

Enhancing Resilience:
Concrete examples on
stress adaptation to help
ourselves and our
patients

Cara Zimmerman, MD
Morning Report 3/11/20

The background features a white space with several colorful circles and dashed lines. In the top left, there is a large teal circle with a white center, a smaller teal circle, and a dashed teal circle. In the top right, there is a large lime green circle, a smaller green circle, and a dashed green circle. In the bottom left, there is a large green circle with a white center, a smaller yellow-green circle, and a dashed yellow-green circle. In the bottom right, there is a large yellow circle, a smaller orange circle, and a dashed yellow circle. A large dashed teal line curves from the top left towards the bottom right, passing behind the text.

Concepts in this
talk have been
adapted from

The Fifteen Minute Hour: Therapeutic Talk in
Primary Care (Stuart & Lieberman)

A decorative graphic featuring a large dashed white circle. Inside and around this circle are various colored shapes: a large teal ring at the top, a blue circle with white quotation marks, a large yellow-green circle at the top left, a small green circle with a white dot, a blue circle, a large orange circle at the bottom left, a small pink circle, a large yellow circle at the bottom left, a large yellow circle at the top right, a small pink circle, a large orange circle at the bottom right, a large yellow-green circle with a white dot, and a small teal circle.

“

"The physician serves as the expert on **disease**, whereas the patient experiences a unique **illness**. Even when the patient's and the physician's socio-cultural backgrounds are similar, substantial differences may exist because of these separate perspectives (Ann Intern Med 1999)."



The BATHE Technique

- **B – Background:** What is going on in your life?
- **A – Affect:** How do you feel about that?
- **T – Trouble:** What troubles you the most?
- **H – Handling:** How are you handling that?
- **E – Empathy:** That must be very difficult.

Three Step Problem Solving

What are you
feeling?
(Label the
actual feeling)

What do you
want?
(Specifically
state your
goal)

What can you
do about it?
(Focus on
what you can
control)

Big concepts



“Assumptive Map” & “Brain Plasticity”



Assumptive Map + Brain Plasticity

- ◎ Individual mental representation
- ◎ We record “our story”
- ◎ We can change this story!
- ◎ Positive experiences can cancel “previously negative programming”



Allostasis

- ◎ Definition: “Process of stability through change”
- ◎ Can become affected by chronic stress

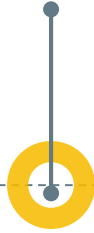


“Tilt”

- ◎ Definition: “Strong sense of internal pressure + feeling off balance”
- ◎ Goal of therapeutic talk = restore someone’s equilibrium

“A cry for help”

