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Managing Difficult Clients and Situations in Veterinary Practice Mini Series

Session 2: Compassionate Responding to Client Difficulties

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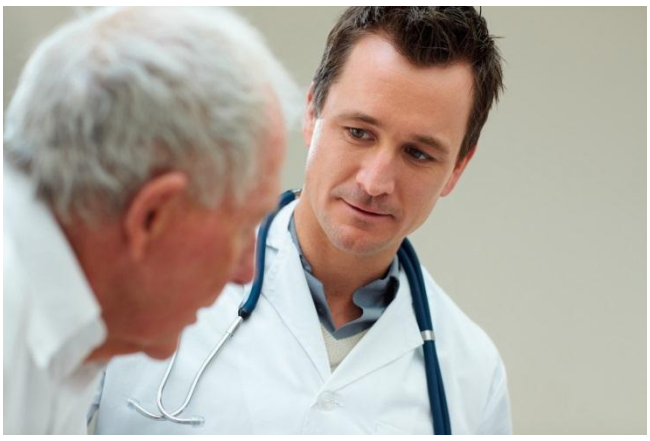

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Session Two: Compassionate responding to client difficulties

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

- Developed your knowledge and understanding of compassion focused approaches to managing difficult situations in veterinary practice
- Explored how to build rapport and involve client in consults
- Considered clients with emotional/mental health difficulties
- Have knowledge of how to respond sensitively to clients with additional needs e.g. overwhelmed caregivers: raising animal welfare concerns
- Be aware of special considerations: end-of-life veterinary care and euthanasia
- Further developed skills for compassionate communication: using empathy

Human emotions

Our brains are capable of generating a huge array of competing and complex emotions (Gilbert, 2007). **New information if it threatens our sense of self or identity** (even if it is perceived as potentially helpful) **can be actively resisted** e.g. clients with strong beliefs in "natural medicine" opposing vaccination; clients who have valued beliefs about allowing their pet to "have a litter." People seek familiarity, coherence and predictability consequently views, advice and requests for behaviours which are unfamiliar or in conflict with core beliefs are likely to generate threat and resistance. When we feel threatened we enter a state that can be understood as "threat mind."

Threat mind

Remember that taking a compassion focused based approach for understanding human psychology there are different parts of the brain i.e. systems that can be activated: threat-protection, drive and soothing systems (these can also be conceptualised as different brain states). **If the threat-protection system is active** then we have "threat mind" which influences what feelings and motives we attend to; what we think about and how we think about it and behave. Threat mind is very different to compassionate mind. Compassionate attention, thinking and feelings can organise our mind in a different way. By paying close attention to our bodily feelings thoughts and urges for action we can learn to recognise our dominant brain states.

We can also deliberately bring online our compassionate mind, by focussing on thoughts and feelings that are more helpful; developing a compassionate companion or compassionate image to help self-sooth.

Threat mind is not just reactive

Any of us can wake up feeling mildly anxious, irritable, fed up, stressed, tired or depressed (these different brain states are related to different systems in our brains).

When we are under stress the threshold for shifting into threat brain is lowered and we can become upset about small/minor things, e.g. a client becomes agitated and angry because consult times are over-running. Developing compassionate mind skills can help professionals avoid shifting into "threat-mind."

Developing compassionate mind skills

- **Learning to deliberately focus our attention** on things that are helpful and bring balance and perspective
- Involves "mindful awareness" and "mindful attention"
- **Bringing to mind a compassionate image and/or sense of a compassionate self** (as long as this is not an avoidance tactic)!
- **Learning to think and reason objectively** looking at the evidence, taking a more balanced perspective
- **Standing back, reflecting**, writing down and thinking about personal styles of thinking and reasoning
- **Learning to plan and engage in behaviours/activities that relieve distress** and are not personally harmful

Developing positive relationships with clients can reduce the potential for activating threat-mind in both veterinary professionals and the client. One important skill for building a partnership in care and animal welfare is developing rapport with clients.

What is rapport?

Rapport means a harmonious relationship; it implies a connection between people and moves away from a model of veterinary consultations as imparting facts.

