



Managing Difficult Clients and Situations in Veterinary Practice Mini Series

Session 1: Developing a Compassionate Understanding of Human Emotions

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Session One: Developing a compassionate understanding of human emotions

Outcomes:

By the end of session one you will be able to:

- Have a basic understanding of a compassion focused approach to understanding clients in practice.
- Be able to identify a range of human emotions associated with pet-people relationships.
- Have knowledge of different theories for understanding human emotions.
- Explored diverse client factors and veterinary factors constructing difficult situations in practice.
- Developed ideas for a practical guide for dealing with anger.
- Awareness of some strategies and self-reflection skills for developing self-awareness, recognising personal prejudices and avoiding stereotyping.

What is compassion?

Compassion comes from the Latin word *compati* meaning “to suffer with”

“A deep sensitivity to the suffering of self and others, with a deep commitment to try and relieve it” Dalai Lama

Bernard Rollin (2006) veterinary ethicist points out within veterinary medicine there is a treatment triad, similar to paediatrics in human medicine, generating complex needs

- **Compassion involves sensitivity to ourselves as well as others**
- **Can be difficult to genuinely feel compassion in some circumstances**
- **High levels of perfectionism and self-criticism make self-compassion very difficult**

Why is taking a compassion focused approach in veterinary practice important?

By developing and using compassion we also develop an awareness of how our brains work. Creating an understanding of more primitive mechanisms in our “old brain” that can generate instinctive responses e.g. fight or flight can be useful in helping us respond more positively and calmly in difficult situations in veterinary practice.

Taking a compassion focused approach in practice creates greater understanding of difficult behaviour as being complex and usually “not our fault.” This doesn’t mean people don’t have personal responsibility for how we respond in difficult situations and to challenging others; we have responsibility for choosing how we respond, e.g. we can learn how to direct and calm difficult emotions.

What does compassion focused veterinary practice involve?

It is important to consider personal and professional **safety strategies/behaviours** we develop when dealing with difficult clients and what the **intended** and **unintended** consequences of these might be in practice.

Think about what you are afraid of happening in a difficult situation.....

Identify previous experiences in practice that may shape your beliefs about what might happen now

There are patterns of thinking that we can get stuck into and that can actually influence behaviour negatively when responding to difficult situations in practice:

Catastrophizing: jumping to worst scenarios

Rumination adaptive and functional/ abstract and critical

Mind-reading: predicting, pre-empting

Black and white thinking: thinking in absolutes

Splitting seeing clients/people or something as “all good” or “all bad”

You will recognise these thinking styles from cognitive behavioural therapy (CBT). Developing self-awareness, insight and understanding into our own thinking patterns and beliefs is a vital step in becoming more compassionate both to self and others.

Paul Gilbert (2010) was the originator of compassion focused therapy (CFT) and he identified different “systems” that can be activated in the human brain that influence our thinking, emotions and behaviours:

- **Threat and Self-Protection System:** its purpose is to identify threats quickly and bring about surges of feelings as anxiety, anger or disgust. These feelings are experienced somatically in our bodies and they make us aware of the threat and activate self-protection
- **Incentive and Resource-seeking System** (*The drive-excitement system*): its purpose is to give us positive feelings that direct, motivate and encourage us to seek out things and resources that we (and those we love and care about) will need in order to survive and prosper; think about this in relation to veterinary clients feeling protective of their pets.
- **Soothing and Contentment System:** its purpose is to bring about a certain soothing, calm and peacefulness to the self, which helps to restore our balance. How often are your soothing and contentment system online in practice? (e.g. you may find yourself stroking a dog or cat in a consult as you talk and this may actually be soothing for you as well as your companion animal patient)

Compassion focused practice involves:

Feeling Safe – supported by colleagues and the practice

Safe emotional climate: communication, reflective learning; be aware of stereotyping and prejudice; making sure you develop reflective listening skills

Safe environment – is there a need for a panic button at reception or in consult rooms? Is there a family room? Somewhere to speak privately with clients experiencing difficulties. It is also important to consider what internal procedures are agreed when someone in the team needs support?

What are agreed practice procedures for eliciting outside, external support if needed? e.g. calling the police; contacting social services or community mental health crisis team?

Developing personal and professional self-awareness: know your triggers and own mood states

Taking active responsibility for your own self-care: know your limits! Take breaks, keep hydrated, eat regularly; remain boundaries with clients (e.g. do not give out personal contact details)

Developing trusting, supportive relationships with colleagues, communication, communication, communication

Practice team meetings, reflexive practice, openness

Consider learning mindfulness, scheduling taking a walk at lunchtime; make sure you eat lunch and keep hydrated throughout the day

What do we mean by the term “emotion?”

A simple definition: **a response involving physical arousal, expressive behaviours and conscious experience.**

- **Primary emotions** are the first emotions a person feel consequent to an event.
- **Secondary emotions** are ones that are felt the most; anger is usually secondary emotion.

