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During the end of a pet's life its owner is often in emotional turmoil over how to feel and what to do. A veterinarian can alleviate some of this grief by effectively communicating during a terminal diagnosis and end-of-life discussion. Effective communication includes acknowledging the unique human-animal bond between client and pet, the grief cycle of humans upon the death of a loved one, and the cultural differences between clients. In a comprehensive review of the current literature regarding these topics, the following key points emerged:

- The veterinarian's role of collaborator is beneficial in accomplishing effective communication.
- The SPIKES model is essential to induce a comforting atmosphere for the client.
- When a veterinarian is aware of the Kubler-Ross Grief Cycle they are better equipped at supporting their client through a loss of a pet.
- Acknowledging whether their clients come from a high vs. low context culture, what level of power distance, and what level of uncertainty avoidance is needed can enhance the veterinarian's ability to keep his/her client comfortable during a difficult conversation.

When a client is comfortable they can identify their emotions, voice them to their veterinarian, and give their veterinarian a chance to help them through emotionally-charged conversations.

Key words: veterinary communications, grief cycle, human-animal bond, multicultural communications

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A Comprehensive Guide to Effective Communication between Veterinarian and Client:
From a Terminal Diagnosis to an End-of-life Discussion

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I understand that my project will become part of the permanent collection of Oregon State University, University Honors College. My signature below authorizes release of my project to any reader upon request.

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A Comprehensive Guide to Effective Communication between Veterinarian and Client: From a Terminal Diagnosis to an End-of-life Discussion

Introduction:

Veterinary medicine is evolving at a rapid pace for two central reasons; medical advancements and the increase in the human-animal bond (HAB) between owners and their pets. Both of these aspects account for why clients have increasing expectations for veterinarians who care for their pets. Some medical advancements include laser surgery, endoscopy, ultrasound, echocardiography, and Magnetic Resonance Imaging (MRIs)¹. The impetus for going to these extra lengths for pets is often due to the bond clients feel with their animals. Studies have shown that “95% of companion animal guardians regarded their pets as friends and 87% of respondents considered their companion animals members of the family”². If owners see their pets as family members there is a need for veterinary treatment options that mirrors human medicine treatment plans. The increasing opportunity for pets to live longer is now there and this only increases the human-animal bond.

With this increased investment on their pets’ lives, owners experience a deeper pain and sadness when their beloved pet does eventually die. Specifically, “70% of owners are affected emotionally and 30% have severe grief after death of pet, while 50% of clients have grief over euthanizing (pet)”³. Veterinarians have a unique opportunity to help relieve the grief an owner experiences when their pet dies. Effective communication

plays an important role. The definition of effective communication is, presenting what you have to say in a way that conveys the message you intended to send and likewise to ensure that the message you receive is what the sender intended for you to hear. In a sensitive situation, such as when a veterinarian is giving the news of a terminal diagnosis or talking to the client about an end-of-life decision, communication between veterinarian and client can get very confusing due to the highly stressful and emotional atmosphere.

Effective communication in veterinary medicine requires that the veterinarian is transparent in describing what is to come when a terminal diagnosis is made and euthanasia is near. At the same time an owner needs to be vocal on their expectations and feelings about the current situation. To help facilitate this open line of communication, a strong working relationship needs to be in place between veterinarian and client.

This relationship has its roots in the acknowledgement of the specific HAB the owner and pet share, the acknowledgement of the grief cycle that humans experience, and the awareness of cultural differences between veterinarian and client. If each of these components is taken into consideration then respect, support, and empathy may be expressed. A strong relationship can be fostered and a more peaceful outcome of a pet's terminal diagnosis can be achieved.

Not only is effective communication during a terminal diagnosis and end-of-life conversation beneficial to the owner but it is also beneficial to the veterinarian as well. If a veterinarian can relieve some of the grief a client feels upon hearing bad news about their pet, then the veterinarian can also feel the relief. Also, the basis of a successful practice is that clients view their veterinarian/veterinary team as caring, compassionate,

and respectful. This can be achieved through effective communication where the client feels they can speak up and be heard. Also, many clients report that they are more concerned with how they and their pet are cared for than if their veterinarian can cure their pet⁴. Effective communication conveys empathy which can help show concern for both client and patient/pet.

Effective communication can also increase the adherence to veterinary recommendations and ensure correct administration of medication, proper home care, and appropriate follow-up exams⁶. During the end of a pet's life these are all very important aspects of their treatment plan and if the client feels they have a connection with the veterinarian, there will be a better chance that these aspects will be followed. Effective communication between veterinarian and client will foster this connection.

Thesis Statement:

Effective communication from a terminal diagnosis to an end-of-life conversation and euthanasia needs to involve acknowledgement of the specific human animal bond in the particular situation, the psychological grief aspects of death, and the cultural background of the client.

The Impact of the Human-Animal Bond:

An important aspect of effective communication between veterinarian and client is the veterinarian's acknowledgement of the unique human-animal bond that exists between the client and their pet. A veterinarian should be aware of this bond from the beginning of the working partnership with the client. The client also needs to be forthcoming in showing or telling the veterinarian what their pet means to them. If the bond is apparent, then appropriate treatment plans can be put into action and appropriate levels of support can be given to the client upon euthanasia of their pet.

Recently, the human-animal bond has been an active field of research because people are more conscious of our evolving views of animals. For example, "Pets are given anthropomorphized behaviors, companion rather than utilitarian roles, their communication signals are easily misinterpreted, and their living conditions are more human like"⁴. Terminology has changed from pets to companion animals because "pet" implies ownership and "companion animal" signifies the friendship between person and animal⁴. This change may come from the fact "that pets enhance and stabilize their owners' lives" and they are seen as companions or friends because of this⁴. Pets give constant presence and unconditional love and they accept their owners regardless of appearance, feelings, or behaviors⁴. Consequently, pets become support systems and sometimes take on the same roles as humans would in their owners' lives.

