





Turning Difficult Conversations into Courageous Conversations



Dechra Veterinary Products
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Learning Objectives

- Distinguish why a conversation is perceived as “difficult”
- Implement acceptance and commitment therapy during difficult conversations
- Determine when de-escalation techniques are necessary for successful conversations
- Learn communication techniques to implement before, during, and after difficult conversations



Also mention here that Dechra offers learning opportunities such as this one or building credibility in the exam room- so that we can help educate your students for the future.

Common Stressors in Vet Med:

- Clients
- Patients not getting better
- Medical errors
- Money
- Medical records
- Too many appointments
- Inadequate staffing
- Toxic workplace



Julie

Think about the reasons someone in veterinary practice may feel stress and anxiety. Feel free to call some of those reasons out.

(Then pop up list on slide)

Thanks for those examples – we've listed a few on the screen, but it's truly a list that can go on and on. All these stressors are the topics of difficult conversations, and often many of these stressors are happening simultaneously!

Questions to ask audience:

Ask participants what are reasons that someone in veterinary practice may feel stress and anxiety. This list is open ended and can go on and on!

Explain that these are topics of difficult conversations. And multiple stressors often happen simultaneously, creating an overwhelming experience when you are simply trying to address a single issue.

Common stressors from Clients in Vet Med:

D.A.N.C.E

Daily Hassles: Impossible predictions, poor comprehension, comparing costs

Affect: Anxiety, sadness, grief, crying

Nonadherent/Inconsiderate: Declining a work-up, rejecting treatment or recommendation, no-show

Confrontations: Refusing to pay, blaming, making a complaint

Excess Communication: Extra phone calls, emails



Spitznagel et al (2019) JAVMA

Julie

Point(s) to Emphasize: While Vet Med can have multiple stressors, this acronym focused specifically on stressors from clients and difficult interactions. Dr. M.B. Spitznagel “developed and validated a BTI [Burden Transfer Indicator] to assess and better understand the relationship between client behaviors and the level of stress and burnout for practicing veterinarians.” [9] These 5 areas were categorized as frequent client-related stressors.

Questions to ask the audience:

Do any of these resonate with you more than others?

How often do you experience these situations?

Do you find yourself getting worked up when these things occur?

More examples:

D: Asking for a diagnosis without doing diagnostics, asking the veterinarian to repeat conversation with spouse

A: Discussing euthanasia or complex medical treatment and client is inconsolable

N: Not following through with medication and pet gets worse

C: Yelling, cursing refusing to pay, asking to speak with the manager, arguing, blaming vets for “not caring” or “being in it for the money”

E: Multiple calls asking for updates (repeatedly)- non-billable time! [35].

What can make a person difficult?

- ★ Differences in values- competing
- ★ Cultural differences
- ★ Power dynamics: authority figures, management
- ★ Difficult to read
- ★ Pathologies:
 - Personality disorders: Narcissism
 - Low emotional intelligence

Split? - Each give a take?

Notes for Tim and Julie– Discuss the points to emphasize and tell our own stories– Tim will go first– discuss cultural and values and make points on slide. Julie can then way in on a scenario where she has run into this.

Point(s) to emphasize: Any interaction between two or more people is a potential place for conflict. Considering each one's personal and professional background, offers two different sides to each story. Often times this comes from competing goals and/or values. What you (or they) are hoping to get out of the conversation. Try to consider others':

- Cultural differences: Language differences, jargon, etc.
- Power dynamics: authority figures, management (who holds the more power)
- Difficult to read: some people do not emote facial expressions, use body language, eye contact, voice intonation
- Pathologies:
 - Personality disorders: Narcissism (“a grandiose sense of self-importance, a lack of empathy for others, a need for excessive admiration, and the belief that one is unique and deserving of special treatment”). Often do not consider another person's' perspective or feelings. Can be a personality disorder [39].
 - Low emotional intelligence “Emotional intelligence refers to the ability

- to identify and manage one's own emotions, as well as the emotions of others. Emotional intelligence is generally said to include a few skills: namely emotional awareness, or the ability to identify and name one's own emotions; the ability to harness those emotions and apply them to tasks like thinking and problem solving; and the ability to manage emotions, which includes both regulating one's own emotions when necessary and helping others to do the same." [40]

Questions for the audience:

1. Have you had an encounter with a person that seemed to go wrong- no matter what you tried?
2. How do you communicate with someone who is different than you?

What can make a situation difficult?

- Sensitive subjects (money, life/death, beliefs)
- Lack of adequate resources (time/money) to focus on solution
- Competing goals and values
- In person vs. over the phone
- Lack of training or expertise



Split? - Each give a take?

Tim to discuss the first two bullet points and then ask Julie to discuss in person vs over the phone.

Phone convos remove non-verbal communication – discuss methods to combat, over communicate and outline call

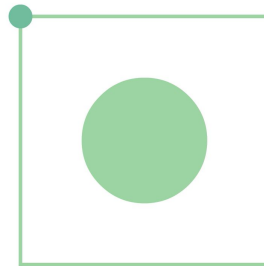
Although estimates vary, it is recognized that as much as 80% of communication is nonverbal in nature, whereas only 20% is based on verbal content

Point(s) to Emphasize: Sensitive subjects such as money, life/death, beliefs (religious/political) can also contribute to an already difficult conversation. A lack of resources (time/money) may also be a barrier to the conversation or resolution. If having a “difficult conversation” is best face to face, yet neither party has time or money to meet up.

Questions for the audience:

1. Any additional subjects that are considered “touchy”?
2. Think about barriers and differences between a face-to-face conversation vs. over the phone/computer.

Intention:



Julie – video on loop until stopped

Before we jump fully in, let's stop to set our intention for our time today and practice a bit of mindfulness.

Our goal is to have a supportive space for learning. Today's presentation includes sensitive topics about difficult conversations in veterinary medicine. Please take care of yourself and feel free to step away as needed.

Let's take a moment to get in the right headspace. Has anyone heard of box breathing? Has anyone tried it? (if yes)

Go ahead and get comfortable in your seats and we'll follow along with the video...

Mindfulness is “nonjudgmental attention to experiences in the present moment”

Mindfulness practice enables the ability to be aware of one's emotions, thoughts, body sensations as they are (Hölzel et al., 2011), rather than using them to spiral into greater stress and anxiety.” Take a moment to notice how you feel following the exercise before we move on.