Rapport can also be defined as camaraderie; this suggests a partnership of care between vet/vet team and client. The most important skill in developing rapport is **empathy.** In human medicine, Stepien & Baernstein (2006) define empathy as:

"An appreciation of the patient emotions & expression of that awareness to the patient."

In veterinary practice empathy involves not only recognition of HOW the client is feeling, but also communication of that awareness.

Building rapport and communicating empathy:

Empathy involves communicating **awareness** and **understanding** of how the client is feeling, e.g. "I can see you are very distressed." When medical professionals show empathy, research shows that clients are more satisfied with treatment and compliant with treatment protocols (Haslam, 2007). **Showing empathy** on its own is however not enough; veterinary clients also need **support** e.g. practical support such as advice leaflets or a suggestion they can phone back later if they have any further questions. Empathy requires acknowledgement of a client's predicament to show them you understand and also provision of practical support where necessary and possible.

Building a partnership in care and animal welfare

Medical models of veterinary practice promote the professional as expert and as "knowing best," but evidence in human medicine suggests that where there **are partnerships in care** there are also improved outcomes. **Involvement of the client** in decision-making processes is central in building a partnership of care and animal welfare. An important aspect of partnership is communicating that the client themselves and their companion animal are central to the consultation at ALL times (Radford, 2010). This involves including the client and i**nvolving the animal:** acknowledging companion animals openly and appropriately, e.g. saying something positive (and truthful) about their pet, "Jessie is such a sweet natured dog."

Drawing from Human Medicine

Radford (2010) proposes a model for veterinary consults grounded in **The Calgary-Cambridge Observation Guide,** which is grounded in a human model of medical practice (clinical consultation) aimed at generating an active partnership between doctor and patient.

Preparation for veterinary consultation is essential: ensuring when meeting a client and their companion animal the focus is on them and their animals and not anything else, professional or personal. Consideration of client comfort in consult room, e.g. provision of chairs, maybe using large mats in euthanasia consults where a client would like to sit and hold their pet is also central in communicating this is a veterinary practice that cares – this is a veterinary team to which the client and their companion animal are important and matter. Bare consult rooms generate distance and can reinforce power imbalances in establishing a partnership in care; it is important to attend to client and companion animal comfort to establish trust and create a more relaxed atmosphere (in which conflict is then less likely to ensue).

Attention to the practice team individual personal appearance is also vital in communicating professionalism and approachability; dress should be professional, appropriate, but not officious.

Establishing initial rapport:

This involves greeting the human client and their companion animal patient (making sure you know and use their names)! Open consultations by introducing yourself and clarifying your role. Make sure anyone else in the room is also introduced and the purpose explained (e.g. students, trainee nurses). Lack of communication can generate threat. Demonstrate interest and respect, attending to client & companion animal patient's physical comfort.

Identify the reason(s) for the consultation

Using open & some limited closed questions to gather information. It is essential to **identify the animal patient's problems or the issues that the client wishes to address;** using appropriate open question (e.g. "What problems have brought Monty in to see me?" or "What is concerning you about Hovis?" What would you like to discuss today?" or "What questions did you hope to get answered today?") **Remember to listening attentively** to client's opening statement, without interrupting or directing responses. Use paraphrasing, reflecting back and re-stating after the client has completed what they need to say (or mid-point) to show you have not only heard, but also understood what they have said. If you have not understood a particular aspect of what they have told you, say so! Use open questions to invite more information or reflect back using a questioning inflection to clarify information.

Establishing context:

Preparation for consultations can reduce the potential for friction and conflict as clients are more likely to feel valued. Preparation should include familiarization with the companion animal's owner, the animal, their expressed purpose/expectations of the consult and the companion animal's history. **Using empathy** and emotional identification: think how any of us feel when we visit our dentist or doctor; we are not our usual outgoing verbally eloquent selves!! It is important to try and put the client/owner and their companion animal at their ease. After introduce yourself find out who the person with the animal is- it may not always be the owner! This is important legally and ethically as there may be implications regarding permission to treat. **In non-emergency consultations** social chit-chat can be really useful to break the ice and help reduce and remove barriers to communication.

