

Model themes defined with supporting exemplars from clinician focus groups

THEMES AND DEFINITIONS	EXEMPLARS
<p>A: <u>Personal growth and self-care</u> Characteristics of the clinician’s development and psychological maturity, which contributes to the therapeutic process.</p>	
<p><u>Maintain a balanced life</u> Maintain equilibrium between work life and activities reflecting other aspects of life, such as family, leisure, and professional development.</p>	<ul style="list-style-type: none"> - We have to find ways to cope and come back to do it again tomorrow. - I realized how important it is to incorporate additional supports for self-care ... I really needed to work hard to develop other strategies like mindfulness, or reading, or taking time out and finding joy outside of work.
<p><u>Work at self-awareness</u> The process of personal reflection and deliberate thought, aimed at helping clinicians understand their strengths, weaknesses, feelings and skills within their work.</p>	<ul style="list-style-type: none"> - You need to know your triggers. I know mine ... and when I see on my sheet, ‘50-year old mother of three dying,’ you know this is going trigger a few things. You prepare yourself. - Just being aware of putting your luggage down beside you and not having it in front of you to trip over.... keep it in your peripheral vision but don’t make it the focus. - So the emotion is a cue to me that it’s connected with something in my life.
<p><u>Acknowledge and work through our own fears</u> Recognize that one’s emotions and fears may influence both family life and work life; and taking the steps to deal with them.</p>	<ul style="list-style-type: none"> - If the therapist has worked through their own fears and done that work, the client will know they are with a person who can handle darkness. I must own my own deepest, darkest thoughts; otherwise there is a resistance the client will pick up on. - When I was a new graduate nurse working in oncology ... if someone didn’t do well and became palliative, I became fearful. I didn’t have the life experience or the emotional experience, and I was afraid of my own reaction ... now I use the knowledge I acquired to help people navigate the cancer system. I have more life experience and more confidence that now, I would not react the same way I would have 20 years ago.
<p><u>Acknowledge your own feelings of vulnerability or helplessness</u> The ability to confront one’s own limitations; and recognize that answers or solutions are not always available or self-evident.</p>	<ul style="list-style-type: none"> - As a therapist, there is a certain vulnerability in being exposed to those situations that prompts me to question my self-concept of being a good clinician. Yet we clinicians accept this unsafe condition as part of our work, and we develop a level of comfort with being in a place of ‘not knowing.’ - In being with her as she expresses this, I feel helpless. I do wish she could live and raise her children; it gives me a helpless feeling ... I am reminding myself and trusting the process, that being witness to that emotion, giving her my undivided attention, is helpful. Even though I feel helpless, I am helpful. I have to remind myself.
<p><u>Debrief with colleagues</u> Discuss clinical experiences with colleagues, for personal benefit and to support other team members.</p>	<ul style="list-style-type: none"> - It helps a lot to go and debrief with a colleague I trust, and who can help me. ‘What do you think?’ ‘What should I do?’ It helps to hear others’ experiences. It helps to see that you are not alone with difficult cases. - [Debriefing] helps us process things rather than internalizing them and creating problems for us (so we can) do this difficult work in a way that we should be able to.
<p><u>Value professional development</u> Appreciate the importance of continuous learning and growth within the role of one’s chosen vocation.</p>	<ul style="list-style-type: none"> - I learn from everybody I see. I learn little things, and I learn big things. For me it is very much about learning experience. It has given me an understanding of different situations, not to be judgmental, to know that one needs to explore each situation.

