



Addressing the Angry Client: Empathize & Apologize

Acknowledging the client's feelings is critical for diffusing intense emotions.



THE CASE

Mrs. Warner appeared satisfied as she left the practice with Stella, her 9-year-old Corgi crossbreed, after a routine wellness examination. She had expressed concern about her pet's stiffness after walks, and you had recommended an NSAID trial.

Later that day, much to your surprise, the receptionist passed the phone to you with an irate Mr. Warner, furious that you would "force some unnecessary treatment on Stella and make us pay for it." He ranted about "money-grubbing medical professionals" and complained that you were "taking all our money with your increased prices." You take a deep breath, listen, and let Mr. Warner finish venting.

The Veterinarian's Perspective

It is easy to become both defensive and angry or to withdraw and retreat in response to an accusation that you are "all about the money." The challenge is to stay

in the moment and not take things personally. Another person's anger is not ours to control, but our reaction can influence his or her responses. This involves setting aside our perspective and looking from the client's point of view.

The Client's Perspective

It is clear that Mr. Warner is very angry, so take time to reflect on the best response. Remind yourself that he may not necessarily be angry at you. Step into his life for a few minutes; you

don't know what happened during the day, the stresses he faces, or the exact cause of his reaction. Maybe he lost a valuable account at work or incurred some unexpected health expenses, and your bill pushed him over the edge. Could his anger be a mask for his guilt that he and his wife cannot do more for Stella?

PLAN OF ACTION

Apologizing

A simple apology can go a long way toward diffusing an angry client's emotions. Use inclusive language to bring him or her into the conversation.

"I apologize that I did not go over Stella's care plan with your wife during Stella's examination. I will make a note in her chart to discuss finances with both of you [inclusion] in the future."

Empathizing

Viewing the situation from Mr. Warner's perspective allows you to become empathetic in your response. *Empathy* involves taking yourself and your feelings out of the equation, although empathizing with an angry or upset client who is blaming you can be difficult.

"This economy is tough, and unexpected expenses can really throw us for a loop [empathy]."

"I hear that you are upset about the cost of Stella's care and that the bill took you by surprise [empathy]."

When employing empathy, you are not necessarily agreeing with the client or condoning his or her feelings and behaviors; you are simply reflecting the client's concerns and allowing him or her to feel valued. Acknowledging the client's feelings is critical for diffusing intense emotions.

Leading the Way

Use nonverbal tools, such as slowing down your rate of speaking, lowering your voice, and using a gentle tone of voice, to lead Mr. Warner to relax and let go of some of his anger.

Asking vs Telling

Use *open-ended questions* to encourage Mr. Warner to share why he is so angry, invite him to vent, and let him calm down. This approach optimizes your time and ensures that you fully understand his complaints, feelings, and expectations. As he answers your

Empathy helps the client feel valued, heard, and appreciated.





COMMUNICATION CASE STUDY

open-ended questions, Mr. Warner can reflect on the reason for his anger, which may douse some fuel from the fire. Open-ended questions or statements usually begin with *how, what, tell me, describe for me, or share with me.*

"I hear your anger about the bill [empathy]. Tell me more about your concerns [open-ended statement]."

"What questions do you have about Stella's treatment today [open-ended question]?"

Pausing

Adding a pause in the conversation can also encourage clients to tell their story. Resisting the urge to interrupt Mr. Warner allows him to fully disclose his concerns. You may not agree with the way he is relaying information or with what he is saying, but waiting for him to get all his feelings out on the table helps you address the issues without any further surprises. Allowing people to vent and making them feel heard are key approaches to diffusing anger.

Pointing

Now that you have heard the full story, you can reduce Mr. Warner's anxiety, stress, and uncertainty by helping him focus on the discussion rather than his anger. *Asking permission* and *sign posting* help accomplish this.

Asking permission is a gentle, respectful way of checking if the client is ready to take the next step with you.

Sign posting gives the conversation structure by allowing you to reflect on where you have been and highlight the path forward.

"Thanks for sharing your concerns with me [appreciation]. If it is all right with you [asking permission], I would like to work together to come up with a plan that works for you, Stella, and me [partnership] regarding her treatment and the costs involved [sign posting]."

"You mentioned raising prices at our clinic [reflective listening]. Is it okay if we take a look at the bill together [asking permission] so that I can get a better sense of the problem [sign posting]? Then we can work together to find a solution [partnership]."

If you are unable to resolve the matter on the telephone, inviting the client to your practice for a face-to-face discussion to review Stella's care plan together may be an effective alternative approach.

CONCLUSION

Conversations with angry clients can be tricky, especially over the phone. A sincere apology up front often helps diffuse the situation and allows for a more civil conversation. Empathy helps the client feel valued, heard, and appreciated. Open-ended questions, followed by pauses, allow you to draw out the meaning behind the anger. Then, asking permission and providing sign posts pave the way for problem-solving, compromise, and negotiation.

TRIFEXIS®

(spinosad + milbemycin oxime)

Chewable Tablets

Before using TRIFEXIS chewable tablets, please consult the product insert, a summary of which follows:

Caution: Federal (USA) law restricts this drug to use by or on the order of a licensed veterinarian.

