other hand, leaning back conveys a lack of engagement and, in some circumstances, judgment, as well.

"We shall never know
all the good that
a single smile can do"

**- Mother Teresa**

**Voice Tone**, as well as pitch and pacing that conveys warmth and sincerity demonstrates care goodwill, and sincerity.

Can you think of a statement or comment that can be interpreted or received vastly differently depending on voice tone?



Describe an experience you've had as patient, when you walk into a medical office- either one where the staff made eye contact, smiled, and had warm voice tone, or one where these things were absent.

# PUTTING IT ALL TOGETHER

Those of us in healthcare entered the profession to help and we typically go to great lengths to continually learn and grow in our skills as helpers. Spending time learning, enhancing and practicing our empathetic communication skills is an investment in our professional effectiveness, as well as in our most cherished personal relationships. We can also practice empathic communication when we talk to ourselves!

Here are a few additional examples that tie together the techniques in this guide.

**Example 1**

*"Sometimes in the morning, I look in the mirror and I just hate myself."*

- ✔ **"(With empathetic tone of voice and body language) Ah, you sound angry at yourself (Acknowledgement). Many of us have felt that way before (Normalizing). I appreciate your willingness to share this with me (Strengths focus). Tell me more about how you feel (Open-ended question)."**

**Example 2**

*"I can't stand checking my blood sugar!"*

- ✔ **"You really dislike it (Acknowledgement, reflection). It must be such a chore to have to do it every day (Acknowledgment). I'm so impressed that you actually continue to do it. Your health must be really important to you (Strengths focus). Tell me more about your experience with it (Open-ended question)."**

Research shows that responding empathically to good news correlates to happiness in intimate relationships.

**Example 3**

*"I can't lose weight. I've tried everything, and nothing works."*

- ✔ **"(With empathetic tone of voice and body language) You've tried everything (Reflection). It must be so frustrating that nothing has worked (Acknowledgment). I'm amazed you've continued to try so many things (Strengths focus). What are your thoughts about your weight now (Open- ended question)?"**

**Example 4**

*"I got a job interview!"*

- ✔ **"You got an interview! (Reflection). You must have done a lot of footwork to make that happen! (Strengths focus). How are you feeling? (Open-ended question)."**

Think about a recent conversation that you wish you had handled differently. Write what you wish you would have said, using some of the skills outlined above.



Consider a recent conversation where you wish someone had understood you better or had heard what you were saying. Write what you wish they would've said to you.

# 10 TIPS FOR EMPATHIC COMMUNICATION

1. **Use advice and reassurance sparingly.** Although both usually come from a place of caring, both can also convey that we don't want to hear any more from the other person; that we instead want to "fix" their feelings, tell them what to do, and be done with it.

2. **Use open-ended questions**, encouraging the other person to share their thoughts and feelings. Closed questions tend to shut the conversation down.

3. **Use cheerleading sparingly.** Cheerleading ("that is great!" or "how awesome!") is well-meaning, and most of us are in the habit of using it quite a bit. Cheerleading, however, doesn't invite others to share with us how they feel about their accomplishments. When we do feel the desire to give positive feedback, we can provide others with specific praise, such as "I'm so impressed by the effort and time you put into your homework."

4. **Acknowledge the other person's feelings before trying to 'fix' anything.** This creates a positive bond, and often if we do this well, we don't need to "fix" anything!

5. **Avoid "control words", like "should", "must", "have to", "need to".** As human beings, we have a natural tendency to protect our autonomy. When we hear words that tell us what we 'must' do, we tend to resist.

6. **Practice focusing on the strength that underlies the other person's disclosure.** Focusing on strengths before addressing the difficulty that has been shared is a very impactful way of showing empathy and goodwill.

7. **Avoid qualifying responses with a "but" as this will often signify a shift from an empathetic response to judgment or advice-giving.** For example, resist "You've done so well on your weight loss this year, but you still need to work on the smoking."