Points to emphasize: Offer a disclosure statement before starting. Today's presentation includes sensitive topics about difficult conversations in veterinary medicine. Please take care of yourself as needed. Feel free to step away or seek support afterward. Our goal is to have a supportive space for learning.

Before playing the box breathing video, ask participants to get comfortable in their seats, feel free to clear their desk/space, close eyes, etc. Mindfulness is “nonjudgmental attention to experiences in the present moment” (Kabat-Zinn & Hanh, 2009). It refers to a “presence of mind” wherein attention, informed by a

sensitive awareness of what is occurring in the present, simply observes what is taking place, including both external events and internal experiences (Shapiro et al., 1998). Mindfulness practice enables the ability to be aware of one's emotions, thoughts, body sensations as they are (Hölzel et al., 2011), rather than using them to spiral into greater stress and anxiety." [13], [10, 11, 13, 14, 15]

-Box breathing video (Less than 3 min) [14]

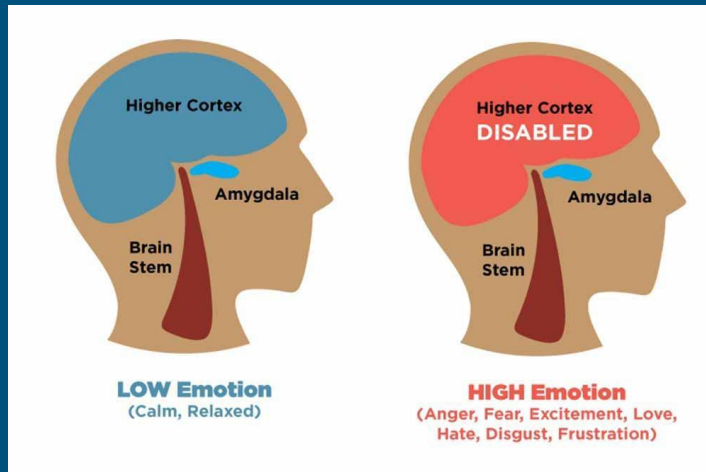
-Other exercise: 5,4,3,2,1 [16]; Animal bonding

Questions to ask the audience:

1. Has anyone tried mindfulness before? What activities?
2. Take a moment after the exercise to just NOTICE how you feel.
3. Ask yourself, what is your intention from this program? What to you hope to get out of it?

*Note- **Communication training is effective:** A 1-day experiential learning paradigm focused on communication skills and relational abilities was highly valued, clinically useful, and logistically feasible. Participants reported better preparation, improved communication and relational skills, greater confidence, and reduced anxiety. Participants deepened their understanding of family perspectives, recognized valuable existing competencies, and strengthened their commitment to interdisciplinary teamwork. [12].

The amygdala hijack



Tim

Discuss being in the right headspace. High emotion (from anger, fear, excitement, etc)– causes the amygdala to be triggered and not the cortex. When a human feels threatened, the prefrontal cortex goes off line and the amygdala (the flight, fight or freeze responder) takes over. This will manifest as difficult clients, complaining, talking loud, showing emotion, etc.

For us – if we dwell on negative interactions– we will commandeer our own amygdala which is trying to protect us from constantly thinking about these interactions. This is also why we tend to remember the negative interactions and “overlook” the positive ones.

Lets think of this like a pet. A scared/fractious pet will exhibit bad behaviors like biting and scratching.. That doesn't mean they are a bad pet, they are just hijacked by their amygdala. This is a reflection of the pet responding to their experience- not a reaction to you as a veterinarian. Try to be the low emotion, relaxed, higher cortex person so that you can change the narrative. This really plays into the Fear free model of pet handling– think of this as fear free client interactions.

Recognize the reason for not speaking when angry is not ideal because you cannot appropriately listen or be rational. Biology explains this because the amygdala takes over.

When a human feels threatened, the prefrontal cortex (morality, logic) goes offline, and the amygdala (the seat of our emotions and the fight, flight, or freeze response) takes over. This can look like reactive behavior, complaining, and bad online reviews—explaining (but not excusing) bad client behavior.

Dwelling on negative client interactions also emotionally commandeers your amygdala, which is trying to protect you by constantly thinking about these interactions. It's also why we tend to remember psychologically traumatic events more than positive experiences. Even if you had 30 positive client reactions on that same day, the negative one is what you will remember most. It's basic neurobiology, but you don't have to let it ruin your day.

1. Remember that stressed clients are emotionally hijacked by their amygdala and are likely not thinking clearly. The response is similar to scared, fractious behaviors in dogs and cats; the amygdala can cause a dog to bite out of fear and a human to behave badly. Understanding that the behavior is a reflection of what they are experiencing, rather than a reflection of you, is important. At a high level, this may inspire compassion because only those who are suffering tend to behave extremely rudely.
2. Use empathetic statements, and be the best version of yourself. You should act in a way that makes you proud of yourself, regardless of how the other person is behaving.
3. If you need reactive clients to change their behavior, use nonviolent communication techniques. *Non-violent Communication* by Marshall Rosenberg is a good resource.

Understanding human behavior can also be helpful. *Emotional Intelligence* by Daniel Goleman and *Behave* by Robert Sapolsky are excellent resources that can help with resistance to the emotional and mental hijinks of others and protect your mental health and well-being.

https://www.cliniciansbrief.com/article/customer-complaints-feedback-stress-behavior?utm_medium=email&utm_source=newsletter&utm_campaign=Online+250109&oly_enc_id=0907F3539689D2U

Amygdala hijack image from Pinterest

Think of a difficult conversation you have had:

- ◆ What was difficult about it?
- ◆ How did you feel leading up to the conversation?
- ◆ How did you feel during the conversation?
- ◆ What did you do?
- ◆ How did the other person respond?
- ◆ How did you feel afterwards?
- ◆ What (if anything) would you have done differently?

Tim and Julie both give an example. Remember to also ask audience if anyone wants to chime in.

Questions to ask audience:

Have participants take a moment, as uncomfortable as it may feel, to revisit a difficult conversation they had experienced

Personal (family, partner, friend); Professional (colleague, boss, client, having a review)

Acknowledge that this may be triggering, so think about a conversation that you have moved past and are able to fully process now

Think about the situation

Think about the person

Be vulnerable - share the difficult conversation example you have personally experienced and walk through the questions with the audience

What is the purpose of having this conversation?