First: a wish to be helped



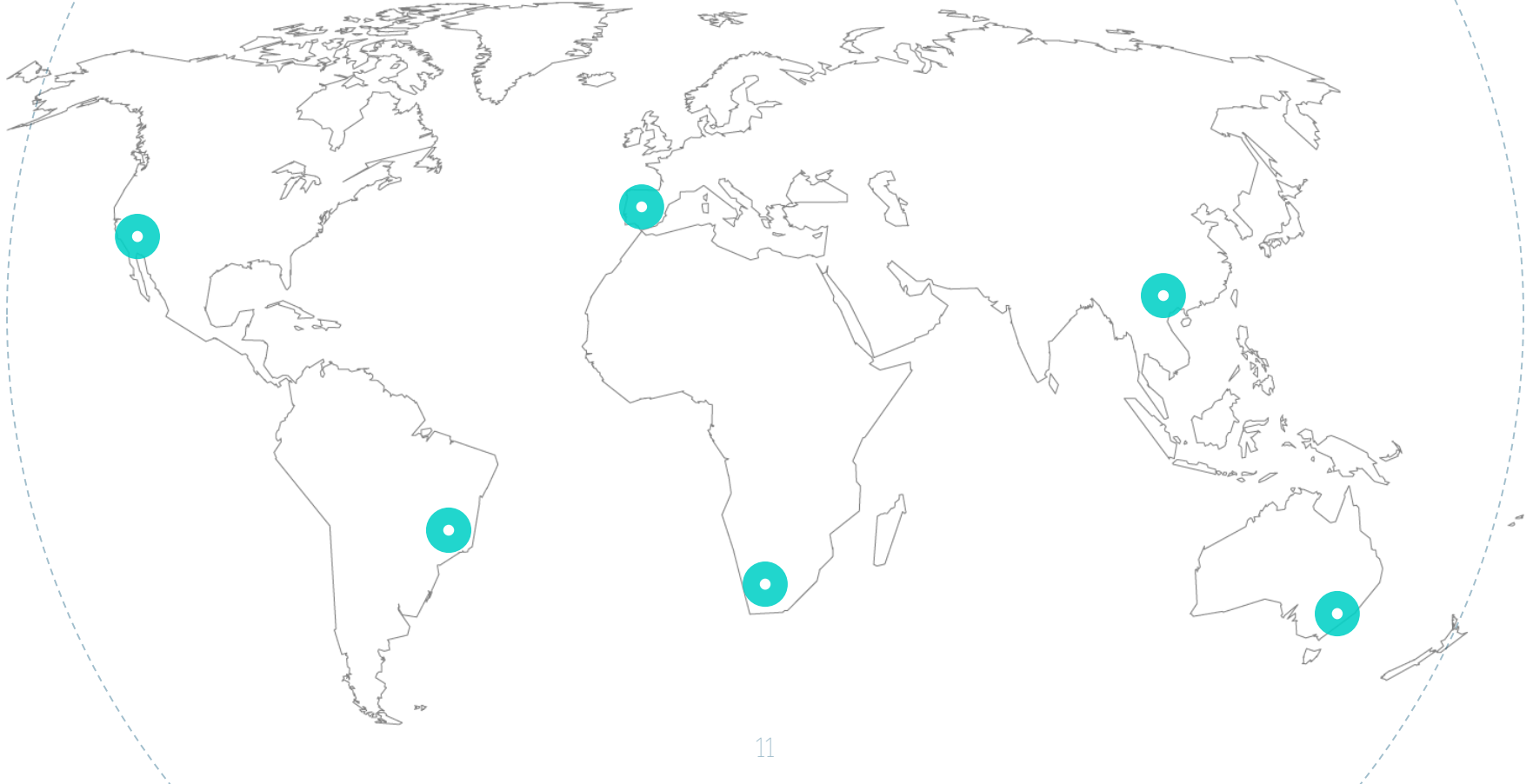
Second:
signal out to
the
environment
(illness)



Third: our
therapeutic
intervention



“We never live in the world proper, but we create our map of the world” (Angyal)