8. **Consciously use body language and voice tone to convey empathy.** Remember that so much of what we are communicating is being conveyed through body language and tone of voice.

9. **Engage in empathic reflection.** This allows the other person to know that their thoughts and feelings are important to us, and that we are truly hearing them.

10. **Practice, repair and practice again!** Enhancing empathetic communication is enriching for our patients, our loved ones, and ourselves!

Think about a recent conversation that you wish you had handled differently.
Write what you wish you would have said, using some of the skills outlined above.

# EMPATHETIC PRESENCE

When you are in psychological distress
and someone really hears you
without passing judgement on you,
without trying to take responsibility for you,
without trying to mold you,
it feels damn good!

***- Carl Rogers***

# EMPATHIC PRESENCE

Empathic Presence refers to the spirit we bring our interactions. It is more of a quality than a technique.

It is a willingness and intention to:

- ***Listen without an agenda***
- ***To just be with someone, in their struggles***
- ***Be in a space of total acceptance of another***
- ***Drop any thoughts of trying to change how another feels***
- ***Drop any thoughts of what another's feelings might have to do with us***
- ***Be curious about another's experience***

Most of us have been in this place with others - both in giving and receiving empathic presence. It is rare enough that we usually remember those moments very clearly. They leave an impact on us! One participant in an empathic communication workshop said "once you have experienced someone being empathically present with you, who totally accepts you, isn't trying to fix you or change you, we can then do this for others".

Reflect on and write on a time when you felt totally accepted and seen by another.

Likewise, we have all experienced times that lacked an empathic presence.

Reflect on and write about a time when you were vulnerable and felt ignored, dismissed, or judged.



Reflect and write about a time in which someone confided in you and you tried to rescue/save/protect/change/fix/control them. What were you feeling or experiencing that kept you from responding in a more helpful way? (hint; often, it is fear, sadness, feeling rushed or judgment…)

# WHAT TO DO WHEN WE DON'T FEEL THE EMPATHIC PRESENCE

There are going to be times when conveying an empathic presence is difficult. As we have discussed throughout this guide, it can depend on many different personal and work factors. The good news is that we can use empathic communication techniques even when we aren't feeling empathic. In fact, there are a few good reasons to do so.

1. **Fake it till you make it:** The first is that sometimes by "acting as if" we are feeling empathic, by using empathic communication techniques, we actually start to feel empathy. The techniques themselves tend to help others bring their guard down, soften a bit, making them easier for us to feel for them.

2. **Decreasing anger:** If we are in a situation where someone is angry, defensive, argumentative or irritable, we likely aren't feeling empathy, however using these techniques can be useful in helping them de-escalate. Often as a result, we start to feel empathy for them as well.

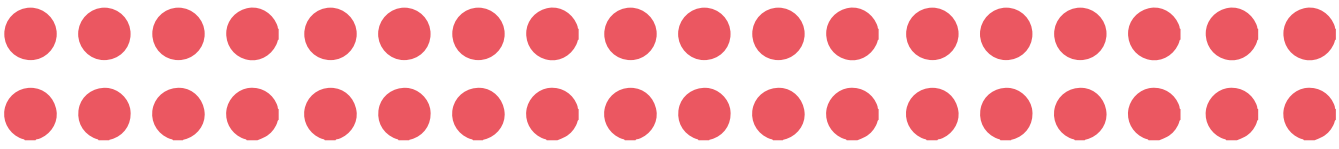
3. **Professional duty:** We don't refuse patients appointments, withhold flu shots, or refuse to refill medications, just because we don't feel empathic toward them. In the same way, we don't want to withhold empathic communications just because when we don't empathize with them. Because communication has such a big impact on health outcomes, even when we don't feel empathy, we have an ethical, and professional, obligation to communicate in a way that we know will support others' health. As in the first two, often this changes the interaction enough that we start to feel for them anyway.