The importance of the human-animal bond has increased largely due to the support pets give to their owners but also because of the support owners give to pets.

Owners often see their pets as having “neotenic characteristics” and owners feel they need to provide for their pets or else their pets will not survive⁴. They liken their pets at any age to babies and feel their pets are forever dependent on them. Clients have a sense of being needed and loved and this increases the HAB.

Four different types of human-animal bonds foster varying degrees of closeness. They include, “parent-child, child-parent, sibling-sibling, and advocate-best friend (bonds)”⁷.

“The key characteristics of each relationship are as follows:

Parent-child: In providing opportunities to care and be responsible for the companion animal.

Child-parent: Whereby the companion animal’s presence provides feelings of security and comfort for owners.

Sibling-sibling: Through generating opportunities for play and fun, (a) companion animal (is) likened to (a) ‘kid brother or sister’ in that owners feel responsible for the welfare and well-being of their pet.

Advocate-best friend: A relationship of equality/partnership in which owners assume the role of advocate at time of need for the companion animal”⁷.

When it is time for a veterinarian to give a terminal diagnosis or have a euthanasia discussion with their client, it is best for the veterinarian to identify which type of relationship their client and patient have. If they are dealing with a “parent-child” or “advocate-best friend” relationship the veterinarian will want to be prepared that the client may see it as their fault that their animal has come to this fate. If a “sibling-

sibling” or “child-parent” relationship is present then the veterinarian may want to be prepared for an immediate emotional response from the client. Employing softer, more compassionate language may prove to have a better outcome in these situations.

The varying relationships between clients and their animals will result in different responses upon the animal’s death as well. For example, a client with a “parent-child” relationship may feel guilty about the death of their pet. On the other hand, a client with a “sibling-sibling” or “advocate-best friend” relationship may feel grief that is rooted in the fact that now the person has a large void in their life where the support system and camaraderie was that the deceased animal provided. A “child-parent” relationship will also invoke a different kind of emotional response from the client upon the death of his or her animal. The client will lose the sense of security and comfort that their pet gave them and the grief they feel will stem from this. This person could be a good candidate for a pet loss support group. With each of these relationship dynamics in mind, a veterinarian can better understand where their client’s grief is coming from and be better equipped at supporting them through the loss. Regardless of which relationship the owner and pet have, the HAB is still strong and the loss will still be felt.

It should not be forgotten that the human-animal bond can also occur between large animal owners and their pets. It will be very similar to a small animal HAB when the large animal is thought of as a companion animal but food animal owners can also have HAB with their animals. This HAB is most often based on the economic impact that the food animal has on their owners’ lives. Therefore, when a food animal dies a veterinarian still needs to be compassionate and ready to support their client because the economic repercussions could have a huge impact on the owner’s life.

The principles stated above are central to a bond-centered veterinary practice. A bond-centered practice “focuses more on the significance of the relationships and thus acknowledges and respects them”⁵. These bond-centered practices are crucial because many clients want veterinarians to care for them and their pets more so than they want a cure for their pets⁴. In general, “bond-centered care notices the change in the human needs as the HAB is changed and gives emotional care to humans and medical care to pets”⁵.

In conclusion, the human-animal bond is a pivotal component of effective communication between veterinarians and clients. After a terminal diagnosis or a euthanasia discussion a client will feel supported and respected if the veterinarian has taken the time to acknowledge the specific human-animal bond. The veterinarian will also feel more at ease during the conversation because he/she will be prepared to emotionally help the client through the conversation.

Loss and Grief:

As discussed above, the HAB can be very strong and important in an owner's life and when an animal dies the loss is very significant for an owner. It is important that veterinarians are familiar with the impact pet loss has on an owner and also the grief cycle that humans go through when a death occurs. If veterinarians are aware of what their clients may go through then they can be better equipped to be supportive and assist their clients through their difficult time.

Types of Loss and Emotions Clients May Feel:

There are four types of loss; primary, secondary, ambiguous, and symbolic loss⁷. Primary loss is the actual loss of an animal. Secondary loss focuses on the relational (companionship) value of the animal. Ambiguous loss leaves questions in the mind of the owner. Lastly, symbolic loss is associated with the actual feelings of grief⁷. Secondary loss and ambiguous loss can both be easily associated with euthanasia cases in veterinary medicine. Many clients will miss the companionship and love that their animal gave them and they may also have doubts in their mind about whether or not the euthanasia procedure occurred at the right time for the animal.

There are many different emotions that clients will feel upon the death of their pet. Many of these emotions can be lessened by the veterinarian simply acknowledging how the client is feeling. The acknowledgement lets the client know that what they are feeling is okay. Anger is a common response to an untimely death of a pet. If the anger

is dealt with by letting the owner express their feelings and validating their response to the situation then many clients will feel better⁷. This can be as simple as saying, “It sounds like you’re very frustrated with “Sooty’s” illness, it is difficult waiting for a diagnosis”⁷, which will help a client to know that the veterinarian is on their side and willing to support them through the whole process. Confusion can be another emotion that clients may feel when a terminal diagnosis is made. The use of diagrams, speaking slowly, repeating oneself, and having models available to the client may decrease the amount of confusion they feel.

Denial is also common and part of the grieving process. When veterinarians are aware of when their clients may feel this they can be sure to convey their compassion and empathy for the situation⁷. Again, reiterating the diagnosis may allow the information to sink in again and help with the client’s denial. Silence can also help. Lastly, if a veterinarian feels that their client has become truly depressed over the loss of a pet the practice can refer the client to a medical doctor or it is useful to have a few counselors on hand to whom they can be referred. The referral needs to be discussed with the client before it is made so they are not caught off guard by the request⁷.

