Holding Difficult Conversations

Check **your** pulse first!

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Disclosures:

- I have none.

Objective

- The attendee will leave with the ability to implement conflict reduction strategies involving prevention, non judgement, self-reflection and collaboration.

Why this topic (Actually you asked for it)

Conflict leads to higher risk of:

- Diminished adherence to instructions / outcomes.
- Increase risk of litigation.
- At times physical risk
- Provider acute stress / distress
- Provider chronic stress and burn out

The Elephant in the Room: COVID 19 and Provider Stress!

Content

- Reminder about Trauma Informed Care.
- The Tension between Kindness and Honesty.
- What is mentalizing and how does it apply.
- Framework for difficult conversations.
- Case examples

Trauma History and Impact on the Individual

- Developmental
  - Cognitive
  - Social
  - Physical
- Behavioral

Trauma Informed Care

- Safety
- Trustworthiness and Transparency
- Collaboration and Mutuality
- Peer Support
- Voice and Choice
- Provider wellness

Universal Precautions as a Core Trauma Informed Concept

Presume that every person in a seeking care may have been exposed to abuse, violence, neglect or other traumatic experiences.

"Call me that one more time and you can find yourself another doctor!"

Trauma Informed

INTERPRETING BEHAVIOR:

The trauma informed person recognizes that behavior represents underlying attempts to cope.

Think: "what happened to you" not "what is wrong with you"

Recognize that you are also subject to vicarious trauma and may have your own history triggered.

Take care of your needs by reaching out to colleagues and having shared moments to reflect on your experience.