B Therapeutic approaches Skills and techniques used by clinicians in their therapeutic work	
<p><u>Clarify and name sources of distress</u> Clinicians help clients identify, characterize and name the basis or cause of their distress, anxieties, or concerns.</p>	<p>- If you can't talk about scary things, those monsters under the bed just continue to grow, right? If we can name them, that lessens them.</p> <p>- First you have to listen. Then you have to reformulate, to clarify, to be sure you understand correctly. You make the patients aware of what is causing their anxiety, what is making their situation difficult...</p>
<p><u>Problem-solve</u> Assist clients to identify and disentangle their difficulties and help them to find solutions to the extent that is possible.</p>	<p>- Our job is to disentangle and say, 'let's give him morphine, let's do some cognitive behavioural psychotherapy, let's give him antidepressants, and let's talk about his distress.' The patient comes as a whole package, so we help him disentangle that.</p>
<p><u>Educate and inform the client</u> Provide clients with information and insights about various aspects of their illness or treatment; help them understand and make appropriate decisions.</p>	<p>- ... a part of our job is to make people aware of those choices and options they have, how they might deal with this, things that they might broach. I suppose the important element here is that we can make people aware of choices, but we can't determine how they're going to choose...part of the therapy becomes watching and guiding the patient as they make choices.</p>
<p><u>Debunk myths</u> Address erroneous expectations and mistaken beliefs of clients.</p>	<p>- Clinicians recognize that they can't just dismiss the client's belief out-of-hand, and they learn to navigate through these ideas and move beyond into more useful ones.</p>
<p><u>Reinforce client strengths and positive ways of coping</u> Help clients identify their strengths and available assets—either internal or external—and support them in using those ways to manage their circumstances.</p>	<p>- 'When you find yourself in these times of not knowing.... In the past, how have you come in to 'dry land' again? What helped you to get grounded in the past, to remember who you are?' I am hoping to tap into a strength they have, tap into some strength or strategies they may not be able to acknowledge in that moment.</p> <p>- ... 'well, these are coping mechanisms that have helped you in the past. Maybe these are things you can use in the present situation.'</p>
<p><u>Provide specific techniques (such as mindfulness meditation or therapeutic touch)</u> Use various clinical approaches, some of which can be taught to clients, to help allay their distress.</p>	<p>- Examples of techniques: mindfulness meditation, therapeutic touch, abdominal breathing, muscle relaxation, creative visualization for stress reduction and adaptive coping, keeping a journal, grounding strategies such as focusing on something tangible (such as bringing in a positively sentimental object or encouraging family to hold client's hand), engaging in a repetitive activity such as counting or crossword puzzles that require a level of concentration.</p>
<p><u>Advocate for client with the care team</u> To help clients manoeuvre their way through the medical system, clinicians intervene on their behalf, helping them to connect effectively with appropriate members of the health care team.</p>	<p>- My own experience really helps me understand the challenge of the patient in advocating for themselves within the healthcare system and just how hard that is at a time when you are feeling so many different things, including physical pain. That is just one more thing that you have to do, and in this work that is often what we are doing, helping clients advocate for themselves, what they need from some of the other professions and systems.</p> <p>- I think one of the important roles that I come into is that of advocate, especially for patients who have come to a realization that the treatment that they agreed to is not really what they want. It is what their family wants, or they don't want to say no to the medical team. So I think to support them either by being present for that conversation when they have it with their family or being willing to open that conversation with family, patients, and medical team. I think that role of advocate in certain circumstances is something that I know that I do.</p>

<p><u>Foster positive relationships between client and family</u> Clinicians recognize that an illness in one family member will have repercussions among other family members, address family relationships, and include family members in the therapeutic circle.</p>	<p>- Certainly in my practice it has been very important not only to see the patient as the unit of care but also the family, to engage the family if they're suffering, and to help with the patient and on their own.</p> <p>- It is a very complex situation, but I think it is going to be important to have the family members come in together. Some of the issues have been there for a long time. I think it is important for the family members to get some of these things out, both for their own benefit and for their father, who is doing his own struggling and is not able to talk about it much.</p>
<p><u>Elicit client needs</u> Encourage clients to recognize and articulate what they want and what they require to cope with current circumstances.</p>	<p>- ... 'what do you need from me? How can I help you best?' Or, 'if there's one thing I could do to help you, what would you want me to do?'</p> <p>- I have a patient and last week she says, 'I hate coming here, because you always make me cry. And I don't like to cry.' But it's interesting. She keeps coming back. She could just as well pick up the phone and say, 'I'm not feeling well today. I can't come in.' But she still keeps coming in. I understand that this is the only place where she knows she can express herself completely and safely, and that with my help she can actually shore herself back up to go back to work.</p>
