



## Eliciting and responding to emotional cues

### Recommendations summary\*

<p><b>1. A patient can give an emotional cues:</b></p> <p>a) Verbal cues are explicit and may describe symptoms of concern, e.g. <i>"I'm feeling really upset about my diagnosis", "I guess a lot of people feel down when they get cancer"</i>.</p> <p>b) Non-verbal behaviours include: postural or movement cues, such as dejected pose or excessive or lack of movement, and vocal cues, such as an unmodulated or distressed tone.</p>
<p><b>2. The most important techniques of identifying cues and distress is <u>active listening</u>:</b></p> <ul style="list-style-type: none"> <li>• Eye contact</li> <li>• Open posture</li> <li>• Slight lean forward.</li> </ul> <p>Facilitating the patient's disclosure through behaviours such as:</p> <ul style="list-style-type: none"> <li>• Nodding</li> <li>• Making noises of agreement/encouragement.</li> <li>• The patient is more likely to disclose information if the health professional is conveying empathy and interest, both verbally and non-verbally.</li> </ul>
<p><b>3. Reassuring the patient that their concerns are important to address:</b></p> <ul style="list-style-type: none"> <li>• Some patients may perceive that their fears and concerns are silly or unreasonable, or that their symptoms are a predictable result of their illness, and therefore do not disclose them to their doctor. When patients believe that part of the clinician's role is to deal with emotional issues, they are more likely to discuss non-medical symptoms.</li> </ul>
<p><b>4. Ask open questions to initiate discussion about emotional concerns:</b></p> <ul style="list-style-type: none"> <li>• Patients and health professionals differ in their expectations as to who should take the lead in initiating discussions about emotional functioning and daily activities. Asking open questions such as <i>"How are you feeling/finding things at the moment?"</i></li> </ul>
<p><b>5. Probe about information and emotional needs:</b></p> <ul style="list-style-type: none"> <li>• Patients with higher levels of education are more likely to request information and provide evidence of emotional needs. Health professionals should be aware of the need to probe about information and emotional needs with all patients, irrespective of educational level.</li> </ul>
<p><b>6. Health professionals should not avoid dealing with patients' psychological problems:</b></p> <p>Health professionals should <b>avoid</b> using distancing techniques such as:</p> <ul style="list-style-type: none"> <li>• Changing the topic</li> <li>• Ignoring cues</li> <li>• Downplaying the level of patient distress</li> <li>• Offering either false or premature reassurance to avoid dealing with patients' psychological problems</li> </ul> <p>Health professionals should also be reassured that appropriate responding to patients' emotional cues can actually shorten consultation times.</p>
<p><b>7. The following methods can increase the frequency and identification of patient cues:</b></p> <ul style="list-style-type: none"> <li>• Listen to the patient with an open mind.</li> <li>• Allow patients to speak their concerns without interrupting</li> <li>• Be open to the idea that patients may express psychological distress</li> <li>• Be patient-led, i.e. take the consultation in the direction the patient leads</li> </ul>



- Acknowledge patients' concerns and respond empathically
- Use questions appropriately
- Use words that have emotional content
- Make direct requests for self-disclosure
- Summarise patient statements/clarify patient needs
- Be willing, and have the confidence to tackle psychological issues
- Consider the use of external aids, such as prompt sheets or questionnaires that measure quality of life.

**8. Patients who are anxious during the consultation may display the following cues:**

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| <ul style="list-style-type: none"> <li>• Rapid speech/jumbled words</li> <li>• Agitation/restlessness</li> <li>• Lots of questions or repeating questions</li> <li>• Words that indicate apprehension and worry</li> <li>• Nervous laughter</li> <li>• Rapid breathing</li> </ul> | <ul style="list-style-type: none"> <li>• Palpitation and sweating</li> <li>• Vague appearance</li> <li>• Distracted</li> <li>• Fatigue/sleeplessness</li> <li>• Impaired concentration/decision making</li> <li>• Avoidance of distressing situations/issues.</li> </ul> |
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**9. The following strategies may assist communication with patients who are anxious:**

- Ask scanning questions
- Acknowledge anxiety
- Suggest taking some deep breaths
- State that anxiety is common - but avoid simple reassurance
- Explore the main source of anxiety - explore meaning of events
- Explore how anxiety has been managed in the past
- Encourage and reinforce the use of coping strategies, e.g. relaxation, thought-stopping
- Check that informational needs are met
- Repeat information as retention will be lower
- Tell patients they don't need to rush to make decisions. Give them a timeframe
- Give additional written information.
- Refer, if warranted.