What is the specific intention or goal?

What would happen if you didn't have this conversation?

Are you the appropriate person to be having this conversation?



Julie

Just like we set our intention together a few moments ago, it's important to set or recognize the intention of these difficult conversations as we approach them.

Ask what the specific intention of the conversation is

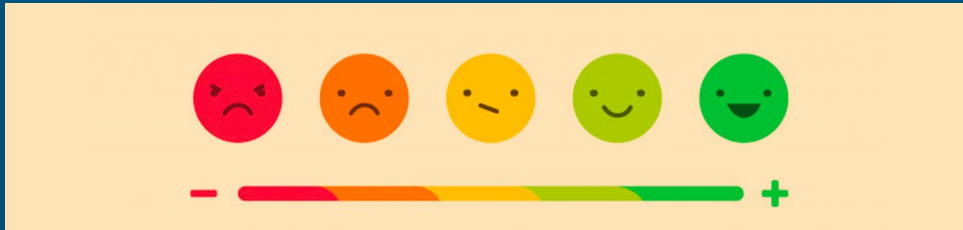
Initiator:

- to be heard/voice feelings
- something isn't working
- cannot work effectively
- uncomfortable/upset
- walking on eggshells around them

Check your purposes and decide whether it is prudent to raise the issue. Determine what you hope to accomplish from the conversation, how you can support learning and problem-solving during the conversation, and if this is the best way to resolve the issue. (Stone 2010)

Stock image from Powerpoint Stock Images

What are your expectations?



Anxiety over not knowing the outcome contributes to this being a difficult conversation

Julie

In convos we already perceive as difficult, we often anticipate the outcome. Not only difficult because about sensitive subjects, but also because can't predict how it will end. We often go to worse case scenario.

Anticipation of how a conversation will play out is a difficult situation

A difficult conversation is difficult not only because it is about a sensitive topic and you can't predict how it will end.

You don't think it will go well or that your goal will not be achieved.

Often, our minds go to worst case scenarios

Before

During

After



Julie

To discuss navigating these difficult conversations, we will discuss the fine points of action before, during, and after a difficult conversation

AI generated images

Before

"Speak when you are
angry and you will
make the best speech
you will ever
regret."

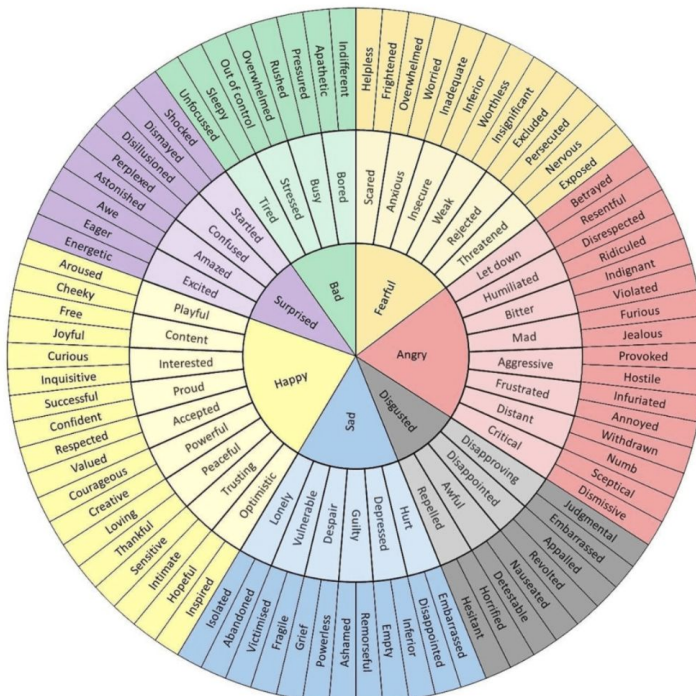
Ambrose Bierce

Tim

Many difficult conversations stem out of strong emotions such as anger.

Note about caution when something happens and you want to address it in the heat of the moment.

Nothing productive ever occurs, whether it is speaking or listening, when angry.



Tim *Make sure to mention boundaries to tie in to "during" section

Point(s) to Emphasize: Feelings/Emotions Wheel: Identify your own emotions BEFORE the conversation. Reflect on your triggers. Realizing where that feeling is coming from. American psychologist Dr. Robert Plutchik proposed that there are eight primary emotions that serve as the foundation for all others: joy, sadness, acceptance, disgust, fear, anger, surprise, and anticipation [17, 44]. Dr. Gloria Wilcox adapted the Feelings Wheel

How to use it:

1. Exploring the emotions you are feeling at any given moment of the day.
2. Daily self-reflection where you identify the emotions you experienced throughout the day.
3. Exploring deeper and longer-term emotions that may be affecting you.
4. Helping your therapy or coaching clients describe their experiences in greater detail. [17]
5. It may be helpful to start the conversation off by sharing and revealing how thinking about having the talk has made you feel. Validating a space of vulnerability from the beginning may allow the recipient to be more willing to meet you at your level.

*Reflect on your own boundaries and set them prior to the discussion. What are you comfortable accepting?

Understand your emotions within the issue. For instance, this differentiates between working with your staff to set performance standards and expectations versus exerting

power over your staff to set standards for them. [stone, 2010-source?]

Image Source:]. Dr. Gloria Wilcox adapted the Feelings Wheel

Before: The Setting

If granted the luxury of planning, set the time and place

"Is this a good time to talk?"

Full attention

Emotional capacity

Consider anxiety increases the longer you wait



Julie

Once you've thought about how you are feeling, next think about the setting of this conversation. We can all probably relate to this top photo of a chaotic treatment area and that's likely not the best place to be trying to have these convos. It's important to consider privacy, quiet and being able to give full attention without being pulled away for tasks.

Possible other person may not be in right mental space to have conversation – should you schedule time later to discuss? recognize that scheduling it and knowing it is going to happen can lead to even more anxiety

Questions to ask audience:

What is the ideal time and place to have a difficult conversation? What is the setting like?

In a busy and chaotic workplace, discuss the importance of privacy, quiet, and not being distracted or pulled away for other work tasks

Ask permission to have the conversation - respect that the other person may not be in the right mental space to have a productive conversation.