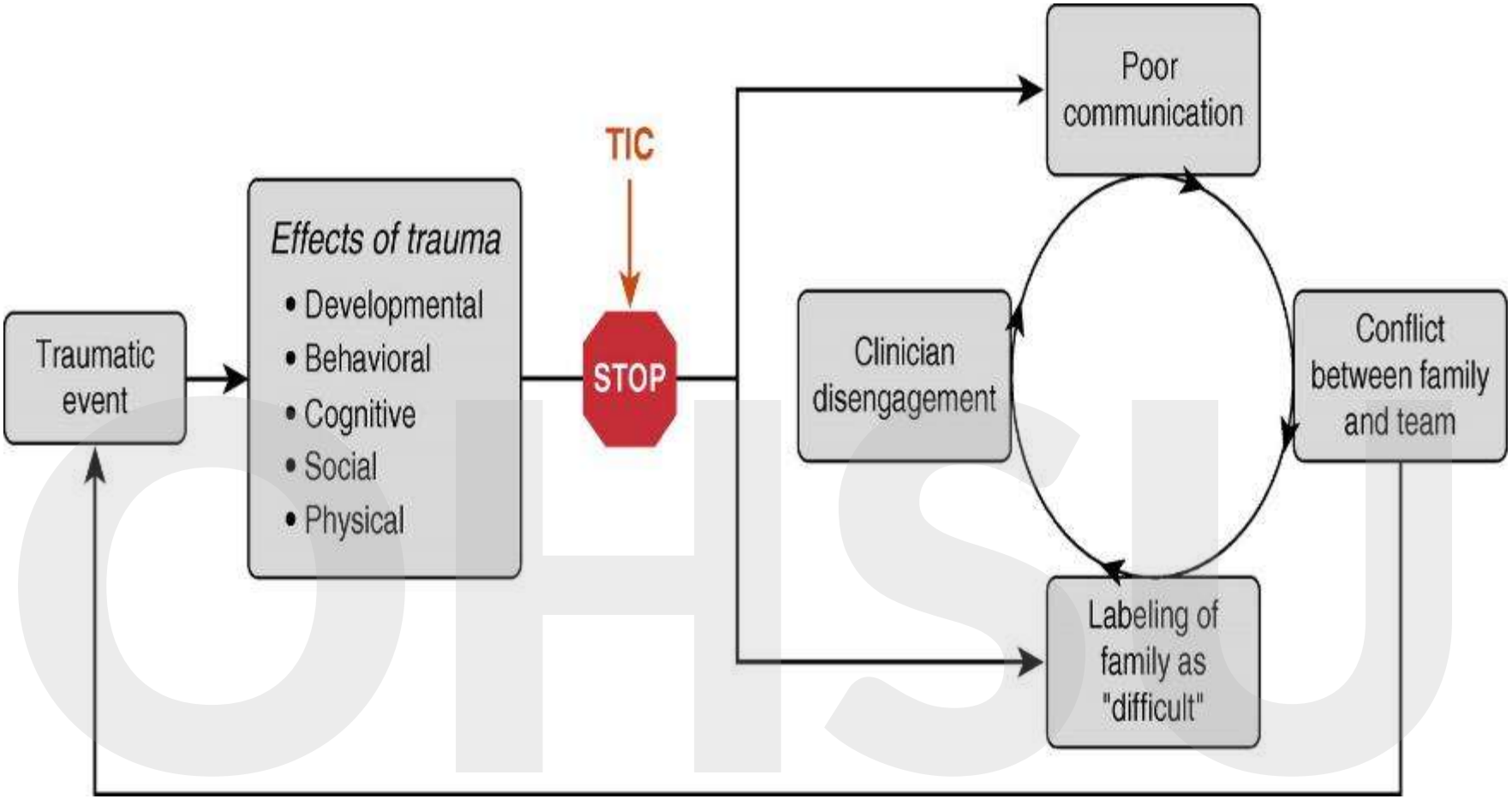


Figure 1. Trauma-informed care (TIC) minimizes the negative impact of critical illness on individuals with prior trauma. Trauma is an experience of emotional or physical harm that is known to have developmental, behavioral, cognitive, social, and physical effects. Clinicians may view these adaptive responses as disruptive. As a result, patients and families who have a history of trauma may be labeled as “difficult” and experience poor communication. This triggers a cycle of clinician disengagement and conflict between the clinical team and the family, which creates further medical trauma. We believe TIC has the potential to disrupt this cycle.

Published in: Deepshikha Charan Ashana; Chrystal Lewis; Joanna Lee Hart; *Annals ATS* 17541-544.
DOI: 10.1513/AnnalsATS.201909-700IP