We have 2 maps of the world

Healthy Map

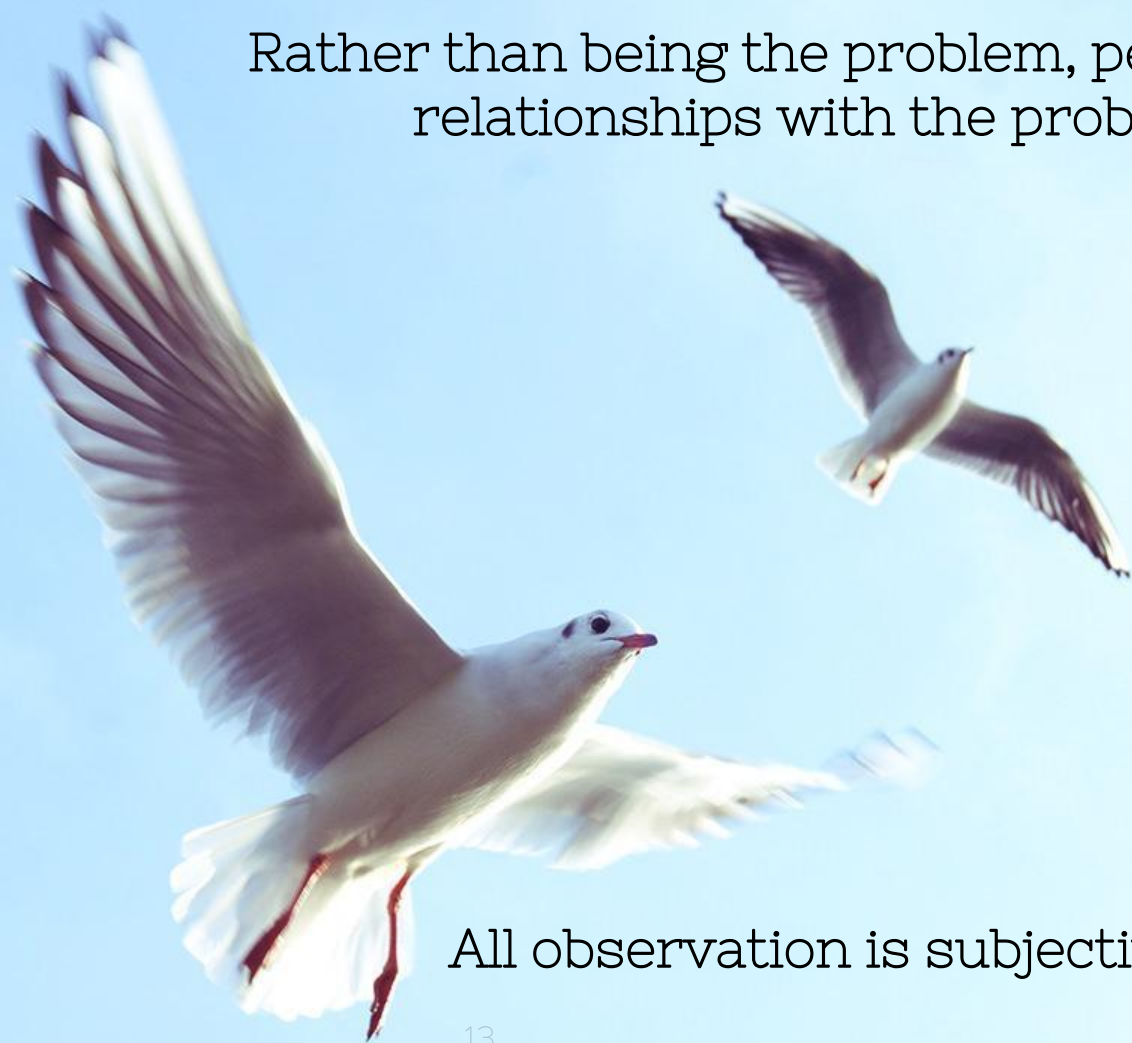
- ◎ Feeling competent & connected to others

Neurotic Map

- ◎ Feeling incompetent, rejected, or resentful

The data processed by these 2 maps is identical!

Rather than being the problem, people have relationships with the problem.