# DE-ESCALATION TIPS

De-escalation refers to the skill set used to decrease a person's anger or agitation, especially when it is causing dangerous, abusive, or frightening behavior that could pose as a threat to them or someone else. De-escalation skills are developed over time, with training and practice.

It is important for organizations to have an annual or biennial training for all staff in deescalation (no different than we do for CPR). It is vital for organizations to have policies and workflows specific to de-escalation, such as a definition of escalations (to include verbal escalations such as heated arguments, yelling or verbal abuse), a way to track escalations as critical incidents, and a clear workflow for who takes the lead to manage an escalation. Lastly, some employees should never manage escalations. For example, those who can't control their anger in the face of someone else's anger, those who have had trauma in the past and are triggered by escalations, or those who are deeply frightened by anger. Ideally, when developing a workflow, employees have discussed this with their supervisors (no need to disclose specifics of why, only that the employee does not want to be a part of any de-escalation), then it is known who takes the lead and who steps away from these interactions.

These next few pages are not intended to be a replacement for a thorough de-escalation training program but rather, aims to outline some basic tips to support safety and a general overview of de-escalation skills.



1

The most important variable in escalations is **how well we are able to manage our own feelings.** Monitoring ourselves for clues that we are getting angry is important, as if we feel this happening we can hand off the de-escalation to a co-worker. Common signs we are getting angry are: repeating ourselves, closed body language, raising our voice and a pounding heart.

2

**It is always best if the most skilled person engages with an escalated client,** as soon as possible. We all have had different experiences with anger, in childhood and adulthood, our own anger and others. If we feel highly distressed by others anger, it is critical that we let our co-workers know this, so we are not called upon to manage escalations, or we can hand-off escalations as soon as possible.

3

Always remember the **number one goal when someone is somewhat escalated** (raised voice, sarcasm, arguing, swearing) is to help them manage their anger, not necessarily immediately solving their problem.

4

The **number one goal when someone is becoming physically threatening** (threatening to harm others, throwing items, kicking chairs, etc.) is to avoid anyone being injured. If someone is escalating in a threatening way, it can be very helpful to move the person AWAY from everyone else. This is to lower the impact on other clients and staff, who can be very frightened by angry people, and also because it is easier to de-escalate someone when there is not an audience. Think immediately about the environment – the first question to yourself and your team should be: **"How can I get this person away from everyone else?"**

5

Communication between staff is extremely important. We ideally have a **team approach** to people who are escalated, whenever possible. As soon as we see signs of early escalation, huddle with co-workers to develop a plan. The most confident and skillful staff member ideally takes the lead in communications with the escalated client.

Consulting

6

Try to **humanize yourself as much as possible.**
hold out your hand for a handshake or other friendly gesture if you feel the person will be receptive and it is safe to do so. Apologize for something with a small self-disclosure. Whenever possible, ask them to come into an office to talk privately. Frame this offer as a benefit to the client. If the client feels unpredictable, or it feels uncomfortable to have them in an office, ask them to step outside the clinic to talk with you. Again, frame this as a benefit to the client.

"Hi, my name is Martha, I'm the clinical supervisor here. I wish I could shake your hand! I'm so sorry to keep you waiting, my son isn't supposed to call me here, but he just did and I couldn't get off the phone! I'm going to help you with this today. Can we go sit in my office? I will be better able to help you if we are alone (or if you want to talk to them outside, "we will have more privacy outside", or appeal to their caring side, "let's move outside, just in case the kids here get scared.")"

7

**Avoid defending, being 'right' or informing of consequences** when someone is escalated. This can ALL be done later. Forget all of these things. The ONLY goal is to have the escalated person regain management of their anger and/or minimize the impact on others.

8


**Affirming strengths can be a very powerful intervention, when it is genuine.** Try to highlight what the person is doing well in the situation, even if it is just their ability to bring their concerns to the forefront. For example:

"I can tell how angry you are and I just want to tell you I can see you are trying really hard to keep your voice low. I really appreciate that. Thank you."

