



Managing Difficult Clients and Situations in Veterinary Practice Mini Series

Session 3: Body Language, Compassionate Communication Skills and Self-Care

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Session Three: Body language, compassionate communication skills and self-care

Outcomes:

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

- How to recognise and understand body-language
- Being aware of our own bodies and body-language
- Coping with client complaints
- Compassionate communicating cost
- Compassionate communication with colleagues
- Self-compassion and self-care strategies

What is body-language?

Body language refers to non-verbal communication and it can convey complex messages. Much of the meaning derived from verbal communication comes from non-verbal cues. Non-verbal communication is culture bound and can convey interpersonal attitude and emotional states of client and veterinary professional.

Non-verbal behaviour can support or contradict what has been said; it also adds meaning to what is said. Non-verbal behaviours have a regulatory function, allowing turn-taking; giving and receiving feedback and demonstration of attentiveness.

Human communication is largely non-verbal; between 50-70%; Non-verbal communication is essential in communicating warmth, developing and sustaining rapport. Non-verbal communication includes:

- Facial movements and expressions, e.g. smiling, grimace
- Gaze and eye contact
- Head movements
- Body movements and posture
- Proximity interpersonal distance
- Interpersonal touch
- Voice and paralinguistic features
- Environmental cues
- Time

(Kirwan, 2010 p. 8)

As we grow used to being with other people, we subconsciously learn to read their body language particularly as it triggers emotions and memories that let us predict what will happen next. We then automatically react before the event occurs, for example flinching at an angry voice. Positive cues happen too, such as when we feel good when others smile. *Intention cues* are signs of a person's intent or desire. People not only look at where they want to be, they point parts of their body that way, for example when they want to leave a conversation, they start to turn away or look at their watch. Rising anger can also be spotted, with reddening face, lowering eyebrows, tensing muscles and so on. Watch for correlations between a person's body position or movement and their attitude. When they have a negative attitude, get them to change position, for example getting them to sit if they are standing.

Non-verbal communication in veterinary practice

- Eye contact
- Facial expression
- Posture, position and movement
- Use of tone

Facial expressions: can be a source of emotional expression; our faces are intricately linked with our identities and can reveal primary emotions such as disgust, fear, surprise, anger, happiness and sadness. We use our eye brows, mouths, facial muscles, mouth and tongue and subtle changes can convey diverse emotions. Facial expression may be a more powerful way of communicating emotion than verbal communication.

Eye contact:

The eyes are often called, 'the windows of the soul' as they can send many different non-verbal signals; for reading body language this is quite useful as looking at people's eyes are a normal part of communication (whilst gazing at other parts of the body can be seen as rather rude); always take into account culture.

When a person looks upwards they are often thinking; in particular they are probably making pictures in their head and thus may well be an indicator of a visual thinker/learner. Looking upwards and to the left can indicate recalling a memory.

Whereas looking upwards and the right can indicate imaginative construction of a picture (which may consequently reveal a liar); be careful with this: sometimes the directions are reversed - if in doubt, test the person by asking them to recall known facts or imagine something! **Looking up may also be a signal of boredom** as the person examines the surroundings in search of something more interesting. **Head lowered and eyes looking back up at the other person,** is a coy and suggestive action as it combines the head down of submission with eye contact of attraction; it can also be judgemental, especially when combined with a frown. **Looking at a person can be an act of power and domination.** Looking down involves not looking at the other person, which therefore may be a sign of submission ('I am not a threat, really'). Looking down can thus be a signal of submission; it can also indicate that the person is feeling guilty. **Looking down and to the left** can indicate that they are talking to themselves (look for slight movement of the lips). Looking down and to the right can indicate that they are attending to internal emotions. **In many cultures where eye contact is a rude or dominant signal,** people will look down when talking with others in order to show respect. **Looking sideways:** much of our field of vision is in the horizontal plane, so when a person looks sideways, they are either looking away from what is in front of them or looking towards something that has taken their interest. **A quick glance sideways** can just be checking the source of a distraction to assess for threat or interest. It can also be done to show irritation ('I didn't appreciate that comment!').

Eye contact in veterinary practice

Appropriate eye contact can be a powerful way for opening and maintaining communication with clients in practice. It is very important to look at the client (as well as their companion animal), with the desire of

communicating interest, empathy and conveying warmth. Eye contact regulates and synchronizes conversations in practice, but again remember culture and consider how eye contact is perceived!

People with autism spectrum conditions may also find eye contact difficult or impossible

Eye contact should not be a fixed gaze or staring at someone (which can activate threat mind); it is a way of sending signals and also receiving signals.

Gestures and head movements: attending behaviours

Gestures e.g. nodding (in Western cultures nodding suggests agreement; whereas shaking the head would suggest disagreement). Using head nods at appropriate times within client consults can encourage clients to talk more; convey interest and invite continued talk and encourage fuller disclosures. Gestures can sometimes replace talking and can be understood as attending behaviours showing the client you are listening and interested. Research shows that people who use head nods are considered to be warmer, more empathic and more open than those who do not.

