“Please Don’t Cry!”
Effective Ways to Handle Emotions
(Your’s and Your Patients’)

Janis Roszler
LMFT, RD, LD/N, CDE, FAND
Manager
Diabetes Directions, LLC
Miami Beach, FL

The Nature of Communication
• It’s Circular!

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Most people do not listen with the intent to understand; they listen with the intent to reply.

— Stephen Covey —
No Need For Answers
"I can testify that when you are in psychological distress and someone really hears you without passing judgment on you, without trying to take responsibility for you, without trying to mold you, it feels damn good!"
   — Carl Rogers, father of client-centered therapy

Rewards for Listening...
Pts are more likely to...
  • Share their concerns
  • Take meds as prescribed
  • Show up for follow-up appointments
  • Follow your advice
  • Not file malpractice complaints!

LEAP Technique
• Listen
• Empathize
• Affirm
• Positive Reframe

LEAP - Empathize
• Restate what your patient says in your own words:
  Mike: Susan, I want to follow my meal plan, but I’m too busy
  Diabetes Educator: It sounds like you might be upset because you’re too busy to follow the meal plan we created

LEAP - Listen
• Employ sincere body language
• Ignore electronic devices!

LEAP - Affirm
• Assure your patients that they are not alone
• People respond positively when they know others have similar struggles...
**LEAP - Affirm**

Highlight silver lining:
- **Mike**: My wife keeps reminding me to check my blood. I hate that
- **Diabetes Educator**: Is it possible that she does that because she cares so much about your health?

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**Managing Internal Messages**

- **Negativity Bias**
- Our brains are designed to remember the bad and forget the good
  - Velcro vs Teflon
  - Brain Neuroplasticity
  - We can alter our thoughts


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**LEAP – Positively Reframe**

Highlight silver lining:
- **Diabetes Educator**: Is it possible that she does that because she cares so much about your health?

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**Negativity Bias**

- Youtube.com: Dr. Rick Hanson, "Take in the Good"


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**SDR YOUR Negative Feelings**

- **STOP** and recognize your negative thought
- **DROP** the thought and embrace a more compassionate one
- **ROLL** forward with your new attitude

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**Take in the Good – 3 Steps**

1. Identify good facts, let them become a good experience
2. Savor the experience for 10 seconds or more
3. Sense the experience sinking into you
Your Turn…

• Think of something you are grateful for. Help it become a good experience
• Let it sink into you for 15 seconds…

External Messages

Why do patients (and others) push our buttons?
• They remind us of our own behavior
• They remind us of others in our past/present
• We have potential to act the same way

Ex: Mrs. Groan’s Rudeness

“What we see in others may exist in ourselves, both the good and the bad. If you admire someone’s courage, you notice it because it is in you as well.”

-- Debbie Ford

Identify a Patient

• What bothers you most?
• Why does this behavior bother you so much?

Our Shadow

“If we are aware of a particular issue or pattern, one always has a chance to correct it...But if it is repressed and isolated from consciousness, it never gets corrected.”

-- Carl Jung

Identify a Patient

• Does her rudeness remind you of the rudeness you often display?
• Is rudeness something you fight hard not to show?
• Is it a behavior you faced from others from your past?
Shining Light on Our Shadow
Identify your connection to the behavior
What is its positive side?
What happens when its “volume” is too high?

Can you feel compassion for Mrs. Groan, whose rudeness volume is too high?

The “Elephant in the Room”

Externalizing Conversations
The person isn’t the problem, the problem is the problem. Separate them!

Transform the emotion into a person:
“I’m scared of complications.”
“When does the fear bother you the most?”

Name What You See
Your patient appears frustrated…name it:
“You seem to be frustrated. Would you like me to stop for a moment?”

Your patient seems afraid…name it
“Is our discussion of complications scaring you?
You seem very uncomfortable”

First – Take Care of YOUR Feelings
STOP
DROP
ROLL

Then address….

Basic Steps
1. SDR to take care of your own feelings
   Search for positive side; feel compassion when patient’s volume is up too high
2. Name the emotion, (if needed)
3. LEAP – Listen, Empathize, Affirm, Positive Reframe
4. More options, if needed
Anger - Options

- You don’t have to agree, but should try to understand their point of view
- Deep breathing
- Feelings pass
- Refer to behavioral health specialist

Anxiety

- Communicates the need to change
- Keeps us safe
- Can be biochemical issue
- May be related to past experiences/stressed relationships
- *A low BG or fear of one can prompt increased anxiety
- May feel overwhelmed by new technology
- Anxiety symptoms may resemble hypoglycemia. Check their BG and treat, if needed

Fear

*Poor motivator – may prompt initial behavior change, but doesn’t last long
Patient fears:
- Complications
- New techniques
Our fears
- We might harm our patients
- We might forget something
- We might miss a diagnosis

Anxiety - Options

- "Peace-ful" meditation
- Education
  - Gain comfort level with new techniques
  - Teach care when things don’t go as planned
- Refer to behavioral health professional
- Search for exceptions
- What Went Well
- Role-play

Fear - Options

- Break task into small steps to help build comfort level
- Deep breathing
- Letter writing; journaling
- Visualization
- Refer to mental health professional
**Diabetes-Related Distress**

An “emotional response to a demanding health-related condition” (Fisher, 2014)

1. Feeling scared about living with diabetes?
2. Feeling depressed when you think about living with diabetes?
3. Worrying about the future and the possibility of serious complications?
4. Feeling that diabetes is taking up too much of your mental and physical energy everyday?
5. Coping with complications of diabetes?


**Depression/Diabetes Related Diabetes Options**

- Deep breathing
- Depression screening
- Journaling
- Prayer
- What Went Well
- Refer to behavioral health professional

**Frustration - Options**

- What Went Well
- Support groups
- Letter writing; journaling
- Refer to mental health professional

**Hopelessness - Options**

- Depression screening
- Externalizing Conversation
- Support Group
- Refer to mental health professional

**Frustration**

- 2 mindsets explain why people struggle (Dweck, 2007)
  - Some welcome challenges as way to grow
  - Some see challenges as obstacles that get in their way

- Our frustrations – patient failures, repeat cancelations, lack of recognition from peers, inadequate office support, demands to see more patients in less time

**Lack of Motivation**

- NOT a lack of willpower
- Motivation tends to be higher in morning
Lack of Motivation - Options

- Use mindfulness and awareness of distractions to overcome negative impulses
- Morning best time for challenges
- Letter writing; Journaling
- What Went Well
- Repliortizing
- Strength based questions
- Support groups
- Refer to behavioral health specialist

Questions?