9

**Avoid explaining** why they shouldn't be mad, why what they are saying isn't accurate, or why it isn't the organizations fault that x, y, z has occurred. Remember that when people are escalated, their brains are flooded with adrenalin and their cognition is impaired. This is not the time for reason or logic.

**10** 

**Let them know you want them to tell you all of the things that they are unhappy about.** This is a specific technique to have clients utilize a different part of their brain which helps the anger either lessen or stay stable. You want them to have to THINK with their pre frontal cortex. You can start from by saying:

"Okay, can you start from the beginning? I want to hear everything."

**11** 

If the client actually has threatened harm, **communicate with your team** to call the police while you stay at a distance to talk with them if it is safe.

**12** 

If the client will not move to another location when you ask them, this means they are very, very escalated. In these cases it is important **to move everyone else from around them.** For example if the client will not leave the waiting room when you ask them to follow you, then instead have all other clients in the waiting room led into the back office into a break room or other area. Make sure a staff member sits with the other clients to help them with regulating and processing their feelings.

**13** 

**Avoid** being the one to interact with an escalated client if you tend to get angry, defensive or very frightened when you are around angry people interacting with an escalated client if you have had a very negative interaction with them before. You are less likely to be able to manage your own emotions (we are all human).

**14** 

**Never** interact with an escalated client who specifically asks not to deal with you.

**15**

It is a myth that if clients vent enough, they will 'wear' out, and feel better. If a client is raging/yelling/arguing, and despite getting them alone, empathizing, reflectively listening, validating, etc., and their **anger escalates as they vent, it is important to indicate the conversation must end.** For example:

"I am so sorry, I wish I could fix this, you've had a terrible experience here. I don't know that we are going to be able to do anything at this time and unfortunately I am going to have to go".

**16**

**One definition of successful resolution of escalation is a client leaving,** not necessarily that their feelings have been resolved. If a client leaves, with minimal impact on others, this is an acceptable end.

**17**

**Never follow a client who leaves the office or facility in anger.** how many people self-manage angry behaviors. If they have said something that indicates a threat to themselves or others, we call emergency services after the client leaves.

**18**

**Document, de-brief, support, and learn.** It is important than all escalations are documented as a critical incident, so the organization can track patterns and consider prevention and support strategies. Debriefing is important for two reasons: 1) to process emotions, soothe our adrenalin response, and help us let go, so we don't take it with us home. 2) to learn what worked well, and what might have worked better, for next time.

**19**

**Provide ourselves as much self-compassion as possible.** Anger is tough, and often leaves us feeling drained, anxious, hurt, or angry. We can remind ourselves we did the best we could at the time, that we didn't deserve the anger, and that we have people who love and cherish us.

# SELF CARE RESOURCES

Those who directly work with patients, in whatever capacity that may be, have a special responsibility to tend to their own well-being. In the health professions, we help primarily through connection and communication, and how we are doing personally has a direct impact on our professional skills and subsequently, the experience that patients have with us. As health professionals, we can continually practice recognizing the early warning signs of when we struggling, and self assess how it is impacting our work and personal lives. From there, we can identify and engage in and with those activities, people, hobbies, spiritual practices, or communities that can help us re-establish a sense of balance and return to work re-charged.

The first part of this section includes a burn-out assessment checklist that also assesses for **COMPASSION FATIGUE AND VICARIOUS TRAUMA.**

The second part of this section includes a list of self-care resources with things you can do on a daily basis to prevent burnout, such as forms of exercise and mindfulness.

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# BURNOUT, COMPASSION FATIGUE AND VICARIOUS TRAUMA ASSESSMENT

Using the scale, indicate how these statements reflect your actions and feelings.