Should you schedule a time to discuss this?

But also recognize that scheduling it and knowing it is going to happen can lead to even more anxiety

Photo credit: image 1- Hospital at University of Pennsylvania,
Image 2: Powerpoint stock images

Before

Practice/role play with a trusted source

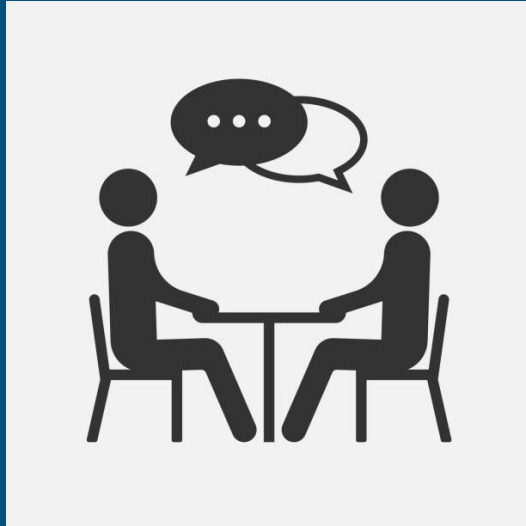


Julie

When feeling anxious about a conversation, talk it over and rehearse it with a friend, colleague to prepare yourself.

We will practice this later.

During



Tim

Transition into the key components to think about while you are actively having the difficult conversation.

Ask participants what techniques have worked successfully for them in the past.

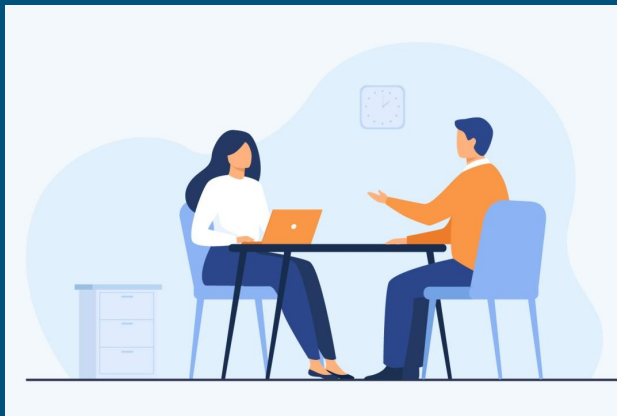
Review of Techniques: Communication 101

Open-ended questions

Reflective listening

Empathy

Nonverbal communication



Tim

This is a review of basic communication skills to be mindful of. We won't go into detail on each of these components, so briefly review these 4 skills with the audience.

Questions to ask audience:

What is _____ and what are examples of _____?

Facilitator: Set stage for next slide with

- Keeping Boundaries
- De-escalation
- BRAVER
- Acceptance and Commitment Training/Therapy
- Is a 3rd party needed to help facilitate?

From: Shaw JR. Vet Clin North Am Small Anim Pract. Four core communication skills of highly effective practitioners. 2006;36(2):385-96.

Open-Ended Questions:

gathering information during the clinical interview; however, they are used to achieve different goals. A funnel technique is recommended, starting with the broad open-ended questions to obtain the problem list from the client's perspective and later asking more focused specific questions to clarify details (ie, duration, frequency, further description) [8].

Open-ended inquiry can be formulated as a statement with phrases like “tell me” or “describe for me” or as a question beginning with “how” or “what” [19]. Questions that begin with “why” may be less effective, because the answer requires a justification and could elicit a defensive response from the client.

Reflective Listening:

*Really key in making sure the other person knows they have been heard

Reflective listening goes hand in hand with open-ended questioning. Reflective listening entails reflecting back in your own words the content or feelings behind the person's message (ie, “It sounds like you are worried that he might be blocked again”) [8]. Reflective listening demonstrates your interest in the client and your desire to understand what the client is saying [19]. Reflective listening presents a one-way mirror to the client, allowing the client to see oneself and to know that he or she has been heard. Importantly, reflective listening provides an opportunity for the client to clarify, correct, confirm, or add information, enhancing the accuracy of data gathering. In summary, reflective listening enables you to check whether your own interpretation is correct, ensuring accuracy in the clinical interview and encouraging client input.

Techniques for reflective listening include echoing, paraphrasing, and summarizing. Echoing involves repeating the last few words that a client said (ie, “So, Friskie threw up twice last night”) [8]. Paraphrasing is to restate in your own words the content or feelings behind the client's message (ie, “I am glad that you brought him in today. It sounds like you and Friskie had a tough morning”) [8]. Summarizing is presenting an explicit summary to the client of the information gathered thus far (ie, “Can I see if I have got this right? Friskie vomited twice last night. He seemed fine up until that point. After dinner, you found Friskie licking off one of the plates, and you are wondering whether he may have eaten something that upset his stomach. Is that right?”) [8].

Empathy

In a general sense, to be empathetic is to put yourself in someone else's shoes

distinguish empathy from sympathy. Empathy is viewing a situation from the client's perspective, whereas sympathy is feeling pity or concern from outside of the client's position. There is a difference in responding empathetically to someone's predicament internally and actually demonstrating empathy externally toward another person through expression of an empathic statement (ie, "I sense how angry you have been feeling about Max's cancer diagnosis").

There are two tasks in creating an empathetic response [8]. The first is to appreciate another person's predicament or feelings. The second step is to communicate that understanding back to the client in a supportive manner (ie, "I sense how difficult it is for you to talk about this"). Expression of empathy is strengthened when accompanied by empathic nonverbal communication, including facial expressions, proximity, touch, tone of voice, or use of silence.

Research findings indicate that empathy statements are underused in veterinary appointments [23].

Nonverbals:

Nonverbal communication includes all behavioral signals between interacting individuals exclusive of verbal content and occurs in several modes [8]. These behavioral signals include body language (ie, facial expressions, gestures, body position, tension, touch); spatial relationships, including the distance between the veterinarian and client and objects that may act as potential barriers to communication (ie, examination table, animal, computer, seating); paralanguage (ie, voice tone, rate, rhythm, emphasis, volume); and autonomic responses, such as flushing, blanching, tearing, sweating, and changes in breathing pattern and pupil size, which are involuntary nonverbal responses and communicate underlying emotional responses [15].

Although estimates vary, it is recognized that as much as 80% of communication is nonverbal in nature, whereas only 20% is based on verbal content [8].