Blame, numbness, regret, and shock are also very common emotions around the period of time of a pet’s death. Blame, either about themselves or the veterinary team, can be alleviated when it is recognized as a common emotion⁷. The veterinary team also needs to be aware that clients may feel numb so it is not mistaken for a lack of love or affection towards the pet⁷. Regret is sometimes felt during a euthanasia decision. Clients frequently struggle with when is the right time to euthanize their pet. Owners should be encouraged to stay with their pets during the procedure to see the death and better be able

to cope with the consequences of it⁷. Shock can be expressed by owners asking for a lot of information in attempts to wrap their brain around the situation or it can manifest into silence⁷. A veterinarian should be familiar with these reactions so they know what their clients may be going through. Again, acknowledging the feeling of shock may help to bring clients back to reality.

Kubler-Ross Grief Cycle:

Once a loss has occurred clients start to grieve and some may follow the grief model that Elisabeth Kubler-Ross described. She has warned that it is not a uniform process and each individual person may feel things in different orders, for different periods of time, or skip emotions all together⁸. However, this model is still a good place to start to gauge what clients may be going through during a terminal diagnosis and end-of-life conversation. The model includes denial, anger, bargaining, depression, and acceptance⁸.

- *Denial* is the conscious or unconscious refusal to accept facts, information, and reality. It is a defense mechanism and perfectly natural.
- *Anger* can be manifested in many ways but people dealing with an emotional upset can be angry with themselves or angry with others. Understanding this can help a veterinarian stay detached and non-judgmental when dealing with a client at this stage.

- *Bargaining* occurs when an individual tries to bargain with a higher power that the person believes in. They may try to negotiate or compromise in an attempt to get the deceased back.
- *Depression* (or preparatory grieving) can be a dress rehearsal or practice run for the aftermath. It can be an acceptance with emotional attachment. It is natural for someone to feel sadness, regret, uncertainty, and fear and when a person shows this they have begun to deal with reality.
- *Acceptance* is defined broadly as an indication that there is some emotional detachment and objectivity⁸.

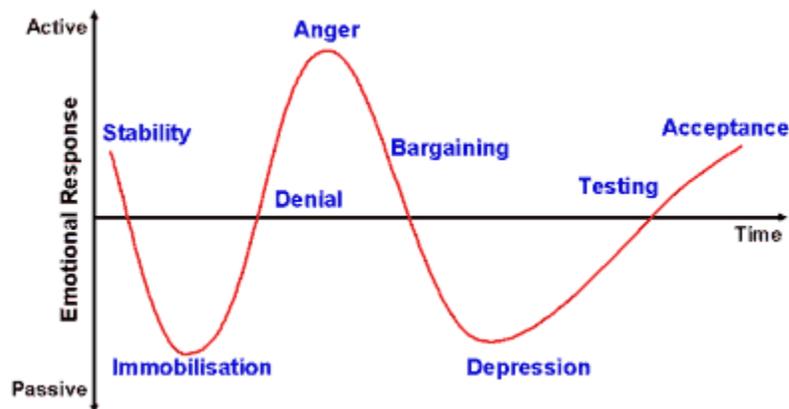


Figure 1: Graphical depiction of the Kubler-Ross Grief Model⁸

When veterinarians are familiar with these stages of grief they can monitor their clients as seems appropriate and to the degree they feel comfortable with. It may be useful to have pamphlets depicting this model available to clients so they can be aware of what may be to come.

All of these steps should be performed after the specific human-animal bond of the client and patient in question has been identified. Some clients with a weaker bond may not need the extra reading material and some clients with a stronger bond with their pet will need more assistance and possibly a referral to a counselor.

Two Common Types of Client Grief in Veterinary Medicine:

Aside from the Kubler-Ross Grief Model, there are two types of grief that clients may feel upon the death of their pets; anticipatory grief or responsibility grief.

Anticipatory grief happens when the side effects of the disease are actually seen by the client or when a terminal diagnosis is given. This is when the threat of loss or disruption of the bond occurs⁷. Veterinarians should be warned that there is no acceptable way of dealing with this kind of grief and a common solution in clients' eyes is premature euthanasia⁷. Clients that are new to the euthanasia procedure will see it as a way to end their grieving and they won't take into consideration the illness trajectory and available treatment and medication to deal with the disease⁷. To avoid this and foster informed decision making and not impulsive decision making, sensitive clear information about options and choices provided in a warm empathetic, supportive environment will help⁷. When clients are well informed about what is to come they can be active agents in their pets' care and they get their responsibility back⁷.

Responsibility grief occurs when "feeling of impotence and powerlessness over illness and trajectory of disease" occurs⁷. To help ease responsibility grief it is best to

give the clients an option of home-euthanasia and then also give them the option of having a veterinary technician who has been active in the palliative care of their pet be present⁷. Upon the death of their pet they should be given validation that it was another decision in the continuum of care for their pets and also offer verbal and written grief hotlines or groups⁷.

Indicators of Which Type of Grief a Client May Experience:

Not only are the types of grief important to know but if a veterinarian can be familiar with indicators of more intense grief than he/she can be more adept at assisting their client. More intense grief can be felt if the pet is the only one in the household, if the owner lives alone, if the pet is the last tie to a dead relative, if the pet has the same disease as one that a relative died from, if the pet was present during a difficult time and helped the owner get through that time, or if the pet was present during happy times⁹. A lesser degree of grief can be felt if the pet helped with family cohesiveness⁹. Relief mixed with grief can be felt if the pet is associated with arguments and stress⁹. Because of the above veterinarians need to gain a sense of what the pet means to the client before a loss occurs so the veterinarian can have a better understanding of how the client will react to the loss of their pet. This can be accomplished by acknowledging what type of human-animal bond the client and patient have and what kinds of things are going on in the clients' personal lives that may trigger a more profound grief response.

Veterinarians need to be aware that if owners see their caring for their pets as validation of their mastery or control of life and a sense of legitimacy then their grief could be more intense. A crisis of identity may ensue because they are not able to keep their pet healthy anymore⁹.

