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# Communicating bad news: A model for emergency mental health helpers

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## Communicating Bad News: A Model for Emergency Mental Health Helpers

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***Abstract:** This article addresses the concerns of the messenger/helper who must convey tragic news to individuals and families. It offers a model to be used as a guide to ease the stress on both the deliverer and receiver of bad news. The model uses the mnemonic, PEWTER (Prepare, Evaluate, Warn, Tell, Emotional Response, Regroup), to represent the six components of the communication process. [International Journal of Emergency Mental Health, 2006, 8(3), pp. 203 - 207].*

**Key words:** bad news, communication, education, training, emergency mental health workers, verbal crisis intervention

Communicating bad news can be almost as stressful for the helper messenger to deliver as it is for the receiver to hear. Bad news has been defined as “any news that drastically and negatively alters the patient’s view of his or her future” (Buckman, 1984). In brief, this is the type of news many of those involved in Emergency Mental Health (EMH) work will be presenting. The EMH service provider may be carrying news of a death, a violent crime, a school shooting, a natural or man-made disaster, or even a terrorist attack. Although the EMH provider often represents a helping discipline, he or she may feel and be perceived as more of an adversary than an ally. The EMH helpers may indeed believe they are like Bob Dylan’s “wicked messenger” and may wish they had the option of not bringing any news at all.

From a review of the available literature, it appears that professional helpers often are not prepared sufficiently in their respective training programs on how best to communicate distressing information. Considering the numbers of school shootings, for example, it was surprising and discouraging to find only minimal references on how school counselors and teachers might communicate tragic news. If school counselors and teachers are not being prepared for such a role, is it perhaps because it is considered to be more the function of mental health clinical care-givers to deliver bad news to families. Unfortunately, clinical psychology doctoral programs often neglect to teach the communication skills necessary for working with non-psychologists in emergencies or in times of crisis (Koch, 2005).

### The Medical Model

Most of the research on how bad news is delivered comes from the medical profession. This research can, however, be applied to communicating bad news in other settings. One study found that about 20% of physicians self-reported that they experienced strong emotions when having to announce that the patient’s medical condition

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would lead to death (Ptacek & Eberhardt, 1996). These researchers believed that, because doctors are taught to not be "emotional," the actual percentage experiencing distress might be much higher than given in a self-report.

It should also be noted that physicians would be reporting a prediction of the likely outcome of an illness or medical procedure for the patient. The EMH helper would often, by contrast, be reporting to the family about the actual death, not just a prognosis.

Ptacek and Eberhardt (1996) also noted that during the communication of bad news the physician's and patient's stress trajectories are quite different. The physician's level of stress peaks during the meeting when the prognosis is given and diminishes thereafter. By contrast, the patient and the patient's family experience a peak in their levels of stress as the encounter progresses after the announcement when the impact of the news registers more fully within them. The EMH provider would do well to keep these differences in mind. As the EMH helper's stress is beginning to diminish, the listener's stress level is actually increasing.

Various defense mechanisms and coping strategies are often seen when families receive negative information. These include the defenses of denial, blaming, and intellectualization. Finally, and hopefully, there is acceptance of the bad news. Affective responses when bad news is perceived may include anger, fear, anxiety, helplessness, shame, relief, or guilt (Quill, 1991).

The EMH helper cannot change the news that receivers will hear. However, there is a way by which helpers can soften the adverse impact of the news while simultaneously facilitating the healing process.

### **The PEWTER Model**

The authors have devised the mnemonic PEWTER to assist in presenting bad news to individuals, couples, and families. Our experience as clinicians and as educators has shown that the PEWTER protocol promotes a simple and easy to remember guide that increases the helper's competence and confidence in conveying bad news. It also helps the listener to process the information in a healthier manner.

Each letter in PEWTER represents a different component that facilitates coping with bad news. The components of PEWTER are: **P**repare, **E**valuate, **W**arn, **T**ell, **E**motional response, and **R**egroup.

### *Prepare*

The communication of bad news begins with the helper being prepared educationally, psychologically, physically, and spiritually. Educational preparation includes the pursuit of available training, such as offered by the International Critical Incident Stress Foundation, Inc. (ICISF). Knowledge of what to do (and not do) is crucial if one is to be an effective helper-messenger.

Psychological preparation is not as easily achieved as is educational preparation. Psychological preparedness is not gained by simply completing workshops or courses, because it includes an awareness of one's own thoughts, values, and emotional needs. It can only be developed over time and with the proper guidance of a mentor, supervisor, or therapist. The EMH helper would do well to be aware of his own beliefs about his role in conveying distressing information. As has been noted by the cognitive-therapists, beliefs do indeed determine and shape emotions. The helper's own perception of his role will determine the emotions he experiences. Thinking of oneself as a "wicked messenger" may lead to feelings of depression, or at least burnout and discouragement. Viewing oneself as giving information that is distressing but essential for the healing process would lead to more positive feelings, including satisfaction and hope.