<p><u>Probe for feelings underlying events and circumstances</u> Inquire how clients feel regarding their particular situation, along with the causes triggering those feelings.</p>	<p>- Exploring is to go behind the feelings. I do not leave it just as, 'I worry,' but I explore what is behind the worry. It is about probing. Taking the little hints that they give you by probing what is behind those feelings.</p> <p>- They will be sitting in your office, calm and smiling, but you can tell that there are on a different level with some emotion that they are trying to keep in check. If you feel that in your own body, you are able to gently inquire with the person and open the door for them to acknowledge that those feelings are there. A lot of time I get surprised reactions or responses. 'How did you know that? How did you know I was feeling that?'</p>
<p><u>Help the client identify what they can and cannot control</u> Ensure that clients understand what is within their ability to influence and what is out of their hands.</p>	<p>- Control ends up being a huge issue. I use the addiction phrase which is, 'identify what you can and can't control, and let's focus on what you can.' Those are the types of analogies or topics that I go through with all the patients.</p> <p>- During the session it became a matter of gently talking about what she was really feeling, and what she was afraid of. She was so afraid to say that the cancer is back, but she knows the cancer is back! She was afraid to say that, because saying it would make it a reality. So she was burying that and hiding from that and not dealing with that. We started to look at the fact that it is what it is. The cancer is growing, or it is not growing. It is either responding to the chemo, or it is not. Saying it or thinking about it would not create it, would not make it happen. She does not have control over that.</p> <p>- My intervention was to help her express her feelings concerning the situation, help clarify concerns about treatments, and help her to see what is different now in comparison to her past, allowing her to see what she can control and what she can do to make it better this time.</p>

<p><u>Help the client understand by mirroring and reflection</u> Enable clients to understand their thoughts and feelings better, by way of emulating the clients' verbal behavior and affect.</p>	<ul style="list-style-type: none"> - In (witnessing) you become a mirror in which the patient is able to become more authentic and reflective on their own distress. - You are also a mirror. You are not there to sympathize with the patient, but you are there to be a mirror and reflect back to them whether they are doing a good job. - You know that your guts are mirroring what is going on in the other person's guts and how essential it is to tune into that and make sure that you are figuring out that is what is happening.
<p><u>Use silence to encourage client expression</u> Use restraint in offering a verbal response—especially in circumstances where words lack the capacity to capture the enormity of what is happening—as a means to help clients express themselves or articulate distress.</p>	<ul style="list-style-type: none"> - ... using silence, not as something that is uncomfortable, but something that holds the experience. So I'm not just waiting for a patient to say something. I'm holding what's being said through my presence, and I find that's a way to honour (patients). - ... where things aren't going the way we're all hoping for. I would use silence more so than usual, hoping that the silence would create space. One of our colleagues called it communicative space, but you know it opens the possibility of communication entering - instead of trying to fill the space with words that may not facilitate communication.
<p><u>Explore image and metaphor</u> Clients often express their feelings and emotions in terms of visual or symbolic representations. Examining these can help clients understand their situation, their distress, and even alter their perspectives. These representations are sometimes introduced by the clinician, as a way of helping clients achieve calm, focus or insight.</p>	<ul style="list-style-type: none"> - I listen for what gives a person a sense of life. When people share an image with energy, or a metaphor with energy, that becomes a portal that reveals where their soul work is taking place or where their soul pain is happening. - She was describing her gardening, how she loves watering the plants. So I suggested that she imagine she is watering the plants right now. I walk her through the somatic experience of how she feels when she is watering the plants. She is peaceful, grounded. (This woman's) whole life has been about giving to others, watering everybody else. So I asked, 'what would water be like for you in your life? What would it mean for you to water your own soul? What would water be?' - The strength of the images lies in their self-generated nature, intrinsic to the person's own makeup. It is the therapist's role to tap into the dynamic the image presents in order to make it available to the client to use.
<p><u>Offer comfort through touch</u> Use gentle, non-threatening physical contact, such as the touch of a client's hand or arm to help ease distress.</p>	<ul style="list-style-type: none"> - When providing nonverbal reassurance, I might put my hand on their shoulder, or hold their hand. I try to be respectful in the gaze. I am trying to show that I am there, that I am patient. I am not staring at the clock, or the wall, or at them either.
<p><u>Acknowledge spiritual distress</u> Recognize that illness will cause clients concern regarding their outlook on life, such as what they believe in and their sense of what gives life meaning and purpose.</p>	<ul style="list-style-type: none"> - Sometimes patients express distress as, 'why did God do this to me?' and ask for spiritual guidance. Other times patients recognize that they are anxious and distressed but may not be conscious of their spiritual needs. In both cases, the patient may be experiencing spiritual distress, and may be looking for a spiritual solution for their emotional distress. - If I know this is someone with a spiritual background, I will ask them how their higher being will help them to be with this. 'What does that offer you?' I bring that to derive some strength and vision.