**5 = Very often; 4 = Often; 3 = Sometimes; 2 = Occasionally; 1 = Seldom; 0 = Rarely**

____ 1. I am NOT happy and content with my work life.

____ 2. I feel drained and exhausted from "giving" so much.

____ 3. I am preoccupied with the traumatized stories I have heard.

____ 4. I feel apathetic about work.

____ 5. I feel down after working with those I help.

____ 6. I think about traumatic experiences of a person I help too much.

____ 7. I feel trapped by my work as a caregiver.

____ 8. Because of my work as a caregiver I have been on edge.

____ 9. Outside of work I avoid certain situations because they remind me of the experiences of those I work with.

____ 10. I don't like my work anymore.

____ 11. Because of my work as a caregiver I am exhausted.

____ 12. I have intrusive thoughts of stories I've heard from those I'm helping.

____ 13. I feel overwhelmed with the amount of work I have to do.

____ 14. I wonder if I make a difference through my work.

____ 15. I have flashbacks connected to my client.

____ 16. I work too hard.

____ 17. I become overwhelmed when thinking about working with certain clients.

____ 18. I experience troubling thoughts about events of a client when I'm not working.

____ 19. I feel I'm working more for money than for personal fulfillment.

____ 20. I have felt trapped by my work as a caregiver.

____ 21. I have involuntarily recalled my own traumatic experience while working with a client

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# BURNOUT, COMPASSION FATIGUE AND VICARIOUS TRAUMA ASSESSMENT - PAGE 2

**Scoring**
Write the number you wrote for each question on the blank below. Total the columns.

| BURNOUT | COMPASSION VICARIOUS | FATIGUE TRAUMA |
|---|---|---|
| ____ 1. | ____ 2. | ____ 3 |
| ____ 4. | ____ 4 | ____ 5 |
| ____ 7. | ____ 8. | ____ 9. |
| ____ 10. | ____ 11. | ____ 12. |
| ____ 13. | ____ 14. | ____ 15. |
| ____ 16. | ____ 17. | ____ 18. |
| ____ 19. | ____ 20. | ____ 21. |

While no universally applicable cut off score can be used under all circumstances, in most cases, a higher number of score indicates a higher level of distress.

| | | |
|---|---|---|
| 0-14 | = | Low Risk |
| 15-21 | = | Moderate Risk |
| 22-28 | = | High Risk |
| 29-35 | = | Extremely High Risk |

**About the Crisis & Trauma Resource Institute Inc.**
CTRI provides professional training and consulting services for individuals, communities and organizations affected by or involved in working with issues of crisis and trauma. For more details visit their website at www.ctrinstitute.com

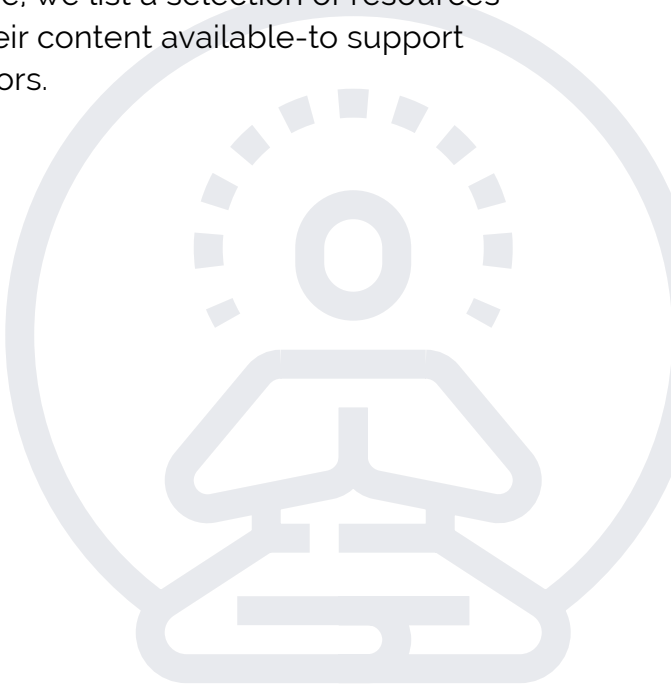
> *"Being kind to yourself lets you be kinder to others, and that just might be the finest gift you can give to the world."*
>
> **- Cheri Huber**

## Tools Summary

A wealth of virtual, home-accessible tools (apps, podcasts, videos, etc.) are now available to support mindfulness, relaxation and movement. Here, we list a selection of resources that offer substantial content for free-or have made their content available-to support coping in general, or some specific to COVID-19 stressors.