Boundaries:

Show Respect

Keep an even tone of voice

Safe physical distance

Physical touch

Ask yourself what you are able to accept



Julie

Point(s) to Emphasize: Remember the boundaries you set for yourself BEFORE the conversation? Consider yours, as well as what might the recipient set? Demonstrate respect by not raising your voice, keeping a safe physical distance, be careful of physical touch.

Questions to ask audience:

1. What would it look like if your boundaries were pushed?
2. Would you be able to recognize when someone else's boundaries are pushed?

Extreme circumstances:

Any risk to safety

Angry and hostile individuals

Man beats up veterinarian after dog dies in surgery

 By ABC30

Saturday, February 25, 2012

OJAI, Calif.

Scott Doornbos, 55, took his 5-year-old dog "Zeka" to Ojai veterinarian Dr. Steve Sallen at the Ojai Village Veterinary Hospital Thursday morning. The dog died during surgery.

Doornbos was then informed of his dog's death. He confronted the veterinarian who treated the dog and allegedly battered him, causing significant injury, according to police.

"I'm deeply sorry for what happened with that. I hope that he could only understand that, you know, my emotions versus his," said Doornbos.



Ask participants:

Tim

Have any of you been in a conversation where you felt your safety was at risk? Tell us about it

These situations can certainly arise.

Remember that violence is never the answer

Need a way to diffuse/De-escalate the situation

Source: <https://abc30.com/archive/8556977/>

De-escalation:

Client's Core Issue → Your Core Strategy

Goals being blocked

Brainstorm to help them meet their goals

Feeling powerless

Help them see they still have power

Being treated unfairly

Reassurance that you will help them

Making a mistake and feeling guilty

Empathy and compassion

(AAHA, 2024)

Tim

Point(s) to Emphasize: Refer to references: The Art of De-escalation – AAHA (part 1&2).

What Clients Find Frustrating That Escalates the Situation [21] Understanding what can frustrate clients in veterinary interactions is equally important. By avoiding these behaviors, you can prevent situations from escalating:

Level 1- Annoyed Client:

- Not taking the time to understand their pet's problem:
- Not trying to help
- Not appearing to care, being dismissive
- Pointing out their mistakes
- Having a superior attitude
- Stating facts without empathy
- Unreasonable rules
- Lack of follow-up
- Inaccurate or conflicting information
- Not taking responsibility for mistakes

Defusing Level 1:

Being very quiet when they should be asking questions

Having a perplexed look on their face

Making a subtle sound like “hmm”

Body language is suggesting they are unhappy
Asking questions about the invoice

Level 2- Angry Client

Defusing a Level 2 Angry Client [22]

In situations where the client's stress is not a result of your or your team's error, your primary goal is to assure them that you're there to help. Establish trust and empathy through the following steps:

1. Reassure the client you are there to help.
2. Put yourself in their shoes.
3. Relocate to a quiet place.
4. Think Outside the Voice Box.
5. Become Curious (George).
6. Paraphrase back to them.
7. Ask for more.
8. Respond with your side of the story.
9. Search for a compromise.
10. Thank them for sharing.

Level 3- Hostile Client [22]

SHOULD Do:

Maintain a non threatening body stance

Keep your emotions in check

Have a colleague present

Allow the client to vent

Position a physical barrier

Choose your phrases carefully

Request them to leave peacefully

Call for assistance

Should NOT Do:

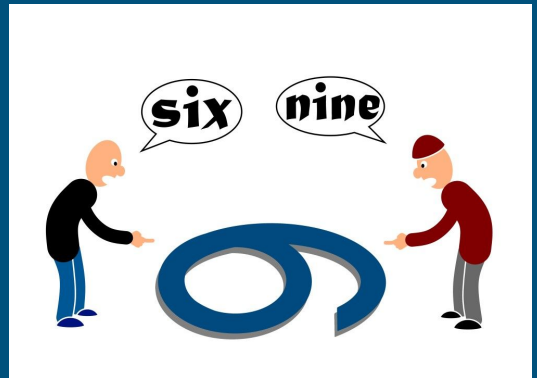
- Tell them to calm down
- Interrupt them
- Yell back
- Turn your back to them
- Move in on their personal space

Elicit perspective first

Utilize open-ended questions

Make no assumptions

Reduces defensiveness of the other party



Julie

When initiating a difficult conversation, avoid starting with your side of the story. Doing so may cause the other person to become defensive and focus on formulating a response rather than listening to you. Instead, approach the conversation with kindness and begin by asking for their perspective. Take the time to explore their story, prioritizing active listening and understanding, before offering your perspective. Ask thoughtful questions, acknowledge their feelings, and paraphrase what they've shared to ensure clarity and demonstrate empathy. Focus on fostering a collaborative dialogue rather than assigning blame.

“Play stupid” (Ask questions, be curious, make no assumptions)

Source and Image source: Polito, J. M. (2013). Effective communication during difficult conversations. *The Neurodiagnostic Journal*, 53(2), 142-152.

BRAVER Model:

Dr. Victoria Lac

Breathe

Reflect

Accept

Vulnerable

Engage

Reflect



Tim

Point(s) to Emphasize: Developed by Dr. Veronica Lac, psychologist and the Founder and Executive Director of the HERD Institute. This model was developed as a tool to help guide folks as they navigate through difficult conversations and interactions. The focus is on your own thoughts and feelings, rather than what others are doing. Go through each letter and explain. [2]

Breathe: Notice your breath.

- Pay attention to when you're holding your breath.
- In moments when you come across a word, or phrase, that brings up an emotional response, take a moment to focus on your breath.
- Name the emotions one by one.
- Notice what happens in your body.
- There's no need to "do" anything immediately with whatever is coming up for you.
- Simply notice and breathe.

Reflect: Allow yourself to be curious about what came up for you.

- What surprised you and/or what did you learn about yourself in that moment?
- What do you want to know more about?
- What might you be fearful of?
- What might you be protective of?
- What is the nature of your relationships with those you are engaging with? What do you want to honor in this relationship? What might you be prioritizing?

- in this moment over the relationships?

Accept:

- Activate your self-compassion This is a non-judgmental process of discovering how you are responding in the moment.
- Your feelings are valid and part of your journey of self-discovery. A
- Accept that this is hard and complex and that you may never fully understand the other's perspective.
- Accept that despite your willingness and intention, you still might make mistakes.
- Accept your part in how the conversation is going.