The loss of a pet can be very difficult for a client to go through and veterinarians have the opportunity to support and assist their clients through the emotions they feel up until and after the death. Being familiar with the types of loss and grief a client can face will make this support stronger. Also, being aware of the types of emotions and indicators of grief that a client may be showing is important because the veterinarian can better gauge how much support is needed with each situation.

Veterinary Communications:

There is a significant amount of published research about effective veterinary communication. This research relates to both wellness appointments and health problem-related appointments. It is important to acknowledge the conclusions made by this research so veterinarians have a well-rounded view of what is needed to effectively communicate with their clients.

Different veterinarian roles foster different veterinarian-client relationships:

Effective communication stems from a strong working relationship between veterinarian and client. Research has shown that veterinarians can take on three different types of roles in relation to their clients.

- When the veterinarian assumes the role of guardian he/she makes the decision of what treatment plan the pet will have and the client feels obligated to follow. There is little conversation about what the client is comfortable with or even what he or she can perform¹⁰.
- Another role the veterinarian can take on is that of teacher. In this relationship the veterinarian is a resource for questions from the client and the treatment decision is left solely to the client¹⁰.
- The third veterinarian role is collaborator. The veterinarian provides information and educates the client about diagnostic and treatment options and makes explicit their professional opinion.

They also seek information from the client about their expectations, desires, and needs. This type of role creates accountability for both parties. The clients are invested in a treatment plan they believe in and are able to agree to one they can manage which often leads to greater compliance¹⁰.

Table 1: Three Different Veterinarian Roles

Adapted from Cornell and Kopcha's paper, *Client-Veterinarian Communication: Skills for Client Centered Dialogue and Shared Decision Making*¹⁰

Stages	Guardian	Teacher	Collaborator
Acquiring knowledge	All information provided by the veterinarian	Client obtains information from the veterinarian but also from many other sources	Medical information provided by veterinarian; information relevant to preferences of client provided by client
Verbal Dominance	Conversation dominated by the veterinarian	Conversation dominated by the veterinarian	Shared decision-making power; the veterinarian and client are approximately equal in conversation
Elucidation of options	Typically only the option the veterinarian feels is best is presented	All options are presented but no weight given to veterinarian treatment preferences	All options are given; preferences of veterinarian and client are provided
Decision Making	Veterinarian is the primary decision maker	Client is the primary decision maker	Shared decision making between client and veterinarian

When a veterinarian assumes the role of collaborator, his relationship with his client is strengthened. The client feels incorporated into the decision making process and like he/she is part of the veterinary team. This fosters a supportive and caring relationship which will lead to better lines of communication since the client will feel comfortable describing his/her expectations. When veterinarians take the role of a guardian, clients will often feel subordinate and not speak up for what they want for their

pet and this can cause resentment towards the veterinarian. The veterinarian may feel like they are communicating effectively but the client will not because what he/she is thinking is not getting said out loud. Conversely, if the veterinarian takes the role of teacher then the client will feel there is effective communication taking place but the veterinarian may not. Therefore, to foster the best working relationship between veterinarian and client, the veterinarian needs to take on the role of collaborator. The earlier this role is established, the easier it will be to have a conversation about difficult topics such as euthanasia. There will be an established sense of mutual trust between client and veterinarian from their existing relationship and the client can feel comfortable enough to ask questions about euthanasia and hopefully decrease his/her risk of anticipatory or responsibility grief. The veterinarian will also feel comfortable showing empathy and validating the client's feelings.

Building a trusting veterinarian-client relationship:

When a veterinarian takes on the role as collaborator the first step in building a strong, trusting relationship with their clients is accomplished. A veterinarian that is caring, kind, employs respectful treatment plans, and is informative is what a client finds most important¹¹. Richard M. Frankel identified the steps to accomplish this. They include investing in the beginning of a relationship, eliciting the client's perspective, demonstrating empathy, and investing in the end¹¹.

“Investing in the beginning” refers to establishing a rapport and building trust with a client at the beginning of an appointment (or the beginning of a euthanasia discussion)¹¹. Open-ended questions and “continuers” are effective in starting the conversation. At the start of an appointment it is best to first ask how the client is doing from the last visit. Tailoring the depth of this question to the strength of the existing relationship is important because some people may think it is an invasion of privacy if their relationship with their veterinarian is strictly professional.

Frankel’s suggestion of “eliciting the client’s perspective” speaks to the fact that if the veterinarian knows what the client’s expectations are he/she can be better equipped to navigate the appointment to where the client’s emotions will fare best¹¹. Some good questions to ask to gain this perspective can include, “When thinking about this visit, how were you hoping I could help?” or “Does that sound reasonable?”¹¹. Both of these questions invite the client to verbalize their expectations and allows the veterinarian to tailor the appointment to the client’s needs (this is also part of being in the collaborator’s role). Frankel further elucidates that a result of eliciting the client’s perspective is that the veterinarian shows respect for the individuality of the client. The veterinarian is not assuming that each client will react to news in the same way. This tactic is also beneficial because the client will allude to his/her unique HAB while answering these questions. The veterinarian can use this information when faced with giving the news of a terminal diagnosis or having an end-of-life conversation with this specific client to try and relieve some of the client’s grief. The veterinarian will also see a pattern for each specific client preferences for appointments and can use this pattern during the harder conversations.

According to Frankel the third component of building a trusting relationship between veterinarian and client is “demonstrating empathy”¹¹. Statistics show that “a lack of caring by a veterinarian leads to a decrease in client satisfaction and compliance and an increase in the propensity to sue”¹¹. Empathy is a core skill to show caring and compassion and when a client sees these qualities in a veterinarian they are more likely to be satisfied with the services rendered. The client will also feel they can trust the veterinarian which will help during a conversation pertaining to a terminal diagnosis or a euthanasia discussion.

Veterinarians can use reflection, legitimation, support, partnership, and respect to convey empathy.

