

Why Can't They Hear Me...

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Objectives

- Define the difference between empathy vs. sympathy
- Understand how communication works
- Explain how trauma impacts communication
- Identify perceptions that increase escalation
- Describe tools for empathetic listening
- Define and demonstrate open ended questions
- Explain the benefits of silence

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Virginia Satir's Change Model



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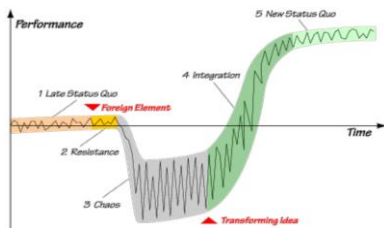
Role of the the NICU team:

Not only to inform about the disease and treatment of the patient but also to establish an effective therapeutic relationship to address concerns, and provide empathy, comfort and support.

*NICUP Advances International

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Virginia Satir's Change Model



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Here's the catch....

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This is their story of their life and their baby's life... the parents are the authors...

...It's their life story before they got to the NICU

...Let it be their story in the NICU...

...It will be their story when they leave the NICU...

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Empathy vs. Sympathy in Conversation

Sympathy is an emotional reaction of pity toward the misfortune of another.

- Often motivated by pity, ego and obligation.

Empathy is ability to understand and accurately acknowledge another's feelings. Or, the ability to emotionally understand what someone is going through from the other person's perspective.

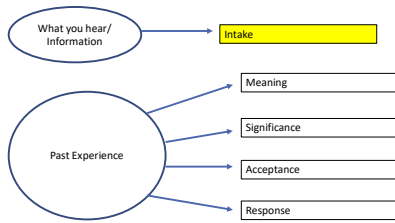
- Motivated by affective understanding of the other person and relatedness to that person.

EMPATHY helps to alleviate suffering and enhances relationship bonds.

*Lippincott Nursing Center

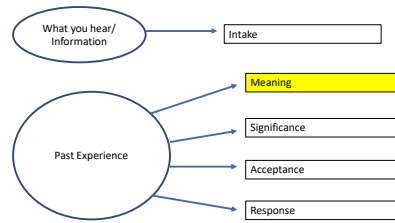
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Let's talk communication....



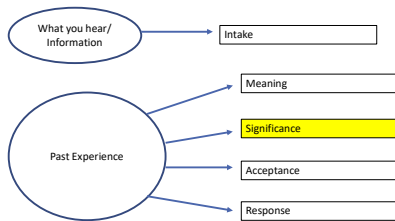
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Let's talk communication....



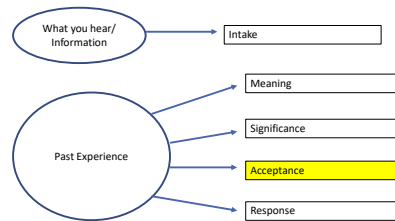
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Let's talk communication....



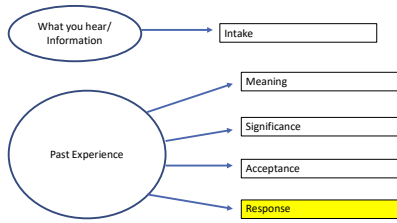
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Let's talk communication....



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Let's talk communication....



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What is trauma...

Trauma results from exposure to an incident or series of events that are emotionally disturbing or life-threatening with lasting adverse effects on the individual's functioning and mental, physical, social, emotional, and/or spiritual well-being.

<https://www.traumainformedcare.chcs.org/what-is-trauma/>

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What is Secondary Trauma?

Secondary traumatic stress is the emotional distress that results when an individual hears about the firsthand trauma experiences of another.

Secondary Traumatic Stress | The National Child Traumatic Stress Network (nctsn.org)

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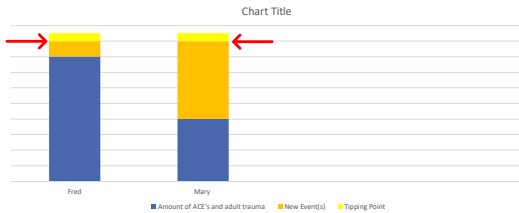
ACE's Adverse Childhood Experiences

- Abuse and Neglect
- Family Structure
- Household Income
- Parental Divorce
- Mental Illness in Household
- Substance Abuse in Household
- Unemployed or Low Income
- Single Mother

Source: CDC, Kaiser Family Foundation, University of North Carolina

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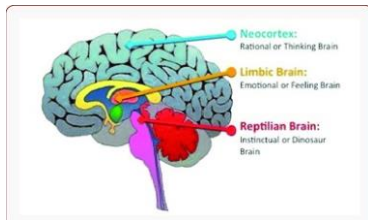
Everyone has different thresholds...