Vulnerable: What might feel risky and vulnerable in this moment?

- What is it that makes this feel vulnerable? What might make you feel more vulnerable?
- What risks are you willing to take to deepen the relationship in this moment, if at all?
- If you don't feel safe to lean into that risk, then what are your choices?
- What might it feel like to name your vulnerability, to share that in your conversation?
- What do you need from this interaction, right now?

Engage: What would be the optimal outcome of this conversation? Being clear about what we want from this moment helps us to know how to engage in the conversation moving forward.

- To feel validated?
- To feel heard?
- To feel seen?
- To be right?
- To connect and deepen the relationship with the person/people you are in conversation with?
- To hold your boundaries and be okay with not changing the other's mind?

Reflect: Reflect on what you experienced as a result of engaging in the conversation.

- What might you do or say differently, right now and/or next time you speak?
- Does the conversation feel complete in this moment?
- If not, is there space/time/energy for more?
- What surprised you about this interaction?
- What did you learn from the experience?
- How have you been changed or impacted by this?

Acceptance and Commitment Therapy (ACT)

Evidence-based Skills for reducing **your** reactivity in difficult conversations

“ACCEPT what is out of your personal control and COMMIT to action that improves and enriches your life.” ~Russ Harris

1. Accept
2. Commit to Action
3. Live according to your VALUES



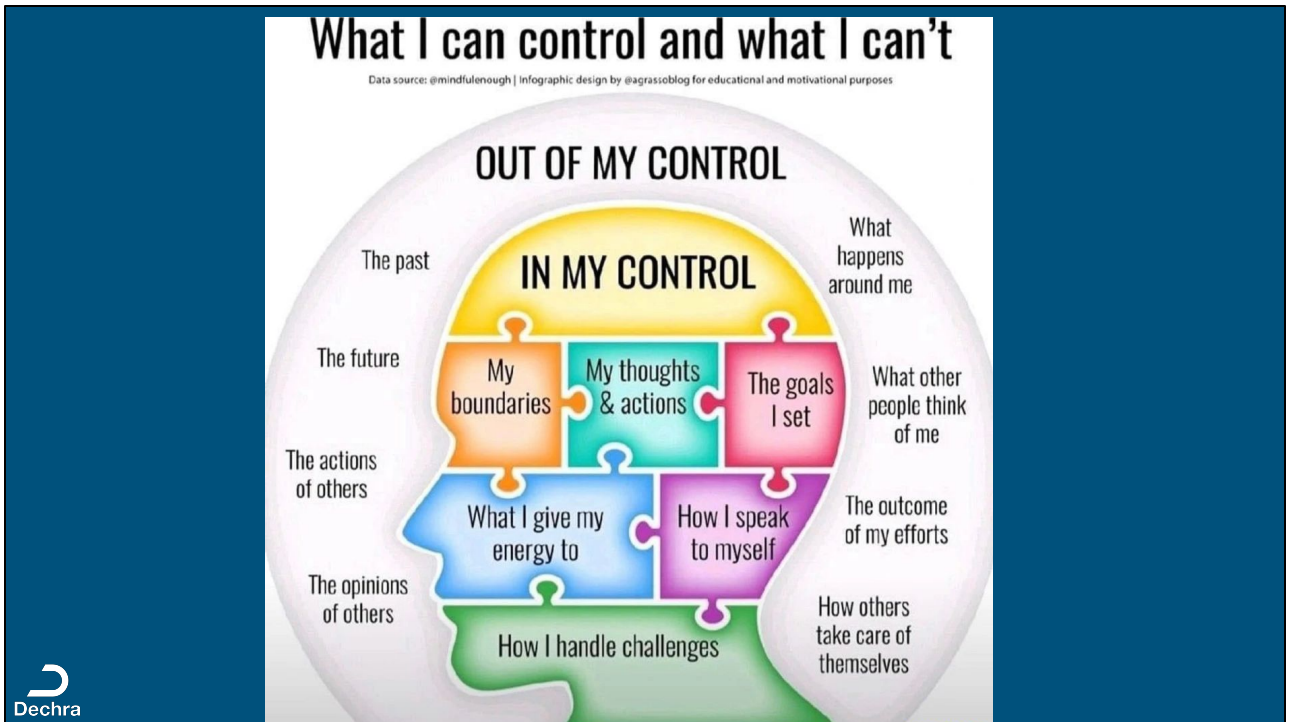
Point(s) to Emphasize: A widely accepted type of “therapy” or training that has been effective in veterinary medicine is Acceptance and Commitment training. It is an evidenced based model which is know to help reduce reactivity understanding one’s own emotional response can buffer a reaction and lead to building emotional resilience when encountering difficult conversation in a veterinary setting. It is a mindfulness-based therapy and utilizes experiential exercises and values-guided interventions. [9, 10, 11, 31].

**This is difficult to explain in one slide. This type of therapy is often used by mental health professionals in veterinary hospitals and schools for ongoing therapy.*

Examples: Mindfulness (grounding- dropping an anchor) Be in the here and now.

- “Acceptance” is not accepting what that other person is doing, but rather *accepting* that YOU have thoughts, feelings, and urges. In a difficult conversation you may:
 - o Think: “this person is not making a decision quickly enough; don’t they know I have 25 more patients to see?”
 - o Feel: “I am frustrated, annoyed, etc”
 - o Want to: Tell them to “hurry up!”
- What makes you NOT do the urge? Usually, it’s because you VALUE being kind, thorough, caring. What about if you VALUE efficiency? Focusing on a value that you can live out, will help reduce your reactivity
- Remember talking about values? Recognizing and understanding one’s own values is a vital part of ACT. Once we can identify our values and HOW to live them

out, we can gain greater satisfaction in life and work.



Point(s) to Emphasize: Aligns with Acceptance (in ACT). You can't control what other people do, but you can choose your response and how you react. This graphic highlights parts of your life that you do have some autonomy in. Focus on the things you can control. [37]

Questions to ask audience:

1. Is there something that surprised you inside or outside of the "person"?
2. What else would you add? That you can't or can control?