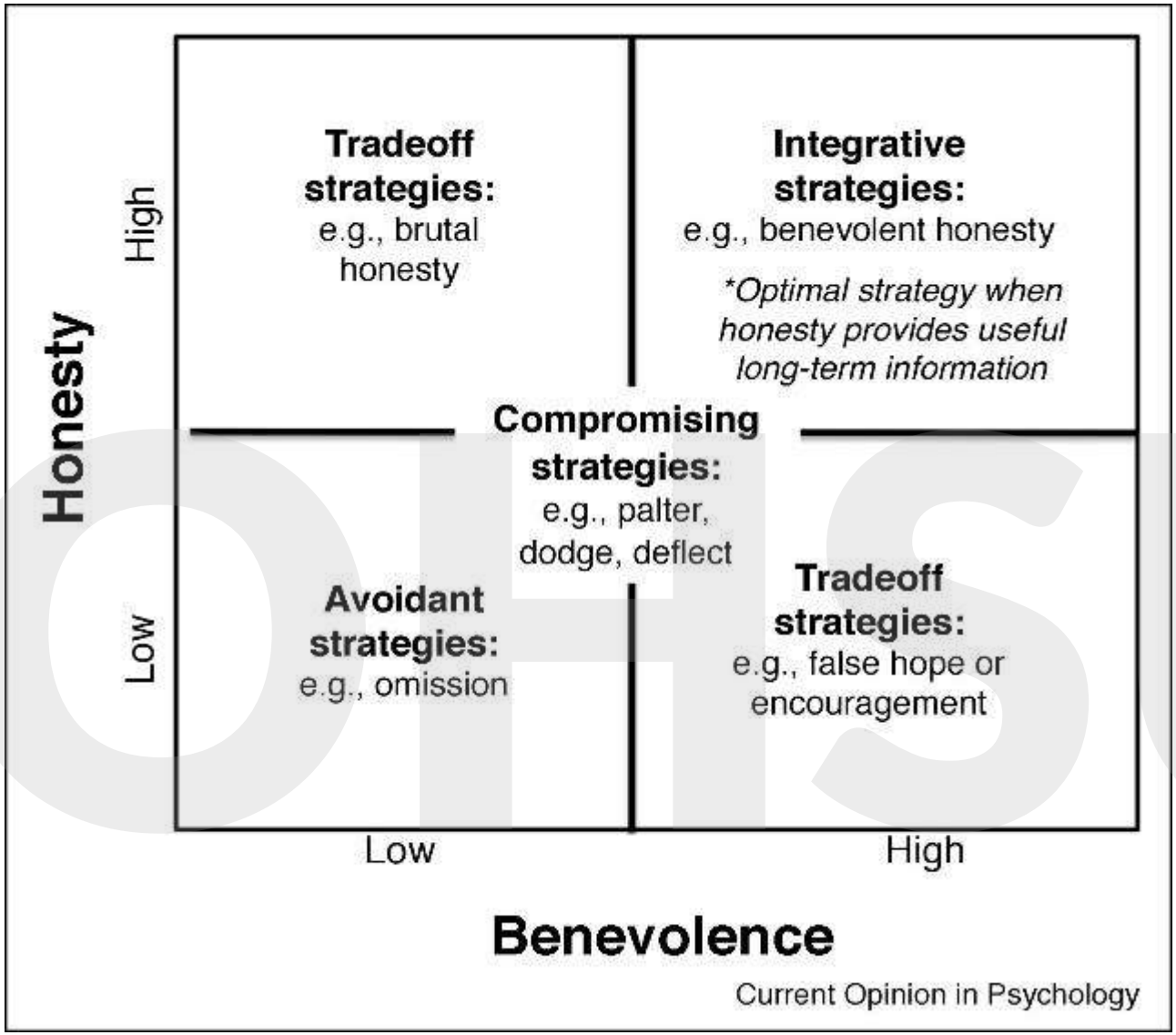
TIC: Strengths and Resilience

- Look for strengths in others and remember the human capacity for resilience
- Avoid patronizing forms of empathy when utilizing TIC
- Place the oxygen mask on yourself first so you can help others

Benevolence vs Honesty: is it kind to be dishonest?

- "Because communicators overestimate and over-attend to the short-term harm of difficult conversations, they often choose strategies that are intended to resolve the short-term conflict between honesty and harm, but ultimately do not promote the welfare of their conversational partners"

- Levine, E. E., Roberts, A. R., & Cohen, T. R. (2020). Difficult conversations: navigating the tension between honesty and benevolence. Current Opinion in Psychology, 31, 38-43.



Levine, E. E., Roberts, A. R., & Cohen, T. R. (2020). Difficult conversations: navigating the tension between honesty and benevolence. Current Opinion in Psychology, 31, 38-43.

"Benevolent Honesty"

- "One way communicators can do this is to **clearly state their benevolent intentions** before delivering candid feedback"
- "A second strategy is to **provide [the other person] with the resources necessary to either cope with or learn f**rom the information"
- "Notably, **not *all* truths improve [another persons} welfare,** and in fact, some truths yield what many would call 'unnecessary harm'

Levine, E. E., Roberts, A. R., & Cohen, T. R. (2020). Difficult conversations: navigating the tension between honesty and benevolence. Current Opinion in Psychology, 31, 38-43.

More information about how to honestly get everyone's concerns on the table:

Collaborative Problem Solving

Think:Kids
RETHINKING CHALLENGING KIDS
https://thinkkids.org/

Mentalize

- The ability to reflect upon, and to understand one's state of mind; to have insight into what one is feeling, and why and imagine another persons state of mind in the same way.