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<https://www.researchgate.net/publication/312120571/figure/fig/1/figure/fig/1/312120571/7877333709133001550754075948/Reptilian%20limbic%20brain%20and%20neocortex.png>

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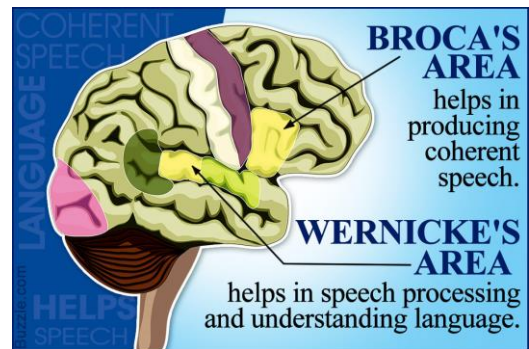
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When triggered by trauma, the body releases 30 elements designed to excite your system.

It takes 12-30 hours to metabolize the trauma cocktail released

When a person has a number of events over an extended period of time, the system is in overload and begins to rewire. This is a physiological response, not emotional response.

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- | | |
|---------------|--------------|
| Anger | Hitting |
| Aggression | Name Calling |
| Defensive | Irritability |
| Hostile | Anxious |
| Irrational | Bossy |
| Self-centered | Coercive |
| Reactive | Poor Focus |

.....This is Correct Behavior!

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Trauma survivors perceive more threats than anyone else.

Trauma survivors are intuitive.

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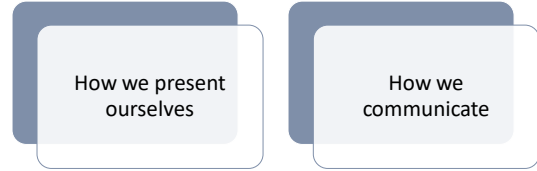
Perceptions that increase escalation:

- Perception that someone is trying to dominate or control you
- Perceived Restriction of movement and actions
- Perceived or real forcing of attention or focus on dominant members approval
- Perceived disrespect of status, power or role

International Association of Trauma Professionals

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How can we change perceptions?
Be "seen" as safe?

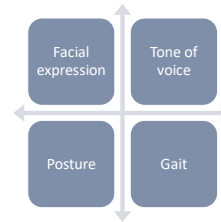


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Escalation and trauma responses
can not survive in a relaxed muscle body.

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When approaching an escalated situation,
make sure you are in a relaxed muscle body...



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Before entering an escalated situation, take note of self....

- What do you need to leave outside the door/interaction?
- A difficult patient you just saw?
- The last confrontation with the patient or family?
- Stress from home or work?
- Gossip/label of patient or family?
- Are you tired? Hungry?
- Cultural differences with the patient/family?

Be aware of triggers....

Or you will join them in Reptilian Brain

- Where do you feel it first? Fast heart rate? Flushed? Shaking?
- Your personal grief and trauma history
- Cultural differences
- Spiritual differences

Effective communication begins with you....

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Tools for listening

Listen –

- If you are still thinking about your last patient, you aren't listening
- If you are distracted by hunger, thirst, needing to go to the bathroom, you aren't listening
- If you are thinking about what to say, you aren't listening
- If you are thinking about a similar situation, you aren't listening

Empty yourself

Be 100% present

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Don't...

- Say you understand
 - Every relationship, family system, personal history, diagnosis, circumstance is different
- Give the situation an adjective
 - Ex. This must be hard.
- Tell somehow how they feel
 - Ex. I know you are angry
- Blame someone else
- Say I'm sorry unless the situation is your fault
- Try to fix it when you can't

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Do's...

- Play Dominos –
 - Creates safety and deepens conversation
 - Use sanctioned words into a question
 - Repeat phrase and let it hang...
- Allow silence
- Use neutral listening words

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Do...

Ask open ended/neutral questions:

- Wow, that was a lot to hear. What do you do with all that?
- What would help you the most right now?
- What's it like for you spending so much time here?
- What's it like for you to be away from your other kids?
- What's the hardest part of being in the NICU?
- What's important to you now?

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Do...

State the obvious:

- It's not supposed to be like this...
- I see your tears...
- Sounds like _____ is important to you...

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