Image source: @agrassoblog

Vocabulary Check up:

<u>Try to avoid:</u>	<u>Alternatives:</u>
"But" Not much is heard is what comes after the "but" - nothing else is heard	"AND" "I hear what you are saying AND..."
Questions beginning with "Why" (may provoke defensiveness) "Why are you...?"	"What made you react that way?" "Tell me more?" "How did you decide to do that? I'm curious about..."
Just venting: Fine line, not on social media	Find a trusted colleague, therapist, mentor to help debrief and reflect.
"You" can be a trigger word!	Use "I" statements...



Julie

Point to emphasize: It's normal and natural to want to vent and "blow off steam" when encountering a difficult person, conversation, and/or scenario. Think about "letting off steam" and if multiple people do this, the hot air doesn't go anywhere. You are just elevating the temperature in the room. Negativity breeds negativity. Co-rumination describes when co-workers discuss issues extensively without direction or clear solution. This can lead to burnout. [23]

Avoid insertion of yourself or too much self-disclosure - to not make it about YOU

Questions to ask audience:

1. Ask for examples of substituting AND for BUT.
2. Examples of "I" statements
3. Flip it around and try using the "avoid" words and ask participants how it landed with them

Creative Apology

Say “I’m sorry” if you genuinely mean it

Receiver will perceive if you are sincere about it

Avoid giving excuses, take responsibility for actions, plan to resolve and prevent in the future

Professional consideration

- Is an apology an admission of guilt with legal repercussions?



Tim

Many difficult conversations involve an apology

“I’m sorry” can be powerful

Questions to ask audience:

When have you not accepted an apology?

“I’m sorry you feel that way” - not a true apology, puts the blame on them. Instead, take an empathetic approach “I can only imagine” -

Berlin, Leonard. 2006. “Will Saying ‘I’m Sorry’ Prevent a Malpractice Lawsuit?” *AJR. American Journal of Roentgenology* 187 (1): 10–15.

Struthers, C. Ward, Judy Eaton, Alexander G. Santelli, Melissa Uchiyama, and Nicole Shirvani. 2008. “The Effects of Attributions of Intent and Apology on Forgiveness: When Saying Sorry May Not Help the Story.” *Journal of Experimental Social Psychology* 44 (4): 983–92.

Before ending, remember your intention

Aim towards the goal for you having conversation in the first place

Share the specific goal(s)

Work together to problem-solve

Have patience if you do not reach a resolution with this conversation

Plan for next steps:

- Another meeting?

- Prevention of the issue in the future

- "Anything else I can do?"



Julie

When approaching a difficult conversation, it's essential to stay focused on the purpose behind it. Begin by clearly identifying the goal you hope to achieve—whether it's resolving a conflict, finding a compromise, or gaining mutual understanding. Be transparent about these objectives, as it sets a constructive tone and helps guide the discussion.

Treat the conversation as a collaborative effort, where both parties work together to address the issue. Rather than expecting immediate solutions, practice patience, recognizing that some challenges may take time to resolve fully. If a resolution isn't reached in one discussion, plan for the next steps. Consider scheduling a follow-up meeting, discussing ways to prevent similar issues in the future, or simply asking, "Is there anything else I can do to help?"

By framing the conversation with these principles, you create an environment of trust and cooperation, making it easier to navigate complex topics while fostering positive outcomes.

Begin problem-solving. Identify options that are mutually beneficial, supporting them with evidence and practice standards. Formulate ideas for keeping communication open in the future. (Stone 2010)



Point(s) to Emphasize: “Gratitude has been found to increase feelings of connection and satisfaction in interpersonal relationships, including friendships and marital relationships as well as” lower stress levels and improve social relationships. [34]. Thanking someone during a difficult conversation can help diffuse the tension and show openness to understanding someone else’s perspective.

1. Thank you for sharing your point of view and perspective. I can only imagine what you are experiencing.
2. Thank you for your attention and taking the time to listen to me.

After



Julie

Transition for what to do after you have finished a difficult conversation.

After:

Reflect and Debrief:

- What was uncomfortable?
- What put you at ease?
- How easy was it to identify your emotions?
- What about, to sit with your own emotions?
- In what other scenarios may it be difficult to sit with your emotions?
- How can you practice this in real life, in what areas?
- What areas would you like to improve or practice more?



Julie

May not be able to do right away – start at least with action points , write down or set reminders

At some point really reflect on your own feelings or emotions, these questions are just some examples of things you might think about. Dealing with these difficult situations can get easier over time.

Debrief with colleague

Point(s) to Emphasize: Start by reflecting on your own feelings (questions below). Debrief with a trusted person, such as a mentor. Work on action points- was there something you need to follow up on or do? Does the other person have an action? Feel free to write them down or set a reminder. Is there a compromise or collaboration that can be made to help?

Debriefing Questions:

- What was uncomfortable?
- What put you at ease?
- How easy was it to identify your emotions?
- What about, to sit with your own emotions?
- What other scenarios may it be difficult to sit with your emotions?
- How can you practice this in real life, in what areas?
- What areas would you like to improve or practice more?

Caught off guard!

What if you are the *recipient* of a difficult conversation?



Tim

Point(s) to Emphasize: **Point(s) to Emphasize:** This could be an out of blue surprise- when you are not prepared or warned as the recipient of a difficult conversation. It could also be nerve-wracking. Think about the phrase “we need to talk”, consider the anxiety of waiting for the conversation. When feeling blindsided, anger often arises and our need to react is strong. This is also an opportunity to pause and practice what you learned in ACT [10, 11, 31, 35] or BRAVER [2].

Breathe, Reflect, Accept, Vulnerable, Engage, Reflect

Image source- PPT stock photos

Prophylactic:

Can you help prevent difficult conversations?

1. Relationship building
 - a. Long-term trust
 - b. Transparent intentions
 - c. Follow through on commitments
2. Over-Communicating: avoid assumptions
3. Give realistic expectations- don't over promise



Julie

Point(s) to Emphasize: Can you help stop difficult conversations before they start? Relationship building can help build long-term trust which can make difficult conversations easier. Be transparent about your intentions and follow through on your commitments. To help avoid assumptions, clearly communicate your feelings and also what you'd like to get out of the conversation. Give realistic expectations- don't over promise. This can lead to false hope and help break down trust over time.

Questions to ask the audience: Think about the relationship you have with the person you are needing to talk with.