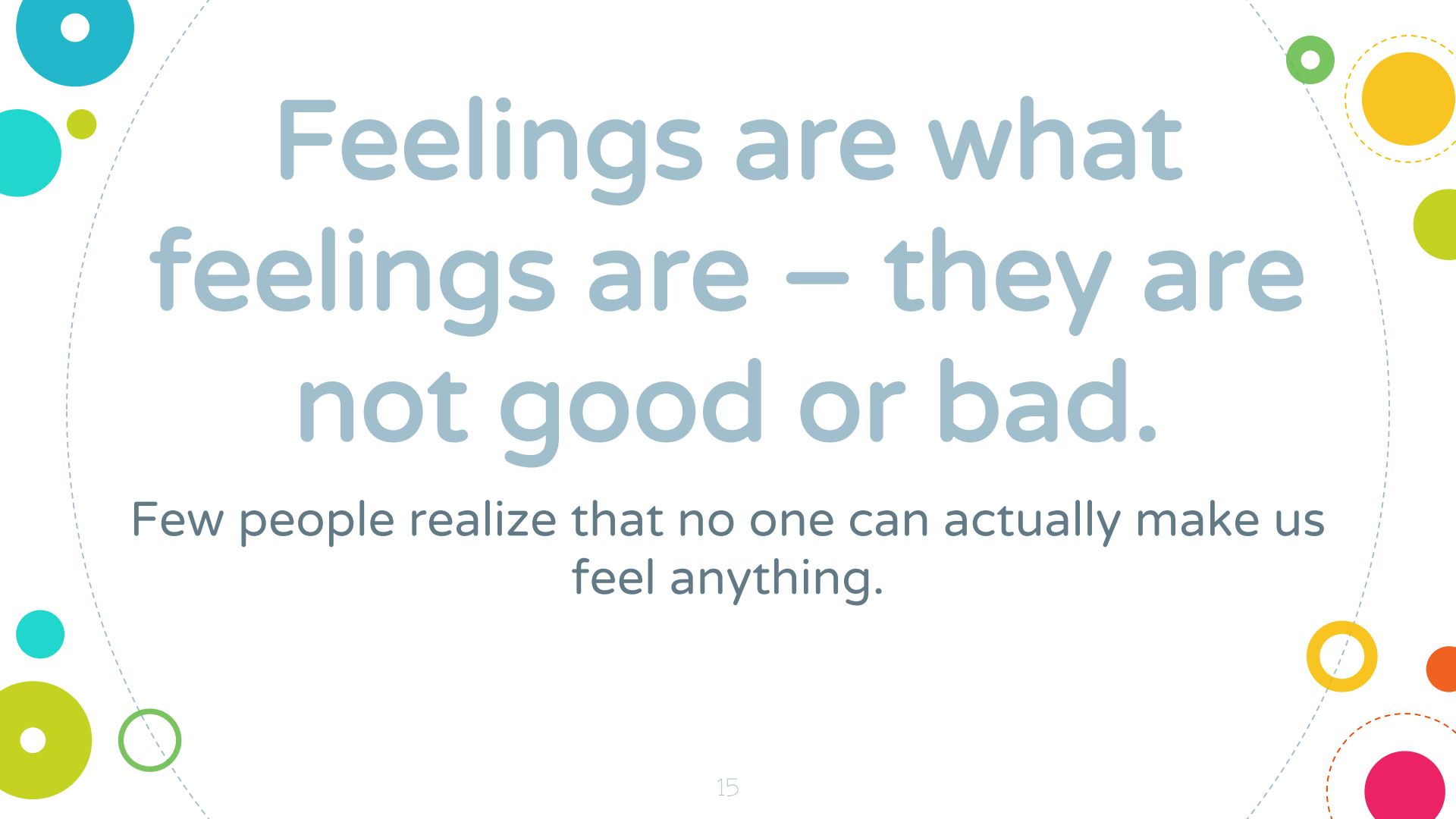


All observation is subjective.

A decorative graphic consisting of a large, light blue dashed circle that frames the text. Scattered around the perimeter of this circle are various smaller circles in different colors: teal, light green, yellow, orange, and pink. Some of these smaller circles are solid, while others are hollow or have a dashed outline.

The patient is the one with the disease

They get to decide what, if anything, they want to
do about it

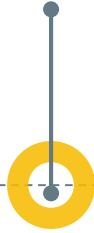
A decorative graphic featuring a large, light blue dashed circle that frames the text. The background is white. Scattered around the dashed circle are various colored circles: teal, yellow, green, orange, and pink. Some circles are solid, while others are hollow or have dashed outlines. The overall style is modern and clean.

Feelings are what
feelings are – they are
not good or bad.

Few people realize that no one can actually make us
feel anything.

Challenge negative thoughts

What is the evidence?



All right, what if that does happen?



What is another way to look at the situation?





Challenge Generalizations

“Everyone is smarter than you? Every single person?”

Ask for Clarification

“I’m not good enough.”
“In what way are you not good enough?”

“I” Statements

“When I make dinner and you don’t come down when I call for you, I feel angry.”

The Power of the Word

“YET”



Whenever a negative statement is made, the caregiver can edit the statement by inserting the word, “yet.”

When you use “yet,” You Empower Them



Positive
expectations can
become self-fulfilling
prophecies.