<p>C <u>Creation of a safe space</u> Ensuring that the physical and psychological environment is conducive to open and honest communication and the sharing of thoughts and feelings.</p>	
<p><u>Provide privacy</u> Offer clients a space within which the exchange of information feels safe and secure (this may be achieved by way of a private office; a curtain pulled around a hospital bed; or speaking in a quiet voice).</p>	<ul style="list-style-type: none"> - I think that is why people come back or feel free to come or call back. We've set a private, quiet space, and it is active. - Choosing an appropriate time, arranging privacy, and deliberately entering into a calm one-on-one interaction are fundamental to being able to creating that space.
<p><u>Provide calming environment</u> Ensure that clinical encounters occur within as soothing and settled an environment as possible.</p>	<ul style="list-style-type: none"> - ... creating an atmosphere and reinforcing that in the person is important to bring them down emotionally, so they can become calm and relax. - For me, if I have control over the situation, I will try to set the stage in terms of calmness.
<p><u>Assure confidentiality</u> Reassure clients that within certain limitations, what they say will not be further disclosed or shared.</p>	<ul style="list-style-type: none"> - It is really important when you're laying the foundation of a good clinical relationship to speak to confidentiality and the limits of confidentiality and what notes you might take, and what might be shared with the team. I find that it is about creating that safe space...
<p>AB <u>Therapeutic humility</u> Therapeutic approaches that implicate personal characteristics of the clinician; these approaches reflect a trust in the process, despite uncertainty about where the clinical encounter may lead.</p>	
<p><u>Do not avoid emotion</u> Be able to remain in an emotional space with clients, rather than diverting the focus to areas that might be less evocative.</p>	<ul style="list-style-type: none"> - We are not there to put a lid on their distress. In a social setting, the response to distress is, 'You're going to be OK. It's going to be alright. Don't let it get to you.' Those can be seen as attempts to be helpful; however to most help a client, we must go in with a mind that is open to letting it be said and not shutting it down. - The people who I see will tell me, 'I'm dying,' and I've heard people say, 'You didn't seem overly shocked by that.' The sense I got was that there were people in their care team or in their family who <i>were</i> overwhelmed by the news. (But they say,) 'This was something that you could handle, and you could help me handle it as well.'
<p><u>Tolerate clinical ambiguity</u> Be emotionally and cognitively flexible enough to deal with situations that are uncertain or are in flux, in which the correct answer or direction to take is not always clear.</p>	<ul style="list-style-type: none"> - The ambiguity is allowed to be, which in turn allows the subtleties of language to allow the client eventually to get in touch with what is troubling her. It all starts with the clinician's tolerance of ambiguity. - I have an expanded tolerance for very strong emotions, an expanded tolerance for ambiguity, an expanded tolerance for mystery.
<p><u>Be able to explore difficult topics</u> The ability and willingness to delve into and confront challenging issues.</p>	<ul style="list-style-type: none"> - You may ask yourself, 'Can I meet this person here and hold their thoughts and feelings with an open hand and not feel like I want to run from the room?' - I think the simple fact that you are exploring, caring, asking relevant questions helps the patient to progress. I think people feel guilty. 'What have I done to deserve this?' We can reassure them. It is not that you have done anything to merit this illness, but talk to me about why you are feeling guilty.

<p><u>Accept and honour client as expert</u> The ability to acknowledge and accept that the client has values, preferences, and self-knowledge, which must be respected as part of the therapeutic process.</p>	<ul style="list-style-type: none"> - What is critical is to honour that the patient is the expert in the experience of their condition. It is only in doing that that our expertise is of any value at all. Our job is to draw out their expertise about their condition. They know the way through, and we help facilitate that. - At the very end, I think it's a wonderful grace to realize that each one of us knows how to die. Our spirits know how to do this as naturally as being born. And to help a patient realize that, I find that experience very liberating, empowering. To see that look on a person's face, a mixture of astonishment and grief that they don't have to figure that part out. Their body knows how to do this. Their spirit knows how to do this. One patient said, 'so there's not a lot of homework that I have to do?' And I said, 'the bulk of the work is going to take care of itself, and you're going to be able to do beautifully, as long as our medical staff can help you be comfortable, and all of us can help you feel emotionally and psychologically like you are held.' There is great release in that.