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Tonight's English as a second language class has been cancelled.
SCOTT HILBURN
6/3
©Scott Hilburn/Distributed by Universal Uclick via CartoonStock.com

IF YOU WANT MORE ABOUT MENTALIZING:

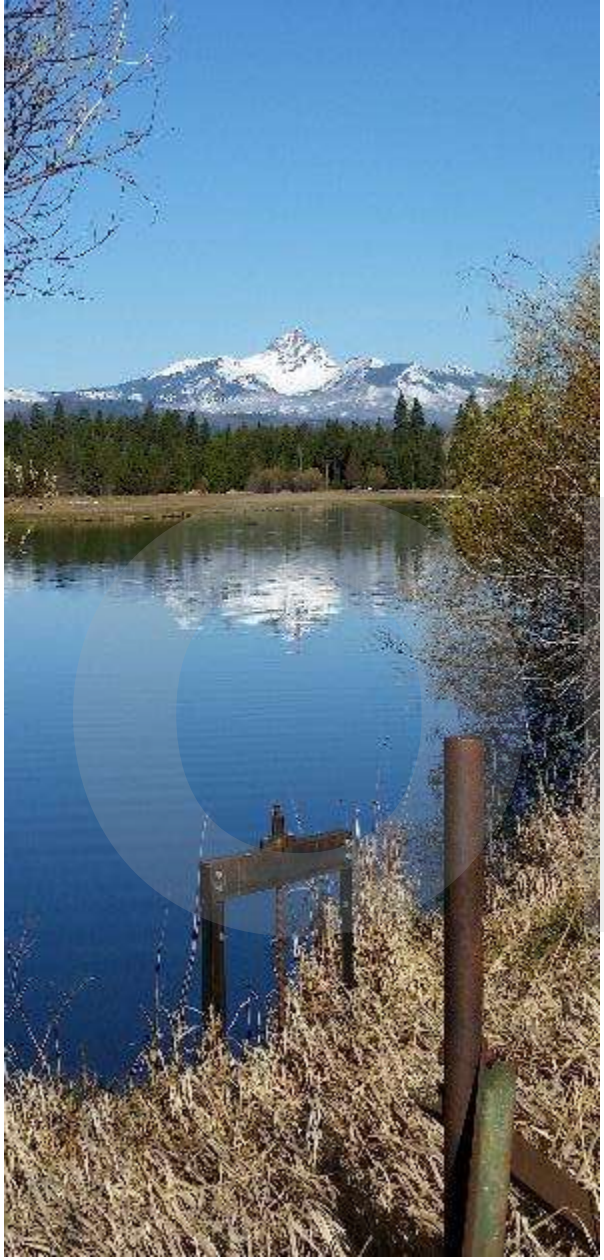
- Bateman A, Fonagy P (2004), Psychotherapy for Borderline Personality Disorder Mentalization Based Treatment. Oxford, U.K.: Oxford University Press. - Mentalization-

LISTEN TO PETER FONAGY:

- https://www.youtube.com/watch?v=qY2ACwX1d2o
- https://www.youtube.com/watch?v=dhEWephIvkg

Framework for Difficult Conversations (PPRRR)

"THE MOST WORRISOME PART IS THEY BOTH WORK IN THE DISPUTE RESOLUTION DEPARTMENT!"



Prevention: What can you and your office do to reduce risk of conflict.

- Train Office Staff in TIC
- Keeping waiting people informed
- Bring new families into the practice with the ACES questionnaire and some resilience modules.

Preparation: Ready yourself for a challenging situation.

- Try and close the last door and open the next with a breath and contemplation
- Take a 5 minute meditation moment during the day when stress is building
  - Google and try a few and use the one you like
- Think about what your goal is for this meeting.

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Regulation: Keeping your cool when patients / families are upset.

- Leave assumptions at the door
- Empathy starts with repeating what you heard (not the same as agreeing)
- Apologize if its appropriate
- Mentalize (their mind and yours)
- Benevolent Honesty

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Resolution: Finding a path forward.

WHEN THE TEMPERATURE COOLS:

* Describe the concern you heard

• Describe the concern \ hope you have

• Invite a shared solution and be open

(basic elements of collaborative problem solving)

Reflection: Taking a moment for self care, process internally and with staff.