- Reflection: “It sounds like you’re concerned that Fluffy...”
- Legitimation: “Anyone would feel scared...”
- Support: “I will be there for you no matter what happens...”
- Partnership: “I think we can figure this out together...”
- Respect: “I have confidence that you’ll do the right thing...”¹¹.

Nonverbal communication including “silence, touch, gaze, (varying) facial expressions, and body posture” can also convey empathy¹¹. When empathy is portrayed the relationship deepens and trust is gained¹¹.

Lastly, “investing in the end” is based on information sharing not information gathering in contrast to the first three techniques¹¹. It is best to utilize this when the veterinarian is getting ready to deliver a diagnosis and treatment plan. This step is very pivotal in the relationship building because if done poorly it can result in unsatisfied

clients, clients who have an extreme emotional response, or at worst malpractice lawsuits arise¹¹.

To diminish these detrimental side effects Frankel suggests “the selection of appropriate time of day for appointment, the veterinarian having a clear plan for what he/she wants to accomplish during the appointment, he/she elicits the client’s perspective before giving his/her own, the veterinarian using clear, unambiguous language and is brief, once the information is delivered let the client soak it in, limit the goals of the visit after the (bad) news is delivered, check with the client for comprehension, and plan the next steps with client participation”¹¹.

Table 2: The Four Habits Model (Frankel, Stein et al.¹¹).

Adapted from Richard M. Frankel’s model for Human Medicine.

Habit	Skills	Techniques and Examples	Payoff
Invest in the beginning	Create rapport quickly	<ul style="list-style-type: none"> • Introduce self to everyone in room • Acknowledge wait • Convey knowledge of patient’s history by commenting on prior visit or problem • Attend to patient’s (and client’s) comfort • Make a social comment or ask a nonmedical question to put client at ease • Adapt own language, pace, and posture in response to client 	<ul style="list-style-type: none"> • Establishes a welcoming atmosphere • Allows faster access to real reason for visit • Increase diagnostic accuracy • Requires less work • Minimizes “Oh, by the way...” at the end of a visit • Facilitates negotiating an agenda • Decreases potential for conflict
	Elicit patient’s concerns	<ul style="list-style-type: none"> • Start with open-ended questions. <ul style="list-style-type: none"> - “What would you like help with today?”. Or, “I understand that you’re here for... Could you tell me more about that?”. - “What else?” • Speak directly with client when using an interpreter 	
	Plan the visit with the patient	<ul style="list-style-type: none"> • Repeat concerns back to check understanding • Let client know what to expect: “How about if we start with talking more about..., then I’ll do an exam, and then we’ll go over possible tests/way to treat this? Sound ok?” • Prioritize when necessary: “Let’s make sure we talk about X and Y. It sounds like you also want to make sure we cover Z. If we can’t get to the other concerns, let’s...” 	

Elicit the client's perspective	Ask for the client's ideas	<ul style="list-style-type: none"> Assess the client's point of view: <ul style="list-style-type: none"> “What do you think is causing your (pet's) symptoms “What worries you most about this problem?” Ask about ideas from significant others 	<ul style="list-style-type: none"> Respects diversity Allows client to provide important diagnostic clues Uncovers hidden concerns Reveals use of alternative treatments or requests for tests
	Elicit specific requests	<ul style="list-style-type: none"> Determine patient's goal in seeking care: “When you've been thinking about this visit how were you hoping I could help?” 	
	Explore the impact on the patient's life	<ul style="list-style-type: none"> Check context: “How has the illness affected your daily activities/work/family?” 	
Demonstrate empathy	Be open to client's emotions	<ul style="list-style-type: none"> Assess changes in body language and voice tone Look for opportunities to use brief empathic comments and gestures 	<ul style="list-style-type: none"> Adds depth and meaning to the visit Builds trust, leading to better diagnostic information, adherence, and outcomes Makes limit-setting or saying “no” easier
	Make at least one empathic statement	<ul style="list-style-type: none"> Name a likely emotion: “That sounds really upsetting?” Compliment client on efforts to address problem 	
	Convey empathy nonverbally	<ul style="list-style-type: none"> Use a pause, touch, or facial expression 	
	Be aware of your own reactions	<ul style="list-style-type: none"> Use own emotional response as clue to what client might be feeling Take a brief break if necessary 	
Invest in the end	Deliver diagnostic information	<ul style="list-style-type: none"> Frame diagnosis in terms of patient's original concerns Test patient's comprehension 	<ul style="list-style-type: none"> Increases potential for collaboration Influences health outcomes Improves adherence Reduces return calls and visits
	Provide education	<ul style="list-style-type: none"> Explain rationale for tests and treatments Review possible side effects and expected course of recovery Recommend lifestyle changes for patient Provide written materials and refer to other sources 	
	Involve client in making decisions	<ul style="list-style-type: none"> Discuss treatment goals Explore options, listening for the client's preferences Sets limits respectfully: “I can understand how getting that test makes sense to you. From my point of view, since the results won't help us diagnose or treat your (pet's) symptoms, I suggest we consider this instead.” Asses client's ability and motivation to carry out plan 	
	Complete the visit	<ul style="list-style-type: none"> Ask for additional questions, “What questions do you have?” Assess satisfaction: “Did you get what you needed?” Reassure client of ongoing care 	

When a veterinarian utilizes all four of these approaches to establish a trusting relationship with their clients, effective communication follows. The trust that is built through the veterinarian showing compassion, empathy, and the willingness to become a team with the client will lead to an overall better outcome when a terminal diagnosis is made and an end-of-life conversation needs to occur. The client's emotional state will fare better due to this open line of communication and longstanding relationship with his/her veterinarian because he/she will feel comfortable enough to tell the veterinarian the concerns he/she may have.