<p><u>Be a catalyst for therapeutic change</u> Instigate or set in motion for the client the possibility for emotional growth, insight or adjustment and/or accommodation.</p>	<ul style="list-style-type: none"> - I often think of the client as the agent of change, but it is through our work and the interactions with them that we can serve as a catalyst for their change in the work that they are doing. - I believe that a therapist can feel more empowered in realizing they are a catalyst for healing and change in the patient, that the patient is the agent of change, and you are a catalyst, an enzyme that comes in... and makes the chemical reaction happen. That enzyme isn't involved in any way with the chemical reaction, but without the enzyme, the chemical reaction doesn't happen. I see a therapist like that.
<p><u>Trust in the process</u> Maintaining the expectation that even in the absence of obvious answers or specific measures to be taken, the engagement between the clinician and client has the potential to yield therapeutic benefits.</p>	<ul style="list-style-type: none"> - The fact that many of the issues you are asked to face with your patient are unanswerable requires a great deal of trust to be placed in the therapeutic process with a belief that in staying with your patient, something positive eventually will occur. - In the best situations, I might be aware of a sense of space, or openness, or awe, or expectations that something good is going to arrive in the moment. That sense that I am with someone, and I don't know what is going to happen, but I trust that something good will come. I don't mean that in a Pollyanna-ish way, but there is something that will arise in the fullness of time.
<p><u>'Sit with' client emotional distress</u> The ability to withstand and be with the client in their time of intense emotional anguish.</p>	<ul style="list-style-type: none"> - When I am able to sit with my client, it is an opportunity to love that person. For me it is a mirror of my humanity. I know that when I leave this office, this (illness) is not my reality. But one day, it could be me in that chair. It's a paradox for me. It could be me but today it's not. It gives me an opportunity to extend love to my client. Once I understood that, it allowed me to better sit with them. - I try and pick a time when I can sit with the patient and be present with the patient, just giving and opening up space, giving permission to the patient to talk about some very difficult things, and letting them know there are very few things they could say that would shock me or that they can't open up and talk about. It is wide open.

<p><u>Avoid urge to have to fix</u> Refrain from feeling responsible for solving clients' problems.</p>	<ul style="list-style-type: none"> - I started to learn to unhook myself from the idea that I had to fix it for them. Working in medical setting - that is very much what the other disciplines do. They fix it. But we don't fix it. As psychosocial specialists, sometimes we do not fix it. We are there to be in the process. - You have to be able to experience deep sorrow, deep sadness, and deep regret without wanting to fix it or change it. Just acknowledging it and validating it. Our work is tolerating it. Being able to still be there when they are really, really, really sad and distressed.
<p><u>Model healthy processing of emotion</u> Show, by way of example, how to respond to and work through emotionally laden issues.</p>	<ul style="list-style-type: none"> - Last week I had a patient whose husband is dying, and she is heart-broken. It is just sitting there, not moving into problem-solving. You're experiencing that gut-wrenching pain with her, as well as staying with it, not throwing up your defences, experiencing it, letting it in. I am modeling a healthy expression of emotion. - People crying will apologize for their tears, and modeling is about showing them that it has nothing to do with their strength or character. It is a normal expression of emotions. You are a container of those emotions, and you can model the healthy processing of those emotions.
<p>BC <u>Therapeutic pacing</u> Clinical approaches that implicitly enhance safety within the therapeutic space; these approaches set the clinical tempo and modulate—based on client need—between emotionally containing and evocative strategies.</p>	
<p><u>Listen attentively</u> Attend closely and without distraction to what is being said, thus encouraging clients to express themselves fully as a means of coming to understand what they are trying to say.</p>	<ul style="list-style-type: none"> - So you start listening and acknowledging what the person is trying to say, and you're trying to understand. That is a big piece, trying to understand what it is like for them. - Creating a connection or a safe space, where clients' painful emotions can emerge and be expressed, can often be achieved by simply listening to their story. - Helping the client is partly a function of listening to what she says and with a clinician's intuitive ear, helping her understand the root of her distress and allowing her to express her anger.
<p><u>Hold or ground client</u> Helping clients to keep their emotions and reactions within the range of their current tolerability.</p>	<ul style="list-style-type: none"> - To hold someone, you have to have your feet planted on the ground and your arms need to be empty. - The first time I meet someone in distress I try to provide that nonverbal, emotional, human connection that the person can trust, a grounding technique. The person comes back into their body, not into their mind, but their body. I ask them to take a few deep breaths and let them lead the way to where they want to go it is creating that environment of safety.