1. How long have you known them? What is your relationship like currently?
§ Colleague, client, supervisor
2. How would you like your relationship to be after the conversation?

Remember!

- ❖ Before:
 - Have the conversation when both parties are ready
- ❖ During:
 - Be prepared to De-escalate, be BRAVER, and ACT!
- ❖ After:
 - Reflect and self-care

Both

Summary of points before going into practice and application session

REAL PLAY!

Refer to Facilitator Guide for suggested activities.

Professional practice scenarios

With a client (and a colleague)

“The Medical Mistake”



<https://aldf.org/article/what-to-do-when-you-believe-a-vet-has-harmed-or-killed-your-companion-animal/>

Dr. Morgan has just performed a routine ovariohysterectomy on a one-year-old golden retriever. The surgery appears to go smoothly at first, but during recovery, Bella goes into cardiac arrest. Despite immediate resuscitation efforts, Bella passes away.

After reviewing the case, Dr. Morgan discovers that a technician, Sam, accidentally administered an additional dose of dexmedetomidine instead of the hydromorphone that is typically administered. This was likely the cause of her arrest. While the error wasn't directly Dr. Morgan's doing, she understands that, as the veterinarian in charge, the responsibility ultimately falls on her. She must now discuss this error with Sam and break the devastating news to Bella's owner, Rachel.

Professional practice scenarios

With a colleague

“Case Management”



A golden retriever named Buddy is brought to a veterinary clinic by his owner, Sarah, due to recurrent skin infections. Dr. Emily examines Buddy and prescribes antibiotics and a medicated shampoo. A week later, Buddy's condition worsens, and Sarah brings him back to the clinic. This time, Dr. Alex, another associate veterinarian, sees Buddy because Dr. Emily is off that day. After reviewing the case notes, Dr. Alex decides to take a more aggressive approach, discontinuing antibiotics and recommends allergy testing and dietary changes immediately.

During the visit, Sarah expresses concern about why these additional steps weren't recommended sooner. Dr. Alex replies, "I would have approached this differently from the start. Some cases need more proactive management, and it's unfortunate that wasn't done here."

Sarah, frustrated by the implication that Buddy's condition was mishandled, sends an email complaint to the hospital manager. In the email, she quotes Dr. Alex and accuses Dr. Emily of delaying critical care for Buddy.

The hospital manager, Jenna, receives the complaint and calls Dr. Emily in for a discussion. Jenna shares the details of the complaint and Sarah's frustration, including the fact that Dr. Alex suggested the initial treatment plan was inadequate. Dr. Emily, feeling blindsided and betrayed, is upset by Dr. Alex's comments. She believes her treatment plan was appropriate for the stage of Buddy's condition at the time and is angry that Dr. Alex would criticize her to a client instead of discussing concerns privately.

Jenna acknowledges Dr. Emily's frustration and encourages her to address the issue directly with Dr. Alex, as open communication between colleagues is essential. Additionally, Dr. Emily and Dr. Alex have minimal communication with one another because of personality differences.

Professional practice scenarios:

With a boss/supervisor

“Asking for Raise”



Dr. Taylor has been working at Evergreen Animal Clinic for 2 years as an associate veterinarian. She has consistently received positive feedback from clients, helped increase clinic revenue by promoting preventive care packages, and regularly covers additional shifts during busy times. Despite her contributions, Dr. Taylor feels her compensation does not reflect her value to the practice, especially after researching industry salary standards in her region. She finds out her new male colleague who was just hired is making \$10,000 more than she is. She decides to approach her boss, Dr. Smith, the clinic owner, to request a raise.

Personal Practice scenarios:

- Significant other
- Friends, Family, and other loved ones
- Strangers/Public/Community

- a. **Significant other:** You and your significant other are discussing a recent unexpected expense—your dog’s emergency surgery. You paid the bill upfront, but now there’s disagreement about how to handle the financial burden (credit card debt). You believe it should come out of a shared savings account, while your partner feels it’s your responsibility since it’s your pet. The conversation becomes heated, with underlying emotions about financial priorities surfacing.
 - i. Also consider if children are involved, or a business decision
- b. **Family/friends:** A close friend calls you in a panic because their dog suddenly started limping. They ask for your advice and, without waiting for a response, insist that you come over to examine the dog. You explain that you’re not comfortable providing care outside of a clinical setting and suggest they make an appointment at a veterinary clinic. However, your friend becomes upset, accusing you of being unhelpful and questioning your loyalty to them as a friend.
- c. **Strangers/Public:** Imagine you’re at a local dog park with your own dog, enjoying a rare moment of downtime. Suddenly, another dog bites your dog, causing an injury. You quickly assess the situation and realize your dog needs veterinary attention. You approach the other

- a.** dog's owner, seeking accountability and cooperation, but the conversation becomes tense. The owner responds defensively, accusing your dog of provoking their pet.

After:

Reflect and Debrief:

- What was uncomfortable?
- What put you at ease?
- How easy was it to identify your emotions?
- What about, to sit with your own emotions?
- What other scenarios may it be difficult to sit with your emotions?
- How can you practice this in real life, in what areas?
- What areas would you like to improve or practice more?

Point(s) to Emphasize: Start by reflecting on your own feelings (questions below). Debrief with a trusted person, such as a mentor. Work on action points- was there something you need to follow up on or do? Does the other person have an action? Feel free to write them down or set a reminder. Is there a compromise or collaboration that can be made to help?

Debriefing Questions:

- What was uncomfortable?
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- What about, to sit with your own emotions?
- What other scenarios may it be difficult to sit with your emotions?
- How can you practice this in real life, in what areas?
- What areas would you like to improve or practice more?

Resources:

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- [FRANK communication training for veterinarians | VETgirl Veterinary CE](#)
- [Colorado State University: Communication Workshop Series](#)
- [Center for Nonviolent Communication](#)
- [Unburdened: Evidence-based wellbeing in veterinary medicine](#)
- [How to Have Difficult Conversations: Mel Robbins](#)
- [Navigating Difficult Conversations with Dr. Rachel Venable](#)
- [988 Lifeline](#)
- [International Ombuds Association](#)



Veterinary Human Support

CERTIFICATE PROGRAM

[Veterinary Social Work \(utk.edu\)](http://utk.edu)

Want to learn more? For animal professionals to learn the people-side of things!