Physical preparation by the EMH helper can be divided into the external and internal aspects. The external preparation includes the physical setting or location in which the bad news is to be delivered. The luxury of an office is often not available due to the "on-site" nature of many EMH interventions. Nonetheless, providing for a degree of privacy and freedom from interruptions is essential.

The EMH helper should consider the amount of personal space between him or her and the nearest family member. Although culturally dependent, a distance of two to three feet between the helper and listener(s) is usually recommended (Buckman, 2001).

If an office is available, the time required by the family to become seated in the room will allow the helper to gauge their emotional state. The family members may be anxious, angry, depressed, disengaged, or a combination of all of these emotions. These emotional states can impact the information-giving session and the EMH provider should be aware of the gamut of emotions that listeners might be feeling.

The inner aspect of physical preparation includes the helper's self-care. Whenever possible, the EMH provider should be well-rested, alert, and free from hunger pangs or other physical distractions and discomforts. Helpers often have the tendency to push themselves to go the extra mile. Although well-intended, such drive contributes to physical and emotional exhaustion and less effective interventions. It is often useful for the helper to have a "decompression" routine, including a debriefing by peers, vigorous physical activity, quiet meditative time, or some recreational activity.

Spiritual preparation includes a sense of the transcendent meaning and significance in the suffering one encounters. Spirituality is not necessarily synonymous with involvement in an organized or formal religion. Spirituality is a personal answer to the inevitable question of "why has this happened?"

In brief, to *Prepare* is to be as ready as possible, both as a helper and as a person. All of the various components need to be developed and nurtured as an ongoing and renewed process. Adequate preparation benefits the helper and those to whom the help is offered.

### *Evaluate*

In our mnemonic, *Evaluate* refers to assessing what the listener knows and feels about what either has happened or is happening. The news the messenger brings may indeed be bad, but it may not be unexpected. A simple question such as "What have you been told so far?" or "Has anyone spoken to you about \_\_\_\_\_?" may suffice. Responses may range from having no knowledge and being taken by surprise, to the listener's having suspicions that something was not right. An awareness of what the person knows and the accuracy of that information can assist the EMH helper in determining what needs to be explained or corrected.

### *Warning*

The *Warning* prepares the listener for the bad news that is coming (Dias, Chabner, Lynch & Penson, 2003). The simplest example of a warning is often used when reporting the result of a fatal accident to surviving family members. The warning, for example, may be "There has been a bad car accident; your husband was involved." The listener is given a moment or two for this to register. It is then followed by the

bad news. "I'm sorry to tell you that your husband did not survive."

Although the time lapse between the warning and the actual news is only a few seconds, it is quite necessary. It allows for the listener to engage in a subtle but significant mental shift. The force of the bad news is softened to the slight degree that the listener was able to become psychologically braced for the impact. The pause may be brief but it is no less helpful or important because of its brevity.

### *Telling*

The actual *Telling* of the bad news is the heart of the communication and it is a communication that must come from the heart. Cerebral, lofty language or the use of technical jargon may, at best, confuse the listener. At worst, it may create a gulf between him and the messenger. The EMH helper would do well to check that he is not hiding behind depersonalized or sterile "professional" language. Use of the simple language of everyday speech is to be preferred. It ensures a greater likelihood of being understood by a listener who quite likely is feeling very overwhelmed at that moment. It also serves to establish a bond of rapport. The use of simple language can convey "we are equals in times of loss and grief." The tone of voice used should reflect a soft, sincere, compassionate involvement rather than a robotic statement of the facts.

Open-ended questions should be used during the *Telling* phase to check on the listener's level of comprehension. Rather than ask, "Do you understand what I've said?" or "Does everything mentioned here make sense?" it would be better to say "I know this can be overwhelming; I've given you a lot of information. Are you able to think about questions you might have for me?" The key is to invite questions and comments from the listener to determine their level of comprehension and to correct any misperceptions. As noted by Quill (1991), the recipient of the bad news may even nod in agreement to what is being said, while not truly understanding the words being used.

The helper should ask for feedback from the listener to verify that the listener does indeed understand what has been communicated. The helper might say "I know this must be difficult. Please explain back to me what you understand me to be saying. I want to make sure I was clear."