<p><u>Keep client in the here and now</u> Have clients focus on their immediate current circumstances, as a way of trying to alleviate distress about the future.</p>	<ul style="list-style-type: none"> - I might say, 'what are the things that you know right now?' 'What are the facts that you know right now?' She is still an active mother; she is able to do certain roles in the house. I focus her on getting through today and not going so far down the road. - It is that encouragement to stay and think in the moment and to help them deal with their daily activities, because they worry so much about what may happen in their future. For a lot of people, it seems to have an effect. It brings them back to the concrete (present).

<p><u>Maintain slow pace – don’t rush therapy</u> Purposely keeping the speed of therapy unhurried, so as to allow clients to relax and explore issues and distress at their own speed.</p>	<ul style="list-style-type: none"> - Sometimes I want to slow the person down. If the emotional safety hasn’t been created because they are overwhelmed, I will say, ‘this will take time for you to feel comfortable with me.’ - If a client is highly agitated and there is a lot of emotional response from them, it may be beneficial to slow them and the therapy session down. - When people are really overwhelmed, there is a sense that you want to slow things down for them and deal with one thing at a time. They have identified their most important issue, the reason for the visit, and I just want to focus on that with them. I just want to stay there with them. It is more slowing things down. Part of that is helping them to gain some measure of control.
<p><u>Encourage clients to talk about fear and distress</u> Help client to engage in discussing issues that may be frightening or upsetting.</p>	<ul style="list-style-type: none"> - You explore what the experience is for that person. You help them to describe their experience, and each time they say something, you help them to go deeper. As they describe the emotion and articulate the experience, they get some insight, and something new comes from that. - Here they have space to talk about it. We can talk about their fear and sit with it a little more, and put some words to it. So they don’t have to use all this energy to keep themselves together for other people. So I’ve been using expressions as a doorway to go in to areas they wouldn’t normally talk about.
<p><u>Normalize and validate client experience and distress</u> Confirm that within the given circumstances, the clients’ feelings are acceptable, expected, and normal.</p>	<ul style="list-style-type: none"> - A big part of it is working with the patient to normalize it for them. What they are experiencing is real, and they don’t have to pretend that this is a fun ride. - ... validate where the patient is at. If the patient is coming in saying, ‘my family thinks I am crazy’ or, ‘my family thinks this,’ and then you are able to kind of normalize where they are at. So that is a piece of it. - A part of the healing work I do with my patients, some people use the term validation, but I use the term normalizing the experience and the distress. - I will make statements like, ‘this is a very common experience for people who are providing care for their loved one.’ When people come in, they feel like they are not handling things well; in fact, they are experiencing really typical reactions to a long-term care giving situation.
<p><u>Use skilful tentativeness</u> Help clients articulate their thoughts and feelings, by offering a purposely hesitant re-wording of what they are saying, allowing them to then clarify and expand.</p>	<ul style="list-style-type: none"> - If you can convey in a few words what the patient is feeling I think it is quite reinforcing. If I have a sense of it I will offer that as a tentative hypothesis. - ‘I think I know what is going on here...’ You test it out, and the response from the client tells you whether you are on target or not, and then there is a dance to adjust.

AC <u>Therapeutic presence</u> This refers to characteristics of the clinicians, which fosters the creation of a safe therapeutic space.	
<u>Being compassionate and empathetic</u> Show clients kindness and concern, indicating that their circumstances are understood and eliciting a wish to provide comfort.	<ul style="list-style-type: none"> - Compassion is a very active presence that does fully engage with the other person's experience. So in being compassionately present, I'm not waiting for anything to happen. It's all happening, and I'm just staying with it. - ... I often speak with colleagues, and they say it's in those moments (when you're) feeling anxious or doubting yourself, or wondering what the client's thinking about you, or where you're going with this client, that you're feeling deeply empathic and compassionate for your patient. Perhaps it's that confidence to be able to explore with the patient where you're both at in that moment, to try to hold that presence, that compassion. - The very first step to being empathetic... is to have a genuine interest in other people, to want to hear their story. - I think that empathy is being with them, feeling with them, as opposed to sympathy, which is feeling sorry for them.