Close one door and open another but with acknowledgement.

If you don't have time to process set a time for later and really follow through.

Approach this as an opportunity to learn and not blame. Acknowledge your stress with colleagues and staff.

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Clinical Vignettes

- **The Difficult Pediatric Encounter**
- Andrea Gottsegen Asnes, Ambika Shenoy
- Pediatrics in Review Jun 2008, 29 (6) e35-e41; **DOI:** 10.1542/pir.29-6-e35

Justifiably Angry Patient

- *You had 10 newborns at the hospital this morning (a practice record), and one who decompensated while you examined her had to be admitted to the newborn intensive care unit. The traffic was terrible on the way back to the office. It now is 2:00 PM, and your first appointment was scheduled for 12:30 PM. You enter the examination room to find a red-faced mother with her sobbing 2-year-old.*

Parent projecting blame

- *A 13-year-old boy is in your office for a weight check. His body mass index is 35, and he has gained 4 lb since his last visit with you. You have advised dietary changes and exercise in the past. You report his weight to the patient and his mother and ask how the family is doing with implementing your recommendations. The child tells you that he has been doing his best, but reports being limited by the amount of junk food "tempting him" in the house. After this statement, his mother shakes her head and stares at you. She angrily says, "You doctors think you're so great. What do you know about putting a healthy meal on the table? I make sure my children don't go hungry. Sure they snack, but I put dinner on the table every night. I'm not going to deprive them."*

Frustrated Adolescent

- *A 15-year-old boy and his mother sit in an examination room awaiting your entrance. As you grasp the doorknob, you glance at the chart and read the chief complaint: "Mother concerned about child's behavior." You enter the room to find the mother looking anxious and the boy looking disgusted. His arms are crossed in front of his body, and he studiously avoids making eye contact with you. His mother greets you and says, "Doctor, I so hope you can do something with him. I am at the end of my rope!" The boy glares at his mother and then resumes an angry stare at the floor.*

Aruguing your recommendations

- *A father brings his 6-year-old daughter to your community health clinic for follow-up of severe eczema. She has been treated with topical corticosteroids, emollients, and unscented and hypoallergenic cleansers. She returns with a flare of her eczema, despite the multitude of therapies used in the past. Her father informs you that he refuses to put another drop of steroids on his daughter: "I read that they can cause growth problems; I don't want my daughter to be small. I took her to see a naturopathic doctor, who promises she has a natural herbal regimen that will work and won't affect her hormones. We've tried your way, and it doesn't help."*

negligence

- *Your next patient in continuity clinic is a 9-month-old girl who has only had her 2-month immunizations. You scan her chart and note multiple missed appointments as well as documentation of repeated telephone outreach to the child's mother by your office staff. You feel frustration, even anger, as you turn the handle on the door and enter the examination room.*

Know it all

- *A 2-month-old is in your office for a health supervision visit. You enter the room to find the baby lying on the examination table next to a propped bottle and her mother sitting in a chair across the room talking on a cell phone. You politely request the mother to finish her call and begin the visit. When you ask about the baby's diet, the mother reports that she gives her baby water frequently to avoid constipation. She also gives her 2 teaspoons of honey "because she is sweet." Review of the baby's growth chart indicates that she has failed to gain weight appropriately. As you begin talking about the dangers of water and honey, you are interrupted. "I have six children. They are all healthy, and they all ate the same things. I don't need to hear this from you."*

Worried Well

- *You pick up your messages from the last several hours and are disheartened to see that one mother has called … again. She has a question about her son's toileting habits. The message notes that your receptionist offered to have her speak to your (excellent) nurse, but she insists on speaking with you. This woman has called you at least weekly, sometimes more, since her son was born 8 months ago. In addition to her health supervision visits, the mother has been seen for urgent visits on an average of three times per month since her infant was born. Her concerns have ranged from minor upper respiratory tract illnesses to worries about constipation to questions about his skin, as well as countless other issues. The boy has grown and developed well since birth. You have no concerns about his well-being or health.*

Thank You