Some useful phrases for finding out more…

- "What can we do for Monty today?"
- "What seems to be the problem for Monty right now?"

Remember do not interrupt – LISTEN! Let your client finish talking, before you speak! Most people are worried about more than one thing and need to time to explain and articulate their concerns within a wider narrative (this can sometimes feel frustrating and distracting, but it is important to allow contextualisation).

Acknowledge the initial concern e.g. by using paraphrasing, summarising then repeat the open question to find out more:

- "Apart from Monty's scratching of his ears is there anything else you feel worried about?"

Repeat this loop to elicit more thorough and complete clinical histories. Remember client concerns may also be related to the cost of treatment (financial and emotional) and there needs to be space for them to talk about this, be heard and feel understood.

Gathering information: question loops

Using a repetitive loop of open questions and reflective summarising of main concerns can facilitate comprehensive information gathering. But remember the importance of listening and not interrupting! It is necessary to keep the client informed every step of the way through a consult to avoid and lessen the chance of them feeling threatened, afraid or confused. Explain clearly and unambiguously how you would like to proceed in the consultation:

- "I am going to start by asking some more general questions about Monty, then I will come back to your concerns about his ears…is this OK?"

Eliciting specific details:

Whilst the context and bigger picture is essential; it is also vital to elicit the specific details of what is happening, i.e. duration, frequency, response and progression to any treatments already given. This needs to be done for all presenting complaints

And should not be a big list of closed questions; use open questions as much as possible, "when, what, how, where…" Critical gaps can be filled with closed questions, "has Monty vomited?"

Long term history:

Check information already available is accurate and complete, e.g. age, sex, breed, neutered? How long as the owner had the animal? Housing, feeding and use e.g. working dog, show dog. You can share an impression of what you already have from notes, rather than asking a series of questions then seek clarification.

"I have not met you or Monty before you usually see a colleague of mine…but according to our records Monty is 4 years old, a Cavalier King Charles Spaniel and you adopted him when he was 4 months old so he's been with you for almost 4 years now…"

Considering the client's perspective:

Whilst veterinary consultations are about giving clients information, but this is not a one-way process!! Explanations must be related to an owner's presenting concerns and it is essential to check out understanding:

"Has that helped you understand why Monty is scratching his ears and crying out?"

"What else do you need to know?"

"How else can I help you…?"

Be aware of body-language i.e. client non-verbal communication, which may suggest lack of understanding, frustration, confusion, worry or concern. Provide a clear delineated space for clarification and client questions. **Using empathy** to acknowledge profound impact of information on client:

"I am sorry there is so much information; I realize this is a lot to take in…"

"I can see this is upsetting you, please take your time…"

Examining the companion animal:

Physical examination of the companion animal is sandwiched between gathering and giving information**.** It is important not to let the physical examination interfere with communication! Explain what is happening talking the client through the physical examination as you go along, this involves them.

Giving information:

After taking a history and physical examination of the companion animal you have reached your professional conclusion and need to explain this to the owner. It is not enough just to tell! There is an obligation to help clients understand and remember information! This can be done using diagrams, models and providing written information to consolidate what has been discussed. Making sure that clients feel comfortable and confident enough to ask questions is vital and keeping explanation as non-technical and clear as possible.

The purpose of creating a partnership in care is not just to enable the client to make a decision about treatment, but to enable an informed decision. Decision making should be a partnership between vet and client. Being informed involves knowing and understanding both disadvantages and advantages of treatment. A client can become angry when he or she feels information is too complex, difficult to understand or conversely when information is being withheld. It is necessary to carefully and clearly explain information, informing preferred treatment option. Just giving advice about one treatment option can leave clients feeling backed into a corner and not an active agent in their companion animal's welfare and care. Make clear your preferred treatment option but ensure there is exploration of the reasons for this and any alternatives available.

How can complex information be made easier to understand?

If clients feel put down and patronised this can lead to anger or frustration! So first of all it is essential to establish and assessing what the client's current knowledge base is, e.g. consider giving a human medical doctor information during a consult! Clients may also have experience of the particular condition before e.g. a CKCS owner with knowledge and experience of mitral valve disease. Many clients will have used Google to find out information online.