<u>Being respectful and non-judgmental</u> Keep an open mind and accepting attitude while demonstrating positive regard towards clients.	<ul style="list-style-type: none"> - She knew she could say anything to me. There was a basic respect and a willingness to explore any of the main concerns that she had, whatever they were, at any point in time, and we would try to work through that. - I say a lot, 'you can bring in whoever you are today, and that it is okay in this space.' - For me it is more about me being open, or respectful, or mostly listening, and not talking much, so that the other feels safe to invite me in to their existential moments of contemplation or angst, as they try to find their way in and out of something.
<u>Being genuine and authentic</u> Enable therapeutic work by being honest and sincere with clients.	<ul style="list-style-type: none"> - The clinical task is a combination of listening, creating a safe space, and resisting withdrawal or redirection. This genuine presence creates a space for clients to reflect, feel, and give voice to their pain. It also acknowledges the requisite task of clinicians to tolerate the most profound of emotional expression, without shrinking from it or pushing patients towards something less painful. - Part of being human is expressing feelings in a genuine way ... - When I find myself really interested, then it is easier to get lost in their world, and I think that is conveyed ... if I am generally interested, that in itself is affirming. It is a valuing of, 'I really what to hear what you have to say.' And I think that is the affirmation.
<u>Being trustworthy</u> Enable therapeutic work by being consistent and reliable.	<ul style="list-style-type: none"> - We have the honour of eliciting someone's trust in the most fragile aspects of their life. I think that is inherently just a pretty amazing opportunity. So that is what makes it meaningful for me.
<u>Being fully present</u> Be completely attentive to clients' needs.	<ul style="list-style-type: none"> - My attention is solely on that client, paying very close attention to the narrative they are offering and kind of dancing with it. I almost think it is like a flow that you get into. In sports they use the term 'the zone' when the person seems to be doing things really effortlessly and scoring at will. I think for myself, that is when counseling sessions seem to be very productive. - I am learning to appreciate what is offered to the client by just being present. In the past it was a feeling of helplessness I use to feel. Now it is an appreciation for what is being shared.

<p><u>Valuing intrinsic worth of client</u> Maintain a genuine appreciation for patients' inherent qualities and strengths, even when these are overshadowed by illness and distress.</p>	<p>- As a potential patient I would not want my identity to be lost, and that's where the dance truly comes in. I would want to be respected and nurtured and allowed to be truly who I am, and have the clinician be able to be present with me in the whole of who I am.</p>
<p><u>Being mindful of boundaries</u> Place limits on professional duties and responsibilities—and emotional involvement—so as to remain therapeutically effective and sufficiently objective.</p>	<p>- I had a difficult patient encounter. I was very tense, and I had this internal dialogue as the tension in the room was building, and I was saying to myself, 'okay, but this is their stormy sea, and I'm just floating in their stormy sea,' and using that self-dialogue to help me through the difficult encounter.</p> <p>- One way to know if you are over empathizing with patients is if you are taking them home with you at the end of the day.</p> <p>- ... sometimes when we are overly involved with empathizing with patients, and we care more than we should, we get much more fatigued or burned out more easily. So there is a line there, and it is not always clear where that line is, that boundary where we have to protect ourselves from getting too overwhelmed with all of the emotion.</p> <p>- There are certain clients that impact me, their situation, their age, their circumstances, and I take that as a signal that I have to work extra hard to not let that interfere. I need to be aware of that happening, and need to be on guard for it.</p>
<p><u>Being emotionally resilient</u> Have a sense of psychological strength or centeredness, in order to withstand the distress and anguish clinicians bear witness to.</p>	<p>- It's a source for growing. I see it, especially when we talk about resilience, it's like you don't become an athlete without exercising. It's hard, it's dull, and you have to sweat. That's the same thing. We are in this thing, and we do our best, and I think we come out with something.</p> <p>- Witnessing vulnerability makes me aware of my vulnerability, but witnessing that resiliency gives me greater resiliency in my life, as me, and as a counsellor therapist.</p> <p>- I think when we work with people who are facing mortality every single day, that has an impact. It has changed how I see my life, the resiliency I have witnessed, and the tragedy I have witnessed. I can't believe that hasn't changed me in some way.</p>
<p>ABC Optimal therapeutic potential By skilfully combining elements contained within each of the domains, clinicians are able to achieve optimal therapeutic effectiveness.</p>	