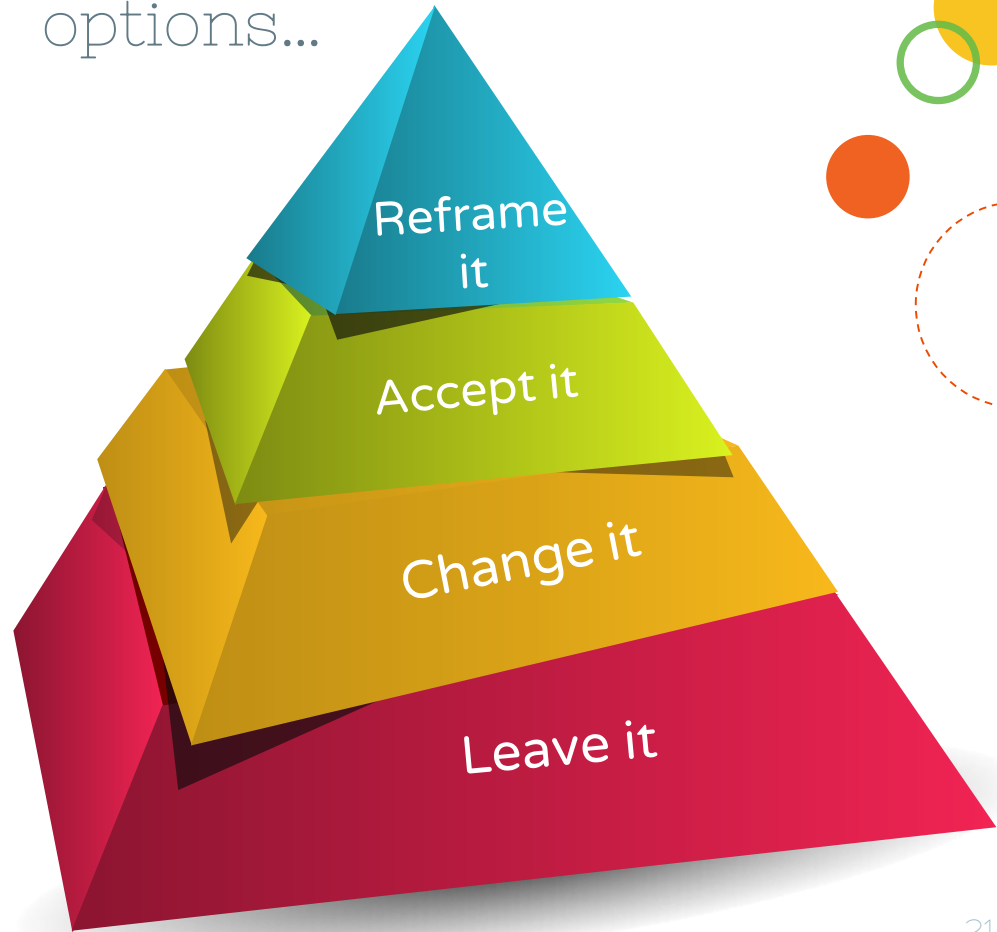
Total success!



Give patients instructions to be kind to themselves

- ◎ Sends the message that “You are important. You must be a priority for you.”

In a bad situation, there are 4 options...





The smaller the better!

- ◎ Break down into tasks
- ◎ List 3 good things that went well each day
- ◎ “What’s your greatest accomplishment?”



Three Step Communication Approach to Respond to and Change any Patient's Behavior

It's alright to be where you are.
I accept you.



You are making choices that have some meaning for you.



However, there may be more constructive choices that you can make.