Ask the owner: "Have you any experience of this condition?"

There I no point providing huge amounts of information the client cannot remember; can be threatening and impact negatively on relationship. **Break information into manageable chunks**, e.g. "first of all I will explain what I think is happening in Monty's ears;" use diagrams and models (consider different learning styles) and always provide written information.

To better achieve a shared understanding you need to incorporate the client's perspective; this enabled shared decision making **a**nd informed decision making.

Make use of phone calls (tell clients they can phone later to ask any questions they might think of). Make use of nurse facilitated clinics as much as possible, these are an excellent resource in supporting clients.

What influences rapport and what can go wrong?

We need to consider multiple factors in understanding how difficult situations in practice arise:

Client factors (e.g. pre-existing difficulties; what has happened that day, past experiences)

Veterinary factors (e.g. stress levels, personal factors, pressures of time, feeling unwell)

Environmental factors (noises, smells, hazards, crowded waiting rooms – some smells, sounds and sights can trigger traumatic stress reactions in some individuals)

Considering mental health/emotional well-being factors:

We need to consider the mental health and emotional well-being of the veterinary team and clients; this is easier said than done as mental health is "invisible" and not easily accessible. It is further complicated by the stigma surrounding mental illness and the prejudices that arise as a consequence of stereotyping. **People with emotional distress/ mental distress** can experience problems in the way they think, feel or behave. Thinking, feeling and behaviour can become mixed up.

Our emotional well-being is fluid and dynamic, constantly changing and can significantly interfering with our relationships with other people, our work, and enjoyment of life. Nobody really talks openly about mental health from a fear of being judged and whilst some clients may have "known" mental health histories the majority will not.

Mental health is our cognitive and emotional well-being; it involves how we think, feel and behave. We need to remember that anyone may have mental health difficulties; 25% of the UK population are estimated as experiencing mental health difficulties. Mental health has psychological, cognitive, social, emotional and behavioural facets.

World Health Organisation (WHO) defines mental health as:

> "A state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community"

Mental health is not merely the absence of a mental disorder.

Considering mental health and well-being involves:

- **Being self-aware**: developing compassionate mind skills (e.g. learning mindfulness)
- Being aware of personal triggers
- Consider mental health awareness training for your practice team
- Employee assistance (helplines/counsellors)
- Vetlife and Vet Helpline: **0303 040 2551** (have contact details in staff room and inside medicine cupboards)
- **Develop a list of community mental health liaison contacts: e.g.** Mental Health Crisis Teams, Local GP numbers
- **Make a list of useful numbers,** e.g.
  Calm (young men aged 15-35) www.calmzone.net
  Samaritans 08457 90 90 90
  Sane 0845 5767 8000 (daily 6pm -1pm)
  Mind 0300 123 3393 (Mon-Fri 9am-6pm)
  Childline 0800 1111
  The Pet Bereavement Support Service (run by The Blue Cross)
  0800 096 6606 (daily 8.30 am-8.30pm) pbssmail@bluecross.org.uk

These numbers/services can be used to signpost clients

- Keep boundaried and never give out your personal contact details

- Remember being compassionate is not about stepping outside of the limits of competence and responsibility – know your limits!

Use practice team meetings to develop procedures and protocols for summoning support if needed e.g. panic button in consult rooms, provision of quiet/family room, knowing the number of your local mental health crisis team. Have a plan and a strategy in place BEFORE a crisis!

Do not being afraid to ask clients experiencing difficulty and distress if there is someone you can call, family, friend or support worker?

Animal hoarding: Understanding and responding to overwhelmed caregivers

Common features of overwhelmed caregivers include:

Animal hoarders usually have poor insight, lack of resistance to the compulsion to hoard and poor treatment motivation.

An animal hoarder accumulates a large number of animals and fails to provide even minimal standards of husbandry and veterinary care. Animal hoarders typically also fail to act on the deteriorating conditions of the animals or environment, even if the animals are starving, diseased, or dying.

They also fail to act on the negative impact of the hoarding on his or her own health and well-being and that of other household members, including children and older people for whom they may also have caring responsibilities.

