Unit Three

An Introduction to the ALIVE Model of Empathy

Assess your rapport

Listen for a call for help

Intend to connect

Verify what's alive

Encourage a request that enriches life

What do you do when you sense that the strategies that normally help you connect with your patients fail to work?

I recommend you use active empathy—a deliberate way of interacting that makes your compassion more visible to patients. Especially patients in distress.

Out of our training work, we've developed a model of active empathy that many caregivers have found helpful. The process is called the ALIVE model of empathy and it's comprised of these steps:

Assess your rapport

Listen for a call for help

Intend to connect

Verify what's alive

Encourage a request that enriches life

The ALIVE model focuses us on honesty, clarity, and connection. It alerts us to opportunities to connect with patients in ways that are more effective and more satisfying.

As we focus on connecting, and on clarifying what we and our patients feel and need, rather than on blaming, labeling, or fixing each other, we continually rediscover our common humanity and the depth of our compassion.

The respect and empathy that follows from this conscious connection fosters a mutual desire to give to each other from the heart.

A note before we get started

You're looking at a model for connecting with patients that's composed of five steps and covered in a workbook 150 pages long. That might seem a bit intimidating at first.

You may take some comfort in knowing that ALIVE doesn't represent a whole new way of communicating. Don't expect to find a lot of new concepts on the following pages or descriptions of lengthy procedures to follow.

Rather, what you'll encounter is a series of insights and distinctions. It's a systematic way of thinking about what you've been doing well all along, so you can create the outcomes you value more consistently.

"You do this already in many circumstances. The challenge is to seize opportunities for connection no matter how they show up."

The first three steps in the ALIVE model—Assess your rapport, Listen for a call for help, and Intend to connect—are largely shifts in attitude. They set the stage for creating strong connections.

The fourth step—Verify what's alive—is the actual process of connecting with the patient. The fifth step—Encourage a request—is when you generate strategies that meet your needs as well as the needs of your patient and your healthcare organization.

Putting the model into practice doesn't have to take long or be laborious.

Imagine, for example, you walk into a patient's room to deliver a sedative. You see tears on her cheeks only briefly as she turns her face from you. Guessing that she's fearful about an impending surgery, you decide not to talk. Instead, you turn out the lights, take a seat close by, and set your hand on the bed in case she wants to take it.

You've just accomplished the entire model in the matter of a few heartbeats. And without saying a word.

You do this already in many circumstances. The challenge is to seize opportunities for connection no matter how they show up—whether your patient is weeping in bed, threatening to sue, swearing at you, or asking you what he should tell his son about God.

That's what this program will help you do.

In this Unit, we'll take a brief look at each step in the model. In the next Section of the workbook, you'll get lots of examples and opportunities for practice.

Signs that you don't have high-quality rapport with your patient

1. You don't sense an easy flow
2. You're afraid to say what you mean or what you feel
3. You're not breathing easily
4. You feel an uncomfortable tension in your body
5. You're having an experience of life that you wouldn't choose

Other signs you notice:

6. ______________________________

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7. ______________________________

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Assess your rapport

As part of our training programs, I sometimes ask caregivers when they think it would be a good time to give empathy. Inevitably, I hear, "once you have rapport". My experience is just the opposite. Giving empathy is an effective way to connect with your patient or reestablish the connection once you've lost it.

How do you know when you've lost rapport?

You can assess your rapport by paying attention to what *you* are experiencing. Not your feelings—your happiness,

sadness, fear, or anger—but your sense of openness and ease in your communication with your patient. You know from experience that you can sense tension in the air when people aren't connected.

Think of an interaction in which you've had an easy flow back and forth. Even if it was a tough topic, you were able to speak frankly. You felt the other person heard you and you heard them. Any time you don't feel that easy flow, you don't have rapport.

> rapport [ra·páwr], noun, *an easy relationship people enjoy based on mutual trust, and a sense that they understand each other's concerns.*

All of the signs listed in the box on the previous page are signals of resistance. Each is a reason to give empathy.

Listen for a call for help

Quit Taking It Personally (QTIP). That's a common admonition in customer service these days. When your customer or patient gets upset, don't take it personally. What you don't hear is how to take it, if not personally.

ALIVE reminds us to take our patients' statements not as a comment about us but as a sign of their needs or their suffering.

By focusing your attention this way, you'll hear any comment directed at you as the best strategy your patient could find to get some need met.

Some statements are obvious calls for help:

∴ "I need some privacy."

∴ "Would you explain this to me?"

∴ "Can you make me more comfortable?"

We recognize immediately that we're being called to action. If we're left with a question, it's only how to act most effectively.

Some statements patients make aren't so obviously calls for help. They're dressed in a language of judgment, blame, or threat.

∴ "How can you tell me to stop treatment?"

∴ "We both know what's going on here. Do I even need to say it?"

∴ "You try to stop me and I'll sue this office and I'll sue you, too."

∴ "You know what you are? A racist, plain and simple!"

Statements like these may not sound like a call for help. But my experience with patients and caregivers is that **we are always either asking for help or showing gratitude.**

"That's what your patients want. Not a bad experience for you but a better experience for them."