What is anger?

Anger is a natural and automatic response to pain either physical or psychological. Anger never usually occurs on its own but in response to pain feelings and this is why it is known as a “secondary” emotion or second-hand emotion. Pain is insufficient by itself to prompt anger; anger happens when it is combined with some anger triggering thought, e.g. in veterinary practice a client may get angry when the topic of payment of fees is raised, possibly thinking “they are ripping me off with these consult fees....I could buy these drugs myself cheaper on the internet” (sub-text: I am being taken advantage of and made a fool of).

Veterinary receptionists are professionals most often in the firing line for this kind of anger related to payment of fees and following up of bad debtors.

Anger is a **social emotion** in the sense it needs a target to be directed at. Being the target understandably feels uncomfortable and can lead to rising feelings of anger in self. Anger can be contagious as can any emotion. **However the danger in being contaminated by another’s anger lies in escalating the anger and making the situation even more volatile.**

Anger can be a substitute emotion, people may become angry because they are subconsciously avoiding experiencing pain, e.g. in veterinary practice a client facing the loss of their companion animal may become angry because that is more manageable and feels as if they have some control over what may feel like chaotic feelings. The converting of pain to anger may be conscious or subconscious. **Being angry confers some advantages** as it distracts from feelings of pain and also provides an “other” focus rather than self-focus. **Anger can also provide a smoke screen for vulnerability;** along with giving a sense of being right, having and exerting power and moral superiority in some instances, i.e. “the vets are in the wrong, they failed to save my pet and they need to be punished.” People usually believe their anger is justified. Different people take different courses of action when angry, some people shout, others say harsh, cruel things and some people may become physically aggressive and violent.

What situations can cause veterinary clients to become angry? (Considering client factors)

- Perceived or actual clinical error by a veterinary professional
- Your practice not providing out of hours cover – a large proportion of practice now buy into out hours cover rather than provide it themselves, this can lead to anxiety in clients as out of hours vets will be unknown to them and may not be familiar with their pet/companion animal
- Objecting to fees they feel are too high
- Having limited choices because of lack of money to pay for tests and treatment
- Feeling not heard or listened to

- Feeling threatened and intimidated: veterinary professionals can use a lexicon that is inaccessible to lay people, leading to lack of understanding
- Not having been given treatment and referral options
- Shock following bad news, e.g. unexpected death due to anaesthetic reaction, unanticipated terminal diagnosis
- Bereavement; anger is a natural part of most grief reactions
- Confusion – not having clear, unambiguous information about what is happening to their pet, unclear instructions regarding medication
- Lack of pre-euthanasia discussion leading to feelings of doubt and guilt regarding the appropriateness of choosing euthanasia for their pet
- Well informed clients who have searched the internet for possible diagnoses may come to a consult with firm views about what might be “wrong” with their pet and be unwilling or unable to accept alternative informed professional perspectives
- The vet pointing out where animal welfare has been compromised, challenging a client e.g. animal hoarder
- Unrealistic expectations, e.g. medical professionals are “God” and should have all the answers and be able to save a pet no matter what the circumstances
- Conflicting beliefs, attitudes and behaviours e.g. believing it is cruel to neuter, believing vaccinations to be potentially dangerous
- Too much information/too little information
- Busy waiting room, long wait
- Nowhere to park!!

In fact multiple and diverse factors may cause clients to become angry including what is happening at present in their lives, e.g. someone may be under a lot of pressure at work leading to their coping mechanisms being stretched; bereavement, redundancy, an argument with their partner, difficulties at work. We only have to think of our own lives and the pressures we face that may “wire” us and make us more prone to becoming angry to appreciate why clients could become easily irritated and angry in the practice.

For a client with a mental illness such as schizophrenia or anti-social personality disorder it may be very difficult for them to self-regulate their emotions, particularly if they are not taking medication. Try to be aware if possible of which clients may have mental health difficulties and make a note in their file of their carer or a support worker you could call if needed. This should only ever be done with client knowledge and permission.

Some clients with learning difficulties (LD), attention deficit hyperactivity disorder (ADHD) or with autism spectrum disorder (ASD) may also find it difficult self-regulate emotions. This needs to be taken into account if you have knowledge beforehand.

What happens when we get angry?

When we get angry, the heart rate, arterial tension and testosterone production increases; recent research in 2012 found cortisol (the stress hormone) decreases and the left hemisphere of the brain becomes more stimulated.

Experiencing anger generates profound changes in the **autonomic nervous system**, (which controls cardiovascular responses) and the endocrine system. In addition there are marked changes in cerebral activity, especially in the **frontal** and **temporal** lobes.

Our body reacts just like it does to stress when angry, we breathe heavily and because of this our hearts beat faster and pump much more oxygen, adrenaline, and sugar into the bloodstream. Our muscles and arteries tense, and blood pressure rises. Our bodies prepares for action.