Indications:

TRIFEXIS is indicated for the prevention of heartworm disease (*Dirofilaria immitis*). TRIFEXIS kills fleas and is indicated for the prevention and treatment of flea infestations (*Ctenocephalides felis*), and the treatment and control of adult hookworm (*Ancylostoma caninum*), adult roundworm (*Toxocara canis* and *Toxascaris leonina*) and adult whipworm (*Trichuris vulpis*) infections in dogs and puppies 8 weeks of age or older and 5 pounds of body weight or greater.

Contraindications:

There are no known contraindications to the use of TRIFEXIS Chewable Tablets.

Warnings:

Not for human use. Keep this and all drugs out of the reach of children.

Serious adverse reactions have been reported following concomitant extra-label use of ivermectin with spinosad alone, one of the components of TRIFEXIS Chewable Tablets (see ADVERSE REACTIONS).

Precautions:

Treatment with fewer than 3 monthly doses after the last exposure to mosquitoes may not provide complete heartworm prevention (see EFFECTIVENESS).

Prior to administration of TRIFEXIS, dogs should be tested for existing heartworm infection. At the discretion of the veterinarian, infected dogs should be treated with an adulticide to remove adult heartworms. TRIFEXIS is not effective against adult *Dirofilaria immitis*. While the number of circulating microfilariae may decrease following treatment, TRIFEXIS is not indicated for microfilariae clearance. Mild, transient hypersensitivity reactions manifested as labored respiration, vomiting, salivation and lethargy, have been noted in some dogs treated with milbemycin oxime carrying a high number of circulating microfilariae. These reactions are presumably caused by release of protein from dead or dying microfilariae.

Use with caution in breeding females. The safe use of TRIFEXIS in breeding males has not been evaluated. Use with caution in dogs with pre-existing epilepsy. Puppies less than 14 weeks of age may experience a higher rate of vomiting.

Adverse Reactions:

In a well-controlled US field study, which included a total of 352 dogs (176 treated with TRIFEXIS chewable tablets and 176 treated with an active control), no serious adverse reactions were attributed to administration of TRIFEXIS chewable tablets. All reactions were regarded as mild.

In some cases, dogs vomited after receiving TRIFEXIS. To ensure heartworm prevention, observe your dog for one hour after administration. If vomiting occurs within an hour of administration, redose with another full dose.

Reactions that occurred at an incidence >2% (average monthly rate) within any of the 6 months of observation are presented in the following table:

Average Monthly Rate (%) of Dogs With Adverse Reactions

Adverse Reaction	TRIFEXIS Chewable Tablets*	Active Control Tablets*
Vomiting	6.13	3.08
Pruritus	4.00	4.91
Lethargy	2.63	1.54
Diarrhea	2.25	1.54

*n=176 dogs

In the US field study, one dog administered TRIFEXIS experienced a single mild seizure 2½ hours after receiving the second monthly dose. The dog remained enrolled and received four additional monthly doses after the event and completed the study without further incident.

Following concomitant extra-label use of ivermectin with spinosad alone, a component of TRIFEXIS, some dogs have experienced the following clinical signs: *trembling/twitching, salivation/drooling, seizures, ataxia, mydriasis, blindness and disorientation*. Spinosad alone has been shown to be safe when administered concurrently with heartworm preventatives at label directions.

In US and European field studies, no dogs experienced seizures when dosed with spinosad alone at the therapeutic dose range of 13.5-27.3 mg/lb (30-60 mg/kg), including 4 dogs with pre-existing epilepsy. Four epileptic dogs that received higher than the maximum recommended dose of 27.3 mg/lb (60 mg/kg) experienced at least one seizure within the week following the second dose of spinosad, but no seizures following the first and third doses. The cause of the seizures observed in the field studies could not be determined.

For technical assistance or to report an adverse drug reaction, call 1-888-545-5973. Additional information can be found at www.TRIFEXIS.com.

Post-Approval Experience (March 2012):

The following adverse reactions are based on post-approval adverse drug event reporting. The adverse reactions are listed in decreasing order of frequency: vomiting, depression/lethargy, pruritus, anorexia, diarrhea, trembling/shaking, ataxia, seizures, hypersalivation, and skin reddening.

Effectiveness:

Heartworm Prevention:

In a well-controlled laboratory study, TRIFEXIS was 100% effective against induced heartworm infections when administered for 3 consecutive monthly doses. Two consecutive monthly doses did not provide 100% effectiveness against heartworm infection. In another well-controlled laboratory study, a single dose of TRIFEXIS was 100% effective against induced heartworm infections. In a well-controlled six-month US field study conducted with TRIFEXIS, no dogs were positive for heartworm infection as determined by heartworm antigen testing performed at the end of the study and again three months later.

Flea Treatment and Prevention:

In a well-controlled laboratory study, TRIFEXIS demonstrated 100% effectiveness on the first day following treatment and 100% effectiveness on Day 30. In a well-controlled laboratory study, spinosad, a component of TRIFEXIS, began to kill fleas 30 minutes after administration and demonstrated 100% effectiveness within 4 hours. In field studies conducted in households with flea infestations of varying severity, flea reductions of 98.0% to 99.8% were observed over the course of 3 monthly treatments with spinosad alone. Dogs with signs of flea allergy dermatitis showed improvement in erythema, papules, scaling, alopecia, dermatitis/pyodermitis and pruritus as a direct result of eliminating the fleas.

Treatment and Control of Intestinal Nematode Infections:

In well-controlled laboratory studies, TRIFEXIS was a 90% effective in removing naturally and experimentally induced adult roundworm, whipworm and hookworm infections.

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