### *Emotional response*

The EMH messenger needs to be sensitive to the *Emotional response* of the listener. Sensitivity means more than just having a box of tissues available (although, that is a good idea). Sensitivity means paying close attention to the listener's verbal and non-verbal reactions.

Some individuals may be able to absorb the news and continue to listen and talk, while others may become overwhelmed and be unable to comprehend or speak. When it appears that no further information will be retained or understood, the EMH helper may decide to pause temporarily or even conclude the meeting. The helper may suggest that the listener arrange for someone close to them attend and listen for them. A follow-up meeting should be planned for a later, but not too distant, date if necessary. The helper should encourage the reaching out to whatever social support system (e.g. friends, church members, etc.) that may be available. The implementation of a social support network can assist with the healing process.

The EMH provider should be aware of and sensitive to the various reactions the listener may exhibit during the meeting. Reactions may include a denial of news, seemingly inappropriate emotion (e.g., laughter), or a complete lack of emotion.

The helper must remember that there is no one "correct" or "typical" response to receiving bad news. The helper's role is to facilitate the acceptance of the news whether immediately or, when appropriate and possible, over several meetings.

### *Regrouping*

The final component in the mnemonic is *Regrouping*. Regrouping is the process by which the listener is helped to move forward to plan the next course of action. Often this is accomplished by providing further resources to which one can turn. It may involve having printed material available that includes phone numbers and websites of support groups to educate them about community resources. Information about the grief and healing processes should also be readily available. Referrals to local therapists and/or clergy may be appropriate in more severe cases or when requested by those who customarily consult mental health practitioners or spiritual leaders. The helper is cautioned to use resources as ancillary to the personal contact with the listener, not as a

replacement for it. No piece of paper will be as valued as the caring attitude of the helper.

### **PEWTER in Practice**

The following case scenario illustrates the concepts of the PEWTER protocol.

A fire had swept through a row of small attached houses in a low-income urban area. The blaze occurred in the early evening hours. The occupant of one of the destroyed houses was a single mother of three young children. She had finished work and was traveling by public transportation to pick up her children from day care. When she saw the commotion in her neighborhood she got off the bus and hurried to her home. The scene that greeted her was quite upsetting. Police, firefighters, and ambulances were on one side of the yellow tape barrier and a concerned and curious crowd was on the other. The woman identified herself to a police officer and was then escorted to the designated EMH helper.

### *Prepare*

Although the EMH helper had less than one year's experience, she had assisted at several other fires. Her formal training, combined with her hands-on experience and mentoring from an experienced colleague, gave her a certain degree of confidence. She believed that her role would indeed provide both practical and emotional help to the survivors of the fire.

The owner of a nearby convenience store had offered space for the EMH staff. An area that afforded some degree of privacy was designated for their use.

### *Evaluate*

After exchanging introductions and seating themselves, the helper asked what the woman had been told. The woman replied that she knew only that there had been a fire and wondered if it had been caused by arson. The woman seemed relieved to hear that, so far as the helper knew, the fire was accidental, not criminal.

### *Warning and Telling*

Simply arriving on the scene gave a bit of a warning to the woman. Still, the helper eased into the bad news. "The

fire spread to several homes," she paused, "Yours was one of them." (pause) "I'm afraid that your home was completely burned up." The helper's message flowed from the general to the more specific to the personal. "I know this is very difficult for you," said the helper. "I know it would be for me. Help me to know if I explained it well enough. What do you understand me to be saying?" The woman summarized some of what she had been told. She then asked about the contents of her home. In particular, she asked about her children's beds. The helper patiently explained that the fire had destroyed everything, including the children's beds.

### *Emotional Response*

The woman's tears flowed and she began to cry more loudly. The helper gently placed her hands on the woman's back. "It's okay to cry," she reassured her. The helper continued to validate the woman's feelings of shock and sadness while answering other questions that arose. The helper confirmed the woman's belief that it could have worse because at least her children were unharmed.

### *Regrouping*

The woman's reference to her children allowed for Regrouping. The helper provided information about a temporary shelter that would care for the woman and her children. Arrangements were made to have the helper go with the woman to pick up her children and accompany her to the shelter. Follow-up support would include psychological counseling as well as assistance in housing and replacing the furniture. The helper ended the contact by providing several ways by which the woman could contact her and by making an appointment to meet again.

## **Conclusion**

It is hoped that the guidelines of the PEWTER model will help alleviate some of the confusion and stress associated with delivering of bad news. It is offered as a framework to provide help with what is often a difficult and emotionally charged task. The more comfortable the EMH helper can be, the better it will be for the receiver of the news. That, after all, is the ultimate goal: to provide the best service for those we wish to comfort and help.

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