**10. Patients who are distressed during the consultation may display the following cues:**

- Eyes downcast
- Sighing
- Hunched/closed posture
- Short responses to questions
- Crying
- Verbal indications of sadness and distress.

**11. The following strategies may assist communication with patients who become distressed:**

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| <ul style="list-style-type: none"> <li>• Sit quietly through the tears</li> <li>• Offer tissues</li> <li>• "Normalise" the experience</li> <li>• Respond appropriately and with empathy</li> <li>• Move closer, lean forward</li> <li>• If writing, put your pen down</li> </ul> | <ul style="list-style-type: none"> <li>• Give the patient your full attention</li> <li>• Ask "Do you want to talk about this now?"</li> <li>• Don't advise or reassure until you have all the information</li> <li>• Explore social support</li> <li>• Offer practical support, e.g. cup of tea.</li> </ul> |
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**12. Patients who are angry during the consultation may display the following cues:**

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| <ul style="list-style-type: none"> <li>• Raised voice</li> <li>• Flushed face</li> </ul> | <ul style="list-style-type: none"> <li>• Sarcastic comments</li> <li>• Dismissive comments, throwaway lines</li> </ul> |
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<ul style="list-style-type: none"> <li>• Angry words</li> <li>• Rigid control</li> <li>• Withdrawal</li> </ul>	<ul style="list-style-type: none"> <li>• Complaints about other doctors</li> <li>• Interrogatory questioning.</li> </ul>
<p><b>13. The following strategies may assist communication with patients who become angry:</b></p>	
<ul style="list-style-type: none"> <li>• Stay calm – breathe deeply, open posture</li> <li>• Listen actively - focus on the issue</li> <li>• Do not take it personally and do not get defensive</li> <li>• Do not get into an argument and do not yell back</li> <li>• Acknowledge anger and explore the reasons</li> <li>• Focus on the person's needs, not their manner or words</li> <li>• Apologise if it is your fault</li> <li>• Explicitly indicate your desire to work with the patient to address his/her concerns</li> <li>• Brainstorm options and offer help</li> <li>• Look for other emotions (fear, sadness) and explore appropriately.</li> </ul>	
<p><b>14. Patients who are depressed may display the following cues:</b></p>	
<ul style="list-style-type: none"> <li>• Low, flat mood</li> <li>• Little bodily movement</li> <li>• Expressionless face</li> <li>• Sadness, recurrent tearfulness</li> <li>• Loss of interest and pleasure</li> <li>• Feelings of hopelessness</li> <li>• Feelings of guilt or worthlessness</li> </ul>	<ul style="list-style-type: none"> <li>• Social withdrawal</li> <li>• Loss of motivation; feelings of futility about treatment</li> <li>• Unable to control negative feelings</li> <li>• Dissatisfaction with relationships</li> <li>• Death wishes</li> <li>• Suicidal thoughts.</li> </ul>
<p><b>15. The following strategies may assist communication with patients who are depressed:</b></p>	
<ul style="list-style-type: none"> <li>• Ask scanning questions</li> <li>• Indicate concern about the patient</li> <li>• Indicate that depression is common and important</li> <li>• Emphasise that depression is worth treating and that there are effective treatments</li> <li>• Suggest that the patient be referred to a specialist in psychosocial matters</li> <li>• Arrange referral</li> <li>• Ask about thoughts of self-harm to determine urgency of referral</li> <li>• Continue to monitor.</li> </ul>	

Source: National Breast Cancer Centre. *Eliciting and responding to emotional cues – Evidence from the literature.* 2007 National Breast Cancer Centre, Camperdown, NSW.