In this guide:

- **Mental Health**
- **Healthy Habits**
- **Mindfulness**
- **Positive Emotions**
- **Yoga and Movement**



## Mental Health

Resource: **COVID Coach**

From: U.S. **Department of Veterans Aairs**

Free app to support coping and resilience during the COVID-19 pandemic. Includes tools for tracking mood, managing stress, navigating caregiving, staying healthy and connected and connecting to further resources as needed

Resource: **PTSD Coach Online (website/app)**

From: **National Center for PTSD**

- **Repository of free resources for anyone who needs help with upsetting feelings. Specific materials geared for worry/anxiety, anger, sadness, sleep problems, and trauma.**
- **Videos**
- **Handouts**
- **App for those with PTSD**

Resource: **Mindshift CBT (app)**

**Free interactive cognitive-behavioral tools** to manage anxiety, develop more eective ways of thinking and take positive action

## Healthy Habits

Resource: **Operation Health@Home**

Source: **MGH Home Base Program**

Library of video-based coaching tips (updated daily) for enhancing fitness, nutrition, mindfulness and mental health while coping with COVID-19 stress. Tips include easy home recipes; mindful eating; guided fitness workouts; coping techniques; and mindfulness meditations. Developed for the military community and their families, but applicable for anyone

Resource: **Eating for Physical & Mental Health During COVID-19**

From: **MGH Department of Psychiatry**

Expert tips from Dr. Uma Naidoo, Director of Nutritional & Lifestyle Psychiatry at MGH, for healthy eating, meal planning, and snacking to support mood and mental health during stressful times

**Additional tips via Harvard Health Blog**

## Mindfulness

Resource: **Free Online Meditation Resources for COVID-19**

From: **The Awake Network**

List of free meditation resources from a variety of sources and organizations, including guided meditations, video sessions, apps and classes

---

Resource: **Coronavirus Sanity Guide (website includes videos and app)**

From: **Ten Percent Happier**

- **Resources** on this webpage include: guided meditations, podcasts, blog posts and talks focused on managing coronavirus-related stress and anxiety. These resources will be updated over time
- **Dr. Luana Marques** of the Massachusetts General Hospital **Center for Anxiety and Traumatic Stress Disorders program** is interviewed with other experts for a **one-hour podcast, sharing practical tips for "How to Manage Coronavirus Anxiety"** Guided meditations include: centering/grounding for coronavirus responders; relaxation; self-compassion; and finding ease

---

Resource: **Mindfulness for Wellness (website)**

From: **MGH Department of Psychiatry**

**Free 8-session online program** developed by Dr. Louisa Sylvia and team from the MGH MoodNetwork, introducing mindfulness skills to help with coping with COVID-19 stress. Each session takes about 15-20 minutes, focuses on a specific skill, and can be completed on your own time

Resource: **Headspace (app)**

**Free access to Headspace Plus** is now available for United States health care and public health professionals through 2020

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Resource: **Insight Timer (website and app)**

**Free library of over 30,000 recorded meditations** for sleep, anxiety, stress, mindfulness, self-compassion, calming music, for kids, etc.

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Resource: **Calm (website with recordings)**

**Curated free recordings** include: soothing meditations for mindfulness and self-compassion; sleep meditations; calm music; relaxing soundscapes; mindful movement exercises; mindfulness for kids; daily mindfulness activity calendars; journaling resources; ideas for social connection

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Resource: **MyLife (app)**

**Free app** to help notice feelings and reactions, practice mindful breathing, and broaden perspectives via guided meditations; also has acupressure and yoga exercises, for kids and adults. This app addresses the toxic stress of racism, body acceptance and the grief of climate change in its activities.