Personal space: attending behaviours

Proxemics refers to the use of space in interpersonal relationships; intimate space is generally considered up to 45cm (18 inches) and is reserved for intimate feelings and thoughts. Personal space is influenced by age, gender and culture; personal histories (of abuse) and developmental difficulties such as autism can also influence what feels comfortable and acceptable to an individual. Context is also a crucial consideration; doctors and nurses in human medicine seek necessary permission to invade personal space during examination and treatment. Veterinary surgeons may also need to ask clients/owners to assist them in a physical examination of their companion animal. Social distance ranges from 1.2 to 3.6 metres (i.e. 4-12 ft) general distance for formal exchanges (most veterinary consults happen within this space).

Becoming and being body-aware

Necessary to be aware of (but not self-conscious of) our own bodies; the way we sit or stand can communicate interest, enthusiasm or boredom and disinterest (e.g. slumped posture, facing the door). Where possible in practice we should try to be relaxed with what is termed an “open posture” facing the client (make sure your feet are also facing the client). A slightly forwards posture (not invading the client’s personal space) also demonstrates attention, interest and communicates your availability. Consider using mindfulness exercises in preparing for consults by becoming aware of our breath and breathing; noticing our bodies and where in our body we feel tension (e.g. across our shoulder blades; in the neck or stomach).

Touch

Haptic communication is communicating by touch. This is used in a number of contexts and also has dangers for as in particular circumstances, be interpreted as assault! Touch is often intimate and can be used as an act of domination or friendship, depending on the context and who is touching who, how and when; considering context is essential! Young children and old people use more touching than people in the middle years. **Touch provides a direct contact with the other person.** This varies greatly with the purpose and setting. Use (if at all) with caution, momentary touch on elbow – communicating compassion or understanding to a grieving client; be discerning.

Compassionate approaches to coping with client complaints

Complaints may be made by any client at any time; complaints may be related to any aspect of practice, e.g. costs, being kept waiting, outcomes of treatment; attitudes of staff. Clients who are anxious, have enmeshed relationships with their companion animals may be more demanding and dependent. Similarly clients with a grandiose sense of entitlement or “expert” knowledgeable clients may present increased difficulties in practice because of their demands, needs and expectations.

There can be serious repercussions for the practice and all complaints should be dealt with speedily and compassionately. This involves keeping clients informed: e.g. letting them know when the

vet is running late, changes in treatment and billing. It can be a good idea to foresee potential complaints (e.g. related to billing) and act in advance by always itemising bills for all clients to avoid confusion, making clear what the client is paying for.

Listen! Listen! Listen! Keep calm and listen!

Communicate with empathy and respect at all times with clients, however difficult the circumstances may seem. It is essential to assure a complaining client there is a practice process for dealing with their feedback. **The client needs to tell their story**; feel listened to and understood; this may be a lengthy and volatile process in some circumstances. **Separate a complaining client** from the waiting room/other clients (e.g. take into an empty consult room or practice quiet room if there is one)

If a client complains over the telephone write down everything that is said; arrange a time for a return call or face-to-face discussion (quiet time, away from other clients). Central within dealing with any complaint is **transparency of process** and **honesty** about what has happened; this requires being open about any errors that were made.

What complaining clients need

Over 85% of people describe their “pets” as family members; consequently errors in diagnosis, treatment and care of a companion animal can have significant and protracted impact on clients/caregivers. Clients may understandably feel angry, confused, sad, anxious, frustrated and/or depressed as a consequence of the error because of its impact on their loved companion animal. **Clients need honest, clear communication** to provide information about what happened; Gray and Moffett (2010) point out that good communication can be the difference between an “honest mistake” and incompetence of malicious intent. However explanations however do not always result in a client feeling satisfied. Clients also need an appreciation of the trauma they and their companion animal have experienced.

Clients need assurance that lessons have been learned from their and their companion animal's experience. They need to be assured that things will be done differently in future. Where there has been a mistake in practice, clients need a genuine apology. **Veterinary clients who perceive they have been treated with insensitivity and lack of compassion are more likely to take legal action.** When complaining clients are presented with silence or evasion they may perceive threat of litigation as the only way forwards to address the imbalance of power and knowledge (Gray and Moffett, 2010 p. 119).

Compassion Focused Veterinary Practice

Compassion focused approaches to practice are important in generating a sense of connectedness and belonging in practice staff. By introducing compassionate mind skills and practice staff can feel more supported in the difficult emotion work they are involved in, e.g. supporting grieving clients. There needs to be consideration of fostering compassion focused practice from the outset in induction and encouraging work-place mentors to promote mindfulness practice and access to CPD (e.g. communication skills training).