Any improvement project has a SMART aim



Specific

Manageable

Achievable

Relevant

Timely



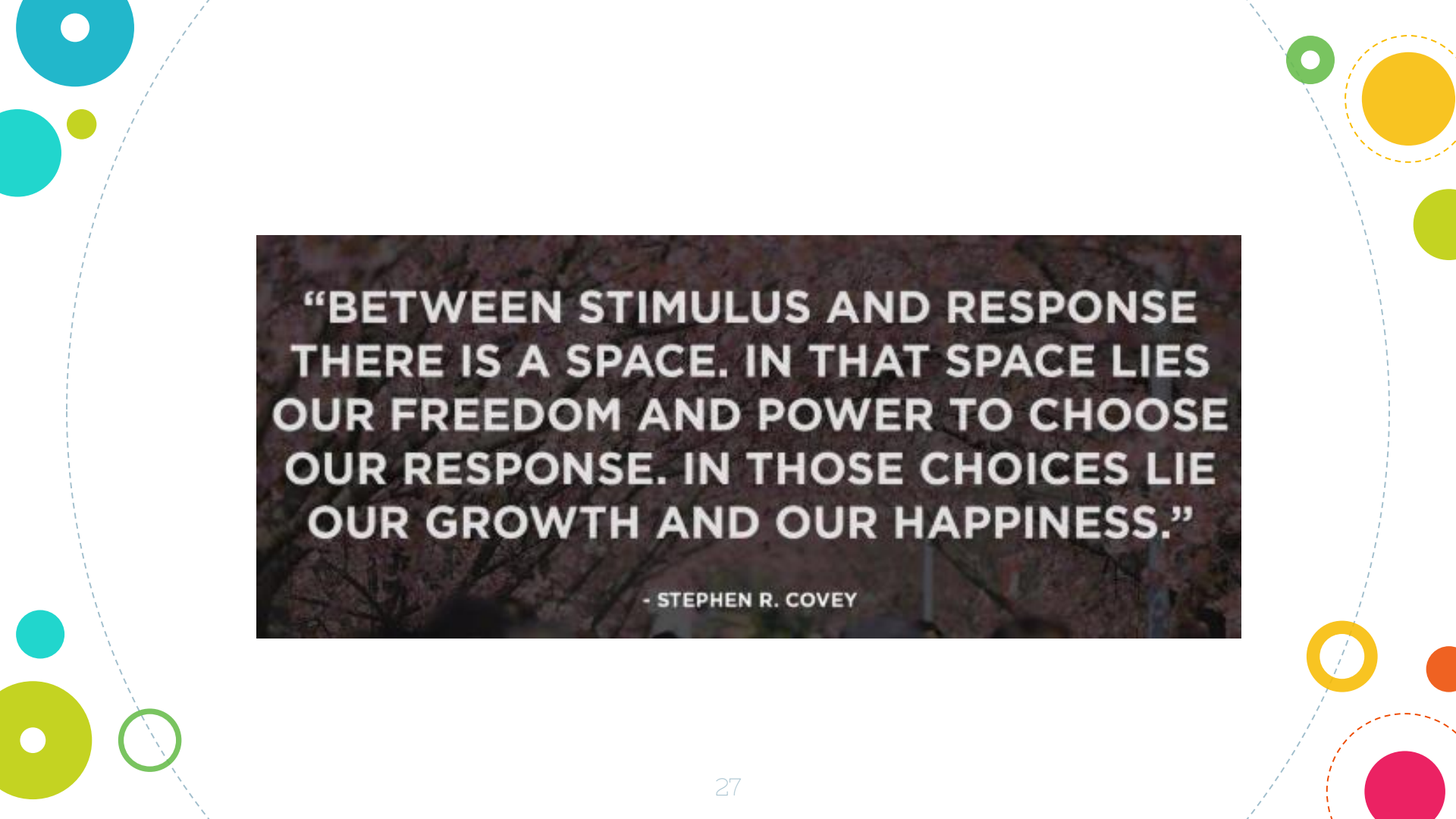
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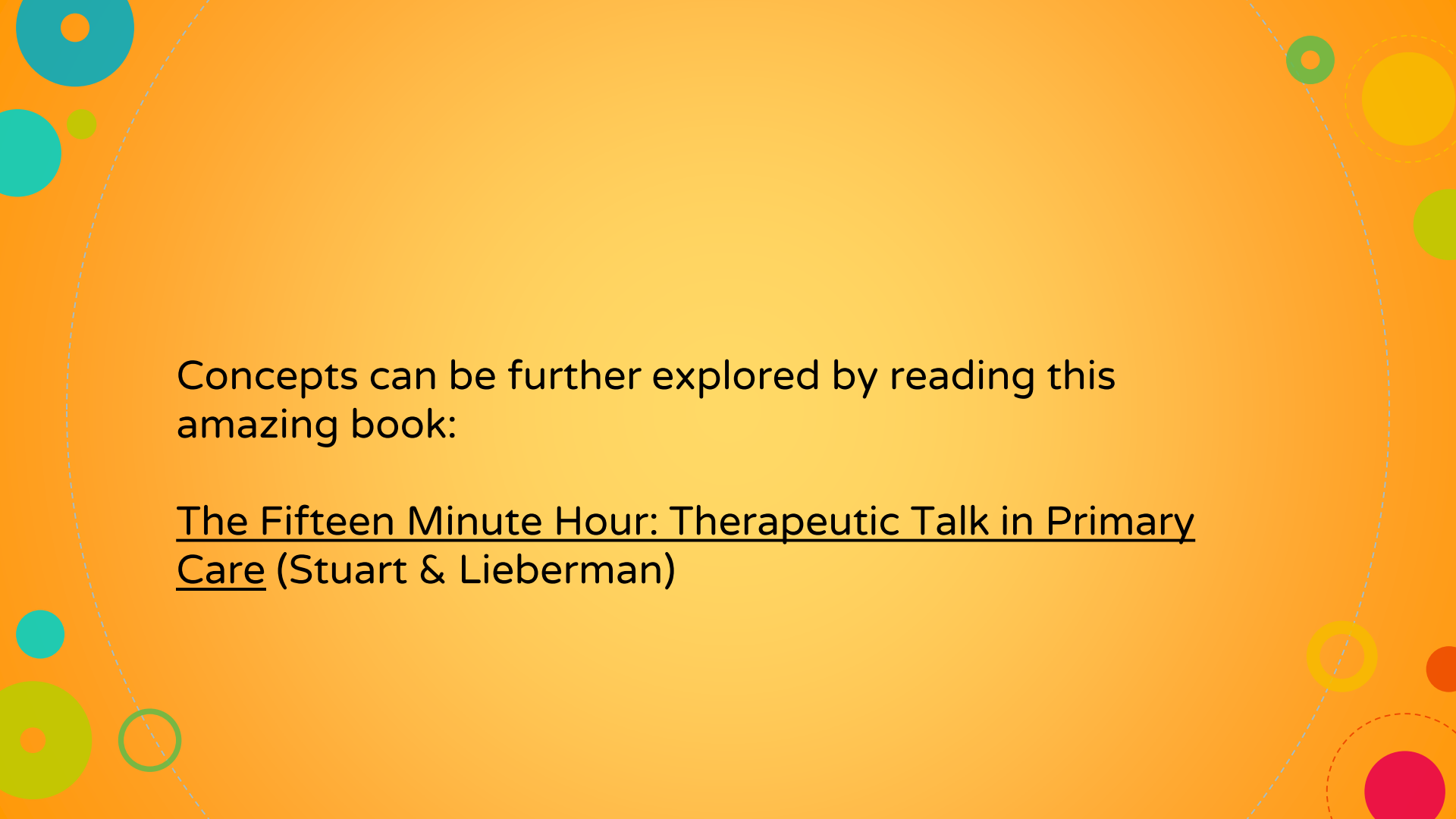
The Positive BATHE Technique for Frequent, Routine, Chronic Care, or Follow-up Patients

- **B – Best:** What’s the best thing that happened to you this week? Or since I last saw you?
- **A – Affect/Account:** How did that make you feel? How do you account for that?
- **T – Thankfulness:** For what are you most grateful?
- **H – Happen:** How can you make things like that happen more frequently?
- **E – Empathy/Empowerment:** That sounds fantastic. I believe that you can do that.

A decorative border surrounds the central text, consisting of a dashed light blue line and several colorful circles in shades of teal, lime green, yellow, orange, and pink.

**“BETWEEN STIMULUS AND RESPONSE
THERE IS A SPACE. IN THAT SPACE LIES
OUR FREEDOM AND POWER TO CHOOSE
OUR RESPONSE. IN THOSE CHOICES LIE
OUR GROWTH AND OUR HAPPINESS.”**

- STEPHEN R. COVEY



Concepts can be further explored by reading this amazing book:

The Fifteen Minute Hour: Therapeutic Talk in Primary Care (Stuart & Lieberman)

Thanks!



Any questions?

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