## Positive Emotions

Resource: **Positive Psychology Exercises (app)**

From: **Mass General Center for Addiction Medicine**

**Dr. Bettina Hoeppner's team** at the Mass General **Center for Addiction Medicine** has developed a freely available app that engages users in daily positive psychology exercises focused on noticing and fully engaging with positive experiences even amid life challenges. While this app was originally developed to support smoking cessation (for scientific validation, **see this paper**), the happiness exercises can be used as a stand-alone module (simply tap "Happiness" on the homepage of the app) and can be used by all

**Positive psychology exercises** focus on noticing kindness (e.g., teachers putting together homeschool tools); doing kind things (e.g., leaving toilet paper in the shelf for the next person to buy); savoring (e.g., taking 5 minutes to sit in the sunshine); reliving positive experiences (e.g., looking at photos and recalling joyful events); and noticing good things that are also happening (e.g., whole communities engaging in social distancing for the greater good)

Resource: Positive psychology videos, practices and classes; Meditation and mindfulness videos and other tools.

From: **Greater Good Science Center**

The Greater Good Science Center is a treasure trove of free resources, podcasts, short videos, reading and classes on positive emotions, and anti-racism. One of their most popular classess, **The Science of Happiness** has been taken by thousands of people around the world.

Free Self-Compassion Practices with Dr. Kristen Neff: **https://self-compassion.org/**

## Yoga and Movement

Resource: **Wakeout (app)**

**Free app** with hundreds of quick and easy 30-second physical exercises that can be completed in the home, while sitting, or outdoors

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Resource: **How to Stay Active While You're at Home (website)**

From: **Sport England**

Guide to free resources for staying active at home, including:

- **Home workout videos**
- **Illustrated guides to gym-free workouts**
- **Dance-along videos with kids**

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Resource: **Down Dog Yoga & Exercise Apps (app)**

From: **Down Dog**

**Free access to all exercise apps** (Down Dog, Yoga for Beginners, HIIT, Barre and 7 Minute) until April 1 (and extended to July 1 for all students and teachers signing up with an .edu address)

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Resource: **Online Yoga Resources (website)**

From: **Breathing Space Yoga & Mindfulness Studio**

**Free online yoga resources,** with videos as well as audio guided meditations to assist with stress and sleep

# EMPATHIC COMMUNICATION RESOURCES

**The Institute for Health Care Communication** has several empathy-based workshops for healthcare professionals. The newest one, "The Empathy Effect: Countering Bias to Improve Health Outcomes" was co-created by Elizabeth Morrison and Michele Nanchoff. You can find more information about The Empathy Effect and the IHC's other workshops, as well as their Train the Trainer Courses at: **www.healthcarecomm.org**. Under "bibliographies" you will find "The Empathy Effect" bibliography, which contains all the research cited in this guide.

**Elizabeth Morrison** has a website just for resources, which includes tools, research, slide decks and other resources on empathy and stigma, among other subjects. This website can be found at: **www.emorrisonconsulting.com**. If you would like to receive my newsletter, you can sign up here as well.

**William Miller**, of Motivational Interviewing fame, wrote a wonderful book recently, which compliments this guide. It is a very short, slim book called **Listening Well: The Art of Empathic Understanding.**

**The Greater Good Science Center** is one of my all-time favorite organizations. They study empathy and its' opposite – bias. They also study gratitude, happiness, awe, grit, and a whole host of other positive emotions. There is a specific focus on interpersonal communication and they offer many mini-exercises and practices around this. Mindfulness is an area of focus as well, and they offer many free resources in this area, including podcasts and videos.

**The Language of Caring** is an organization dedicated to spreading the practice of empathic care in healthcare. They offer trainings, videos, webinars and workshops, many of which are free or low cost. Their e-newsletter "Heartbeat" is excellent.

# Please feel free to reach out!

**If you'd like to be on my mailing list, you can sign up at www.emorrisonconsulting.com, or you can just email me and let me know!**

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