

**FAST FACTS AND CONCEPTS #224
RESPONDING TO EMOTION IN FAMILY MEETINGS**

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Background Family meetings are stressful events, often provoking strong emotional reactions. *Fast Fact #29* presents a general outline on the topic of how clinicians can respond to emotions. The *Fast Fact* will provide a more detailed approach to emotions that arise during family meetings.

Consider your role. It is important to reflect on the role of clinicians in responding to patient/family emotions at the time life-altering information is shared. The goal is not to prevent a patient/family from having those emotions. Sadness, fear, anger, and loss are normal responses to unwelcome news. Instead your role is: 1) to maintain a trusting therapeutic relationship and safe/supportive environment that allows emotions to be expressed in a way that meets the patient's/family's needs; and 2) not to worsen the experience for the patient/family by ignoring or delegitimizing their responses, or confusing them with medical information when they are not ready to hear it. Recognize that most families find clinicians' expressions of empathy tremendously supportive and these are associated with family satisfaction.

Acknowledge that emotion is being expressed. If you have a good sense of what the emotion is, then it is useful to name it. If not, using more general language is preferable.

- *I can see this is really affecting you.*
- *This information is very upsetting.*

Legitimize the appropriateness and normalcy of the reaction. Medical professionals are in a powerful position to help patients and families feel that strong emotions under these circumstances are normal and to be expected.

- *Anyone receiving this news would feel devastated.*
- *It is completely expected to be very distressed by this kind of news.*

Explore more about what is underneath the emotion. It is tempting to try to limit the emotion, and be prematurely reassuring. But it is generally more helpful and ultimately more time-efficient to allow the patient and family to more deeply explore their feelings and reactions.

- *Tell me what is the scariest (most difficult) part for you.*
- *Tell me more about that....* (Keep the exploration going until it is fully expressed and understood.)

Empathize (if you genuinely feel it). Empathy means being able to emotionally imagine what the patient is going through. Clinicians can initiate the prior responses (acknowledge, legitimize, explore) without having a clear feeling for the patient's experience. These responses can be adequate in themselves. If the clinician cannot imagine the patient's experience, he or she can still sensitively explore the experience and provide caring and support. But if you have a strong sense of what the patient is experiencing, it can be very therapeutic to express it.

- *This seems really unfair.*
- *I can imagine that you might feel very disappointed.*

Explore strengths/coping strategies. This may occur at this phase of the interview, or it may be postponed to a later phase when planning for next steps begins.

- *In past circumstances, what has helped?*
- *How have you adapted to difficult circumstances in the past?*
- *What are you hoping for now?*

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