ANGER can have a profound negative impact on our health both in the short term and longer term leading to hypertension (high blood pressure), heart disease and diabetes (type 2). Anger can lead to experiencing stress, burn out and compassion fatigue.

Angry veterinary clients may not be able to communicate their concerns and feelings accurately or effectively and are more likely to sue the practice over minor mishaps (McCord et al., 2002).

Empathy

A vital skill in diffusing anger is communicating empathically; **empathy is being able to experience another's world as if you were that person and appreciate a person's situation from their internal frame of reference but never losing that "as if" quality.**

Empathy is: "The ability to perceive accurately the feelings of another person and communicate this understanding to him or her," Kalisch (1971).

Empathy involves:

Unconditional positive regard - involves positive feelings towards the client such as liking, caring and warmth; unconditionality means being non-judgemental, accepting the client as a separate person. Of course UPR is not always possible e.g. where a client has compromised animal welfare it can feel and actually be impossible to feel Unconditional positive regard and compassion.

Congruence – this is genuineness and it requires self-awareness, honesty & sincerity. It is linked to being "real." Of course to maintain a professional demeanour it is necessary to suspend total genuineness and curtail impulsivity in making what may be judgemental remarks or reflections.

Using empathy to diffuse anger:

When faced with an angry client in practice empathy is our most useful tool for working with them but understandably the most difficult one to access at that moment! Empathic responses accurately identify factual content as well as the nature and intensity of emotions and concerns.

Platt and Keller (1994) suggest the following strategy for diffusing anger in veterinary practice:

- **Be aware** of and listen for strong, intense feelings
- **Reflect and identify feelings internally**, e.g. "this client is volatile/angry/at their wits end" (do not say this to the client only silently to self)
- **Name the feeling** – you may get this wrong, but try to just keep with your client e.g. "It feels you are angry because you believe the bill is too much specifically the cost of the consult" (you are **reflecting back** and **checking out** with the client you are hearing them and perceiving them accurately)
- **Make sense of the feeling** – do not be afraid to ask for **clarification** or **further explanation** to **ensure your understanding**; "please would you tell me exactly how you feel so I can understand better;" use paraphrasing to check out your understanding and its accuracy with the client.
- **Affirm the feeling** – summarise and validate the emotion if appropriate, "I can see why that would make you feel this way"
- **Offer help** – "I will investigate what can be done..."

Top tips for coping with anger in others

- Where possible invite the client into a **quiet space** e.g. empty consult room
 - Make sure you are positioned near to the door and have an **easy escape** route if needed
 - **Do not make accusations** or point a finger
 - **Use reflective listening skills** to communicate **empathy**
 - **Use body language** to show you are engaged, accessible, actively listening and non-threatening: e.g. try to maintain a relaxed and open posture rather than assuming a defensive posture such as folding arms
 - **Talk in a calm, slow manner**; do not shout or interrupt
 - **Do not invade personal space**, keep your distance
 - **Engage in eye contact but do not stare** this can be perceived as confrontational
 - **Allow the client to speak** and have their say
 - If appropriate, ask them “what would make you feel better”
 - **Model calm behaviour** – mirroring angry clients will escalate the anger
 - **Be assertive not aggressive**, you have a right to ask a client to stop threatening you and tell them you will call the police if they continue to do so
 - **Consider having a panic button under the reception desk**
 - **Walk away** if the situation is volatile and you feel at risk
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- **Count to ten** – yes it really works! Sometimes but NOT always!
 - **Be aware of how your body responds to anger** e.g. butterflies in your stomach, difficulty breathing, flushing (think about your threat system)
 - **Note your triggers, be aware of them**
 - **Talk to someone neutral** about what caused you to get angry. Narrating the episode to someone else will help you realize the reason behind getting angry. Once you know the reason, you can work on improving your capability to control the situation.
 - **Try to contain and contextualize**; do not ruminate about events, going over and over things in your mind can magnify negative emotions and increase feelings of self-doubt. Personal reflection and learning from this is one thing, unhealthy rumination another.
 - **Make sure you keep hydrated throughout the day**
 - **Take regular breaks** – even if going to the loo, making a drink, getting a glass of water
 - **Try deep breathing/focussing on breathing**, mindfulness and relaxation (think about your safe image and bringing your soothing system online)
 - **Eating healthily, tempers can become frayed by skipping meals and blood sugar getting too low**; always eat breakfast and lunch and try healthy snacks to keep energy levels steady
 - **Get some exercise**. Release your tension by sweating it out....
 - **Connect with friends and fun activities** ☺
 - **Do not lose your sense of humour!!**
 - **Learn mindfulness** (it really works)!!
 - **Ask for help/emotional support** when you need it this is not a sign of weakness but a sign of self-awareness, professionalism and strength.