For example:

∴ A son who asks, "How can you tell me to stop treatment for my mother?" may be telling you **he needs to know he can trust** your judgment, or he needs to figure out how he can think of himself as a good son.

∴ A woman who says, "You try to stop me and I'll sue this office and I'll sue you, too" may be telling you **she needs to know she has some say** in how her life goes.

∴ A man who calls you a racist may be telling you **he wants the same respect** anyone else receives.

None of these points will be great revelations to you. Each is just a simple shift in perspective. Think about it. There's little payoff for a patient to brow beat you into admitting, for instance, that you're inept. But there's a great payoff for that patient to enlist you in ensuring she gets responsible care.

That's what your patients want. Not a bad experience for you but a better experience for them.

A supervising nurse I worked with recently told me, "I'm not a racist, but there's nothing I can say to change this patient's mind." That's the core. If you hear a judgment about you, you'll try to defend yourself. Nothing you can say will be enough.

Shift your perspective. See your patient as suffering and calling for help. And you'll open up a whole new line of responses.

Intend to connect

In short, **Get Curious**. If you're not coming from curiosity, you're not in a position to give empathy.

You can certainly create connection without empathy. In the previous Unit, we covered a list of strategies people often use to create connection.

But when those strategies fail you, you need to become curious about whatever it is your patient is going through.

When we don't form a conscious intention like being curious, most of us will unconsciously try to fix patients or get them to do what we want. It's how we've been brought up.

If your intention is to fix your patients, they'll pick up on it. No matter the words you choose, your patients won't like it. And they'll let you know.

Here's an example:

A medical case-worker talks with a mother who is terribly frightened.

Caseworker: "OK, I get that you're upset. And you want to get out of here. And I want to help you. But you've got to fill out this paperwork before you can take your daughter home."

Mother: "I don't want to hear all this institutional talk. You leave me alone. I'll sue if I have to!"

The case-worker identified how the mother is feeling and what she wants. So why isn't she grateful?

Because his intention is to get her to take some action he's already decided on, not to connect with her or be curious about her.

In fact, when I asked him what he thought the mother was going through, he said he was so busy trying to get her to do what he wanted and make her think it was her idea that he wasn't paying attention to how she was feeling.

"The capacity to give one's attention to a sufferer is a very rare and difficult thing; it is almost a miracle; it is a miracle."

Simone Weil

She could tell.

I don't suggest that you abandon your agenda whenever you enter a patient's room. I do suggest that when your patient puts up resistance, you bracket your agenda, trust yourself to come back to it, and find out what experience your patient is having—as an end in itself.

What might that look like?

Notice in the example above, the caseworker's agenda is to get the mother to fill out the paperwork. If he brackets that agenda, his goal will be simply to find out what's behind the mother's actions.

He might ask, for example:

Caseworker: "Are you afraid for your daughter for some reason?"

The mother may or may not be. If she's not, the caseworker can ask more questions. In the Units that follow, we'll suggest ways to formulate those questions so you make quick and effective progress.

Notice that the first three steps of the ALIVE model can be done in seconds or less. It's a quick internal check followed by a couple of shifts in perspective—Assess your rapport, Listen for a call for help, Intend to connect. Together they prepare you mentally to engage effectively with your patient.

Verify what's alive

Recall that we make these shifts in thinking to prepare the ground for a mutual desire to give from the heart.

And we nurture this mutual desire by focusing our attention on what's alive for our patient. In other words, what our patient is feeling and what she needs right now in this moment. That's a three-step process.

1. Observe what's happening. What are people saying or doing that's meeting your patient's needs or not meeting them? The trick that we'll explore in more depth is how to separate our judgments from our observations, how to simply describe actions.
2. Ask or suggest how your patient may be feeling when she observes those actions. Is she in pain, or afraid, irritated, or joyful?
3. Suggest which of your patient's needs might be behind their feelings. Does he need some relief, a better understanding of what's happening to his body, or some consideration for what he's going through?

We'll go through each of these steps in detail in Section Two.

For now, you might demonstrate your empathy to your patient by saying, “Felicia, are you apprehensive about being discharged because you need to know that you’re ready for whatever comes next?”

Encourage a request to enrich life

The final step is to encourage your patient to make a request that would meet her needs.

For example, “Would it help for you to talk to someone about gathering a network of support around you?”

The dance of compassion

This is one side of the ALIVE model, seeking to understand these four aspects of your patients’ experience.

The other side consists of expressing the same four aspects of your experience clearly. You connect by revealing what you observe, feel, and need, and the actions that would better meet your needs and the needs of your organization.

Together, the two sides form a kind of dance that you are likely already familiar with. As we attend to what is alive in our patients and express what is alive in ourselves, back and forth, we uncover our humanity.

What arises is a mutual desire to give from the heart.

We’ll explore this model in greater depth in the next Section beginning with listening skills.

Although I’ll give you a formula for creating clarity, it’s important to remember that **the process itself isn’t formulaic. You’ll be adapting it to your personal style.**

I’d also like you to remember that while I’ll be presenting you with some basic words to say, **talking is optional.**

When you give empathy to a grieving person for example, you can focus your attention with an internal dialogue as easily as talking. You can open yourself to all four aspects of your patient's experience without saying a single word out loud.