As the group of people likely to be animal hoarders is so diverse, it is also hard to decipher their motives and to put them into distinct groups. The best attempt made by researchers is to place the hoarders into three groups: **overwhelmed caregiver**, **rescue hoarder,** and **exploiter hoarder.**

The overwhelmed caregiver is likely to be more situational, and these individuals typically have more insight. They understand that there is a problem, which is why they feel overwhelmed. These individuals generally feel a strong attachment to their animal, which makes addressing the situation more difficult. **The overwhelmed caregiver generally arises** out of a dramatic event, such as the loss of a loved one, economic hardship, or a health scare. The individual may already have many animals and cannot take care of them over time, or will choose to take on more animals to mask the pain and to avoid dealing with the situation.

Rescue hoarders feel they have a mission in life to save and protect animals. These individuals are often actively engaged in rescue work, and they may even own a shelter. They often believe that they are the only people who can adequately care for their animals, and feel that without them animals would die. Rescue hoarders have a strong need for control, and do feel in control despite obvious problems.

The exploiter hoarders generally lack empathy for people and animals and are indifferent to the harm they cause. Their main concern is to be in control.

Exploiter hoarders do not feel a strong attachment to their animals, unlike the other two hoarder categories their hoarding behaviours are motivated by their need for control.

Responding with compassion and consistency:

To be able to do this there needs to be a basic understanding the nature of the client's relationship with the animals they "hoard;" and what function that relationship serves in the client's life-world.

Remember that there is typically poor/absent insight in animal hoarders. Psycho-education is necessary but difficult. Needs constant reinforcement and in many instances practical support e.g. from an animal welfare charity to help re-home some of the animals. Typically there will be a lack of awareness of animal neglect and suffering. Having thought about what your practice/corporate practice response to hoarding will be in advance can be helpful and any strategy needs to include contacts for practical support if the practice cannot offer all that is needed, e.g. consider social worker involvement, involvement of The

RSPCA or other animal welfare charity. People who hoard animal most usually need compassion, understanding and HELP!

Current research shows that:

Animal hoarders can cut across many demographics and social classes. Some studies suggest that animal hoarders are more likely to be female, elderly, isolated, and on the lower end of the socioeconomic spectrum. Most hoarders have been identified with a comorbid mental health condition, such as depression or a panic disorder. May be care coordinated and in secondary mental health care, this could be a vital source of support for human welfare needs.

Basic strategies for raising welfare concerns:

This can be problematic with any client not just animal hoarders. Raising concerns about animal welfare can lead to barriers in the communication process. Concerns may arise from:

Neglect (failure to treat a condition until it becomes untreatable)
Prolonging treatment when euthanasia would be in the animal's best interests
Non-accidental injury (NAI)

Neglect

Where an animal shows signs of neglect the vet should try and find out from the client what has been happening (open questions, remain calm)

> "Bramble isn't looking too happy and I am worried about her weight, can you tell me more about what has been happening with her…?"

A partnership in care approach that is **compassion-centred** may turn things around e.g. nutritional advice with diet planning (including nurse support), regular weighing and routine investigations.

Neglect e.g. fly strike (rabbit), gross obesity in dogs or cats, severe cases of flea allergy put compassion at the centre of communication enables moving forwards rather than a blame-based approach,

> "It is really positive that you have brought Ollie into the clinic now. We can now work together to try to make things better for him as soon as we can.."

Animal advocacy: where a condition has progressed so severely that the only treatment option is euthanasia vets must advocate for the animal,

> "We do not have any further options available to help him and we must now do what is in his best interests for him and let him go…"

Where there is suspicion of NAI/abuse

Gray & Moffett (2010) identify NAI as under reported within veterinary practice and highlight mandatory reporting responsibility. Links between animal abuse, domestic abuse, child abuse and other inter-personal violence illustrate the importance of veterinary practices developing inter-agency reporting procedures and protocols for protecting human and non-human animal welfare. Finding out more about a suspected NAI is difficult and involves sensitivity, but directness and persistence,

> "I am still not quite clear on how Jessie's injuries were caused, please could you go over what happened again…."