Yet another way to build a trusting relationship between client and veterinarian is to try and understand who the client is outside of the veterinary setting. It is ideal for a veterinarian to know some of a client's background so they will have a better indication of how a client will react to bad news. Veterinarians need to be cautious here and only ask questions that they think their client will be comfortable with.

One study by Borden et al. showed that data gathering to explore the broader view of the lifestyle of pet and client can enhance the understanding of the illness¹². When details of financial status, role of primary caregiver, feasibility of implementing the treatment plan, and recent life events surface, the veterinarian can make note of the details an optimal treatment plan can be implemented¹². Also, when a veterinarian is aware of current life circumstances and the past experiences of a client they can be better prepared for how the client may react to a terminal diagnosis and help/support the client through the loss of their pet⁹. For example, if the ailing pet belonged mainly to a spouse who has since passed away this pet will mean a lot more to the surviving spouse than if the spouse was still alive. If the veterinarian is aware of this information prior to a

conversation about a terminal diagnosis or euthanasia they can be better prepared to help with the client's deeper emotional reaction.

In conclusion, a trusting relationship between veterinarian and client can result in satisfaction in both parties. A trusting relationship includes respect, compassion, empathy, and full-disclosure of what both parties expect from the appointment. When this relationship is attained effective communication will ensue.

Communication steps specific to a terminal diagnosis and end-of-life conversation:

When a trusting, respectful, collaborative relationship has been fostered between a veterinarian and client the best emotional outcomes of a terminal diagnosis and end of life conversation can be achieved.

Since delivering a terminal diagnosis or having an end-of-life conversation with a client is so emotionally driven a lot of research has been done to make it as comfortable for the client and veterinarian as possible. Jane R. Shaw and Laurel Lagoni have come up with the "SPIKES Method" to help ensure this³. Their research concluded that effective end of life communication occurs when three things happen.

- One is that the difficult situations are validated³. The client needs to know that what they are feeling is okay and part of the grieving process that occurs before the euthanasia takes place.
- Another is that the client's concerns are heard³. This part should already be an integral part of the relationship between veterinarian and client due to their collaborative nature in the past.

- The third part is that the emotions of the client are supported by the veterinarian³. The client is going to look to the veterinarian for a professional view on how to act and feel. When the client's emotions are accepted freely, their grief can be minimize³.

Grieving for a pet is still stigmatized in our society and the owner will need the support of the veterinarian whom they view as a confidant and someone who would grieve as they would in the same situation.

SPIKES is an acronym for setting, perception, invitation, knowledge, empathize, and summary/strategy³. Shaw and Lagoni adapted this model from Buckman's human medicine model. In overview, SPIKES, is a way to achieve effective communication between client and veterinarian using more than words. The first "S" in SPIKES stands for "Setting"³. The best setting for a discussion about a terminal diagnosis or euthanasia includes "privacy, lack of distractions, adequate window of time for the appointment, discussions at eye level, a support group for the client is present, and the use of open-ended questions"³. It is best to talk at the same eye level so there is less of a power distance and it is best for the veterinarian to advise the client to bring along someone else to the appointment who can be supportive during the delivery of the bad news or euthanasia itself.

The "P" stands for "Perception"³. It is essential for the veterinarian to understand what the client perceives from their conversation. Using open-ended questions can be beneficial to finding out how the client is feeling and whether or not they would be comfortable with more disclosure about the diagnosis or less³. If the veterinarian and

client already have a trusting relationship, then the veterinarian can base the amount he/she discloses to the client on previous encounters.

The “I” stands for “invitation”, meaning the veterinarian takes the time to ask permission to discuss specifics of the case with the client³. This accomplishes two things. First, it helps with perception because by asking this question the veterinarian is again getting permission to continue explaining the diagnosis or euthanasia process. This invitation also further shows that the veterinarian respects the client and wants to make sure they are okay before moving on.

The “K” stands for “knowledge”³. This pertains to the actual details of the diagnosis that the veterinarian needs to tell the client. The best way to deliver bad news is to do so in stages, allowing for the client to digest the information he/she was just given before more is divulged³. It is useful to share 1-3 sentences at a time, using colloquial language, and pausing to check for understanding frequently³. Checking for understanding allows for the conversation to be tailored to how the client will best comprehend the information. Consequently, this is also an aspect of a collaborator relationship. It is often helpful for the veterinarian to use supplemental tools to explain the diagnosis³. Diagrams, models, and actual pictures (if applicable) are a few examples.

The “E” stands for empathize³. Veterinarians need to acknowledge, normalize, and validate the emotional responses of the client and when this is done the client will be more willing to speak up³. To show empathy it is helpful to sit close to the client, mirror their facial expressions, use a gentle, calm, and caring tone, slow pace of speech, and when appropriate use touch³. Again, if the client and veterinarian have a good working relationship the veterinarian will know what the client thinks is appropriate.

The last “S” stands for “Summary and Strategy”³. When the diagnosis is presented to the client it is best to summarize what has been said and to come up with a strategy on where to go from that point³. Summarizing helps the client with anything they may have missed and including the client with the treatment plan will increase their feeling of being a part of the veterinary team.

The SPIKES model is an all-encompassing tool to help veterinarians achieve the best client response when delivering bad news such as a terminal diagnosis. It gives the client the chance to ask questions, fully understand the medical jargon, and tailor the conversation to their knowledge level or needs. Also, when the model is utilized the standards of the veterinary practice are raised because the clients were respected during their time of need.

The Art of Communication:

It is now time to consider the actual mechanisms of communication and how these vary in different cultures. As alluded to already, communication is not as simple as just speaking words. When a veterinarian understands this then they will be better equipped to effectively communicate with any type of client.

Differences in Communications of Different Cultures:

No matter how clearly something is said there may always be a communication barrier between people of different cultures due to the cultures' inherent differences. People of different cultures have different social norms they find acceptable that could be vastly different from what other cultures find acceptable. Veterinarians need to be aware of these general differences so they can accurately construct their conversation with each specific client. However, caution needs to be used so as not to make any assumptions about how someone may act due to their apparent culture.