Practice team meetings can be used to create a climate of increased openness and for group mindfulness sessions. **Reflective practice** that is grounded in a **non-judgemental** stance creates a climate of increased trust and openness fostering an emotion friendly practice environment. Stress in practice needs to be recognised as “normal” in that everyone will feel and be stressed at some stage; this doesn't mean they are weak or lacking; it does mean they are human! All successful stress management plans rest on a foundation of **attitude change**, which requires a genuine commitment to self-exploration. Within compassion focused practice it is not all purely about intrapersonal processes but very much dependent on interpersonal relationships and team support; this makes a team approach is essential to promote acceptance and openness and a generate an atmosphere of respect and understanding for colleagues as well as clients experiencing difficulties. Compassion focused approaches to veterinary practice are certainly not a soft option! They are also **Not** about becoming “touchy feely” or emotionally enmeshed; it involves developing a healthy professional detachment.

Points to consider

- Consider how you use practice meetings (e.g. integrating mindfulness skills training and practice)
- **Developing an emotion friendly environment** (through non-judgemental reflective practice and open discussions about difficult clients and situations in practice)
- **Developing protocols for emotional support for clients**, e.g. Pet bereavement protocols
- **SOPs** standard operating procedures should be living documents
- Staff suggestion scheme
- Developing “Expert client” panels, similar to NHS expert patients

Compassionate self-care: boundaries

A boundary is pre-established or predetermined limit; it defines the extent of your flexibility. Everyone has personal and professional boundaries or limits that regulate their behaviours and their responses to other's behaviours. Problems can develop when we are unaware of our boundaries. **When our boundaries are clearly defined and consistent** others know what they can and cannot expect from us.

Setting limits by saying “no” is important and necessary rather than trying to be all things to all people, which is completely impossible! **Recognising hyper-responsibility** tendencies, e.g. a high degree of involvement with a particular animal or client which elicits negative emotional responses; over-involvement in the outcome of a case that extends beyond the limits of normal professional concern is an important self-awareness skill. **Other signs of hyper-responsibility include: overstepping professional boundaries** to influence client decisions; continually having thoughts of a case even during “off time;” **difficulty letting go** of a case even though the case has been terminated medically.

Developing compassionate focused practice does not mean becoming enmeshed and over involved with clients and their companion animals

Compassion focused veterinary practice is developing healthy but compassionate professional detachment

Developing professional detachment

Developing professional detachment involves being able to switch off; it prevents stress and burnout and also reduces the likelihood of strong reactions to difficult clients and situations. **To develop and maintain a professional detachment It is necessary to have replenishing activities:** these are activities that help you feel better, e.g. having a walk, reading a book, listening to music, mindfulness.

Developing acceptance of and compassion for ourselves and others can be healing and deeply soothing. **Developing mindful attention** helps slow down our minds/thinking (racing thoughts); mindfulness enables us to pay attention to the present moment and observe the contents of our minds and feelings in our body.

Components of compassion (Lee, 2012)

Care for well-being; a decision to care for ourselves and other people. This can include a commitment to relieve our own and others' suffering which develops compassionate motivation.

Distress sensitive; we need to learn to pay attention and notice when we and others are in distress (i.e. developing sensitivity to emotions; noticing and accepting what we are feeling especially in our bodies).

Sympathy; this is not about wallowing in self-pity! It is about being emotionally moved by pain and suffering, although developing sympathy for ourselves can sometimes be difficult!

Distress tolerant; fear makes us want to avoid situations, people, thoughts and feelings. The problem with avoidance is that it can cause difficulties for us in the future, because we never learn to develop skills to deal with difficult situations.

Empathy; empathy is the ability to think about and understand ourselves and other people. It involves understanding the minds of others and imagining how people feel; empathy helps us understand why we and others behave as we do.

Non-judgement; this is the ability not to condemn and to let go of feeling and being angry and critical. The more we criticise ourselves the more we fuel our threat system. These components of compassion identified by Deborah Lee (2012) and originally by Paul Gilbert (2007) form the foundation of harnessing and developing a compassionate mind.

What is mindfulness?

Mindfulness is a way we learn to pay attention to the things going on around us. It is easy to be pulled away from the present by rumination on our worries/difficult situations. **Mindfulness** involves learning to recognize this shifting from the present moment and **paying attention to whatever is in our awareness now** (something within our minds and bodies in our immediate environment). Learning to mindful has been shown to be very useful in helping with anxiety and depression (e.g. in mindfulness based CBT). **Mindfulness** is not about emptying your mind or making your mind pay attention to something ***it is noticing the shifting of your mind and then returning its focus.*** A second facet of mindfulness is noticing how our thoughts and emotions emerge and whether there are identifying signals.

Find out more about mindfulness and compassionate mind skills

If you want to find out more Breathworks <http://www.breathworks-mindfulness.org.uk>

The Compassionate Mind book by Paul Gilbert (2007)

The Compassionate Mind Foundation <http://www.compassionatemind.co.uk>