Considering clients with additional needs:

Special needs is a term usually used within an educational context. SEN is a legal definition, referring to children who have learning difficulties or disabilities that make it harder for them to learn or access education than most children of the same age. Many children will have SEN of some kind at some time during their education and help will usually be provided in their ordinary, mainstream early education

setting or school, sometimes with the help of outside specialists. **The term "additional needs," refers to any person with a physical, sensory, communication, behavioural or learning disability, or a long-term or life-limiting condition.**

This may also **emotional health and wellbeing needs** where there is an impact on their daily life, including those with more significant mental health problems.

Basic considerations: being prepared
Consider using supplementary written age-appropriate information that is easy to understand, but not aimed at children e.g. incorporating **Pictorial/diagrammatic information. Encourage participation in Nurse run clinics to provide support.**

Making reasonable adjustments for access to the premises is another important legal requirement and one that can communicate respect, care and compassion to clients.

For someone who is hearing impaired making sure clients can see your mouth when you are talking; speak clearly and loud enough to be heard– but do not shout!

End-of-life situations: responding to distressed angry clients:
When a companion animal approaches end-of-life, this can be the most difficult and emotional time for both clients/owners and the veterinary-care team. Whilst euthanasia practice generates the most gratitude from clients (when things go smoothly and where clients feel supported), grief can also result in high emotions that cause anger (often directed at the vet or veterinary care team) often arising from underlying fear and distress.

Remember anger is a secondary emotion e.g. to fear, distress, frustration, confusion, feeling put-down/disrespected. Becoming angry ourselves in response to another's anger escalates tension and increases anger.

Mirroring how we would like communication to be can be helpful, remaining calm (using compassionate mind skills), talking slowly, clearly and compassionately.

Validating emotions, allowing clients to externalise feelings can prevent emotions escalating.

Stating clearly and calmly, it is not acceptable for a client to direct their anger at you is perfectly acceptable, even in difficult end-of-life situations.

Consider using reflective listening skills to explore and find out which emotions underlie the anger and identify ways of addressing the situation, e.g. if a client is confused or afraid, non-technical explanations can be provided; concerns about cost can be discussed and options explored

Certain loss situations can give rise to anger in clients:

- Sudden unanticipated loss/illness/decline
- Younger animal (cheated; injustice)
- Traumatic e.g. accident (shock)
- Blame/responsibility (not seeking treatment soon enough; dog slipping its lead)
- Recued animal (perceiving self as a "failed saviour")
- Discrepant (different) grieving styles within family systems

It is important to remember where a loss is anticipated grieving can begin in advance of the death e.g.at the time of terminal diagnosis

What makes things more complicated with companion animal bereavement is that grief reactions disenfranchised (un-recognised/disallowed) grief may appear absent or be truncated, but internally be experienced as feelings of disbelief, resentment, anger and an overwhelming need to place blame.

Points to consider:

Considering offering nurse facilitated continuing care clinics to enable planning and preparation; clients can express fears, elicit support and gain information about aspects of end-of-life care they may be afraid of, including th option of euthanasia. Preparation for the euthanasia decision making is essential (make sure there is enough time, where this is possible)

- **Establishing what is already know** about the companion animal's condition and prognosis; about the euthanasia procedure itself (incorporate a review of quality of life)
- **Determine how information is to be handled** (it is useful to also provide written information about euthanasia and after-death body-care options)
- **Delivering information in a clear, easy to understand and empathic way**
- **Providing unambiguous information and make sure there is space for questions**
- **Respond to client emotions** (validation and acceptance of these)
- **Establishing a way forwards** e.g. continuing care, euthanasia (including option for home based euthanasia if preferred and possible)
- **Collaborative plan** – the mutually agreed way forwards

Consider pet bereavement support training for your practice team and appointing a pet bereavement support coordinator and deputy who can take responsibility for drawing up protocols, ordering information leaflets (e.g. PBSS), offering continuing care clinics, keeping the practice Book of Remembrance up-to-date and sending bereavement cards.

Compassion focused approaches to managing difficult situations and responding to clients with difficulties involves preparation, preparation, preparation and always at the heart of this is developing compassionate communication skills.