Different cultures around the world can be put into two categories, low-context cultures and high context cultures. Low context cultures include the United States, Canada, Northern Europe, and Israel¹⁴. In these countries it is language that is primarily used to express thoughts, feelings, and ideas as directly as possible. The meaning of a statement lies in the words that are spoken and there is less focus on the situational context¹⁴. Communicators of low context cultures state opinions and desires directly and try to persuade others to accept their own viewpoint. Clear, eloquent speech is considered praiseworthy and verbal fluency is admired¹⁴. Clients from a low context

culture will mainly pay attention to the words spoken by the veterinarian and less to the context the words are spoken in. Veterinarians can benefit from knowing this by making sure what they are saying to their clients is very clear before providing visual aids. The client is most concerned with the words coming out of the veterinarian's mouth and this is what the veterinarian should be most concerned with as well. Clients of low context cultures will also be more outspoken and not afraid to give their opinion. They will be more likely to play an active role in the decision making process. Veterinarians will not have to ask as many open-ended questions to get background information from low context clients.

Conversely, high context cultures rely heavily on subtle, nonverbal cues to maintain social harmony¹⁴. These cultures rely more heavily on the context in which the message is delivered and not the spoken words. Context can include; nonverbal behaviors of the speaker, the history of the relationship, and general social rules that govern interactions between people¹⁴. Asian and Middle Eastern countries are representative of high context cultures. The information the people from these countries receive comes predominantly from time, place, relationship between parties, and situation¹⁴. Veterinarians need to be aware that these cultures do not like to say "no" directly and they need to rely more heavily on the language of their client to see how they are really feeling. Communicators of high context cultures like to talk around the point, allowing others to fill in the missing pieces. They admire ambiguity and use of silence¹⁴. Keeping these attributes of high context cultures in mind it is essential for veterinarians to rely more heavily on body language and other nonverbal cues from their high context cultural clients. These clients will not outwardly say what they mean or ask questions if

there are ambiguities in what they hear so veterinarians need to be extra cautious of moving on before clarifying that their client fully understands. Visual aids and use of silence may be helpful for the comprehension of clients in these cultures.

“To people in high context cultures, low context cultures may seem overly talkative, lacking in subtlety, and redundant. To people in low context cultures, high context cultures can seem unexpressive and dishonest”¹⁴. When veterinarians keep this in mind they can better understand what a client may be thinking when the client doesn’t outwardly say it.

Table 3: High-Context and Low-Context Communication Styles.

Adopted from *Interplay: The Process of Interpersonal Communication*.¹⁴

Low context	High Context
Majority of information carried in explicit verbal messages, with less focus on the situational context	Important information carried in contextual cues such as time, place, relationship, and situation. Less reliance on explicit verbal messages.
Self-expression valued. Communicators state opinions and desires directly and strive to persuade others to accept their viewpoint.	Relational harmony valued and maintained by indirect expression of options. Communicators abstain from saying “no” directly.
Clear, eloquent speech considered praiseworthy. Verbal fluency admired.	Communicators talk “around” the point allowing the others to fill in the missing pieces. Ambiguity and use of silence admired.

Power distance also needs to be recognized when communicating with clients from different cultures. “Power distance describes the degree to which members of a society accept an unequal distribution of power”¹⁴. “The United States, Canada, Austria, Denmark, Israel, and New Zealand are low power distance cultures while the Philippines, Mexico, Venezuela, India, and Singapore have high degrees of power distance”¹⁴. People

of low power distance cultures may be less intimidated by the social status of a veterinarian while people from high power distance cultures may be more intimidated. To lessen this inherent intimidation of people in power it is beneficial for the veterinarian to be at eye level with the client, not have barriers (such as exam tables or charts) between him and the client, and use as little medical jargon as possible. The veterinarian should always be aware of the increased power distance between a client from the above countries and try to lessen it whenever possible. When this is achieved the client will feel more relaxed in the safe environment the veterinarian fosters and will be more likely to participate in the conversation and the treatment plan.

Different cultures also have varying degrees of uncertainty avoidance.

“Uncertainty avoidance is the degree in which members of a culture feel threatened by ambiguous situations and how much they try to avoid them”¹⁴. “Singapore, Great Britain, Denmark, Sweden, Hong Kong, and the United States are relatively unthreatened by change while Belgium, Greece, Japan, and Portugal find new or ambiguous situations more discomforting”¹⁴. People in cultures with high uncertainty avoidance have a “strong need for clearly defined rules and regulations”¹⁴. This would be beneficial for a veterinarian to know so they can have a very clear treatment plan written or drawn out for the client before they enter the exam room. It would also be advantageous to allow ample time for questions so as much of the ambiguity can be cleared up and the client isn’t so uncertain about the future. People from low uncertainty avoidance cultures appreciate more innovation and veterinarians need to be ready for the possibility that their clients from these cultures may request more innovative treatments, ask more innovative questions, and may want to take a more active role in the treatment plan.

All in all, if veterinarians are aware of the major differences between cultures addressed above then their communication between their clients will be more effective. Compliance will be higher since the clients will be given the chance to understand things in their own terms of which they are most comfortable with. The relationship between veterinarian and client can also be strengthened if clients see that the veterinarian takes into consideration these cultural differences. This can be seen as a veterinarian being caring and compassionate.

The Art of Listening:

There are challenges to listening that many people are not aware of. These challenges can sometimes explain why some people misunderstand others. One of the challenges of listening is “information overload”¹⁵. “The sheer amount of information we come into contact with on a day to day basis makes it almost impossible to listen carefully to everything. Due to this we often listen mindlessly, not mindfully”¹⁵. A way to avoid this in a veterinary setting is to talk slowly and give time for the information given to sink in before moving on.

Personal concerns are also another factor that can impede listening. When someone has their own concerns going on in their head that may be more important than what someone is saying then mindless listening will occur¹⁵. This is a very real problem in giving a terminal diagnosis to a client because once the word terminal is used the client may not listen to the rest of the conversation as they are busy thinking how this will

affect their life in the future. Veterinarians who are aware of this can limit the information given after they give the terminal diagnosis or give the client time to absorb the information before going on. Also, if a client has other significant emotional stressors in their life then this may make it hard to listen. This is why it can be beneficial for a veterinarian to know a little bit about their client's lives.

Another concept to be mindful of is that every listener does not receive the same message. "Every person interprets data differently (due to cultural differences), people bring their own personal perspectives and experiences into every interaction (this is why it is good to know a relative background of the client to better predict how they will react to news), and listening is always colored and limited by our unique, fairly consistent, view of the world"¹⁵.

The components of listening are useful to know in order to have a better understanding of how clients will understand what veterinarians are trying to convey. Especially in highly stressful situations, such as during a terminal diagnosis or euthanasia conversation, clients' listening abilities will be even further hindered. The components include hearing, attending, understanding, and remembering.

- Hearing is the physiological aspect of listening; it is the nonselective process of sound waves impinging on the ear. It is the starting point of the listening process¹⁵.
- Attending is the psychological aspect. Most people attend more carefully to messages when there's a payoff for doing so¹⁵.

- Understanding is composed of being aware of syntactic and grammatical rules of the language. The context of the message helps you understand what is being said¹⁵. This is helpful for high context cultures.
- Remembering is the last step in meaningful listening and it is correlated with the number of times the message is repeated. It is also reliant on how much information there is to store in the brain¹⁵.

If a veterinarian is aware of the components of listening they will be able to get their point across more efficiently. The attending component is not worrisome because clients will most likely attend more closely to what the veterinarian is saying about their pet since their pet is very meaningful to them. Speaking slowly, using visual aids, checking for comprehension, and repeating oneself can all help with the understanding and remembering components.

Conclusion:

The goal of effective communication is more than just assuring that the message someone wants to impart is said and heard correctly. It also plays a major role in easing someone's grief because sympathy, compassion, and empathy can be conveyed through effective verbal and nonverbal communication. During the end of a companion animal's life a client may be in great emotional turmoil over what decision needs to be made about their pet's treatment.

Effective communication can also help to build a strong and respectful relationship between veterinarian and client. This can be very beneficial when it comes time to make important decisions at the end of a pet's life. With this said effective communication is crucial to all parts of veterinary medicine but especially during the time a terminal diagnosis is made and an end of life conversation is had.

Effective communication in veterinary medicine can be accomplished by acknowledging the human-animal bond between each individual client and pet, the grief cycle and types of loss humans feel, and the cultural differences between each client.

Adapting a bond-centered veterinary practice is a good way to recognize the unique human-animal bond clients and patients share. An aspect of bond-centered veterinary practice is when the veterinarian identifies the unique bond each client has with its pet. The four types include; parent-child, child-parent, sibling-sibling, and advocate-best friend. Each of these bonds have different implications for what kind of grief the owner may feel when faced with a terminal diagnosis and end-of-life

conversation. When a veterinarian recognizes the uniqueness of each he/she is better prepared to give compassionate support to their clients during their grieving cycle.

A veterinarian needs to also be aware of the grief cycle and types of loss his/her clients may go through up until and after the loss of their pet. Simply by acknowledging these feelings and validating them, a veterinarian can support and help a client navigate through this process. Asking how a client is feeling will help them to vocalize their fears and may alleviate some emotions.

The Kubler-Ross Grief Cycle is a good guide for pet owner grief. When the unique HAB and Kubler-Ross Grief Cycle Model are acknowledged then the veterinarian will have a better idea of what degree of the cycle their client may go through.

The types and intensity of the HAB can also predict the depth of anticipatory grief and responsibility grief clients may feel during the end of their pets' lives. The HAB can also be an indicator of how much support a client may need during a terminal diagnosis conversation of end-of-life discussion.

Veterinarians can assume three different roles when interacting with clients and the role of collaborator is most effective. When a veterinarian takes on this role he/she strengthens the sense of teamwork with their clients. When this occurs the client is more likely to speak up and contribute to a conversation during exams and this increases the respect each feel for both parties involved. When a client has an advocate-best friend HAB with their pet they will especially appreciate when their veterinarian is a collaborator because these types of clients want to have an active role with their pet's treatment plan.

Assuming the role of collaborator can also help with Frankel's communication model of investing in the beginning, eliciting the client's perspective, demonstrating empathy, and investing in the end. When a veterinarian is open and welcoming with a client, as they are as a collaborator, these steps are easily accomplished. The benefit is that the client will feel comfortable and a strong relationship can be forged which will help a lot when a terminal diagnosis and end-of-life conversation occurs.

Veterinarians can utilize the SPIKES model for effective communication, specifically when a terminal diagnosis is made and during an end-of-life conversation. Using the role of collaborator can strengthen the effectiveness of the SPIKES model because the client will feel comfortable around the veterinarian and want to ask questions and be an integral part of the treatment plan making process.

Cultural differences between clients influence the way they perceive information and consequently the decisions they make concerning terminal diagnoses and end-of-life communications. Because of this it's essential veterinarians are aware whether their clients are from a low or high context culture, what level of power distance they perceive, and what level of uncertainty avoidance they may feel. When the veterinarian can assess each of these then the communication can be tailored to what makes the client most comfortable.

If all of these aspects listed above are utilized the client can have the best possible experience during a terminal diagnosis and end-of-life conversation. They will feel supported, comfortable, respected and part of the veterinary team. They will see their veterinarian as compassionate, caring, and empathizing which will increase their positive

experience at the veterinary clinic. A client's stress and grief during the end of their pet's life will be alleviated if they have a veterinarian who they can trust and respect. This trust and respect comes from effective communication.

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