



## Episode 1: Discovering Rachel

# Introduction and Overview

Welcome to **Intersect**, a podcast for anyone in the business of health care who's committed to providing treatments and experiences that improve patient health.

This podcast tells stories of behavioral science in action. In each episode, we show how MicroMass uses behavioral science, creativity, and technology to solve challenges and create more ideal customer experiences.

The caregiver is one of the most important—and most overlooked—links in the cancer treatment chain. In this episode, our MicroMass team helps an overwhelmed caregiver at the beginning of the COVID-19 outbreak, which creates a ripple effect of support for the patient.

### **Key takeaways from this episode:**

- Supporting the caregiver is an essential form of patient support. It puts the caregiver in a better position to help the patient.
- Building brand loyalty often starts with the caregiver.
- Helping the caregiver develop communication skills can impact the patient's treatment decisions and adherence.
- Teaching the caregiver self-compassion can help them gain strength, perspective, and confidence.
- Providing a user-friendly online support experience makes the support program more effective.



**Interested in learning how MicroMass can help your brand?**

Email [info@micromassmkt.com](mailto:info@micromassmkt.com)



**Kathy Moriarty** | Senior Behaviorist

I really enjoy the opportunity to learn about the experiences of patients and caregivers and then use those insights to provide unique, tailored support. While working on an oncology brand for over 3 years, I have been struck by the magnitude of the caregiver's role. There's so much to manage with cancer and treatment, and the caregiver is at the center of it all while still being responsible for their own lives. It's critical to provide caregivers with personalized support to help them in this overwhelming role.



**Kim Lilienthal** | Senior Behavioral Copywriter

My favorite part of working at MicroMass is distilling complex concepts into simple and memorable experiences. I have a background in higher education and team development, so I know what it takes to design motivating, engaging, and transferrable learning experiences that build skills and understanding. This shapes my perspective on caregiving: each person brings their own strengths to the healthcare team to work together toward a common goal.



**Eric Connor** | Associate Creative Director

I specialize in the visual experience. Whether online or print, I work to understand the needs of the user (UX/UI) to gain clear insight. Clutter creates a confusing experience, while branding and visual cues strengthen the experience and help our work gain credibility. On a personal level, I've been in the role of caregiver for family members. I understand how that role can feel overwhelming or frustrating, and how focusing on your own health often takes a back seat. Plus, I really like working and collaborating with our team to solve challenges.



**Kristen Maynard** | Senior Account Director

I've worked in the oncology space for more than 6 years. Caregiver initiatives are usually the first thing on the chopping block when it comes to a brand's prioritization of tactics. Caregivers play an important, unique role in the unique role in the patient's quality of life. Caregivers are there every step of the way and can significantly influence the patient's experience. One of my favorite parts about working at MicroMass is that there are so many different layers to solving a brand's challenge. It's exciting to peel back the layers and determine which behavioral strategies, channels, and tactics fit together to best accomplish a goal.

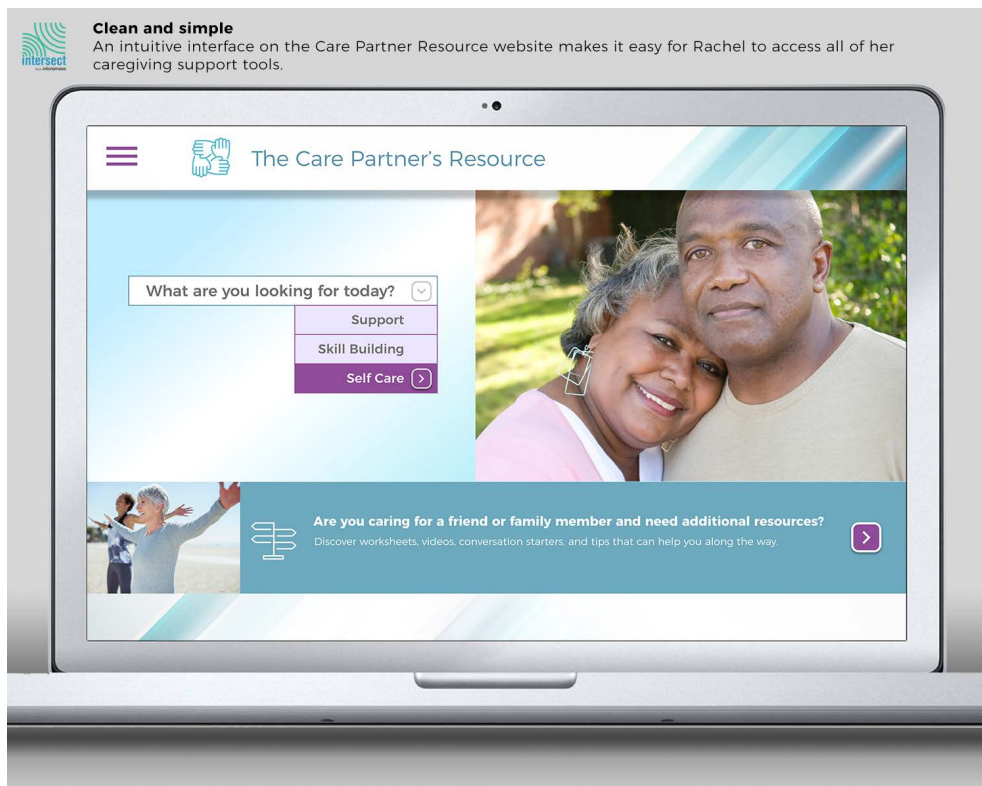
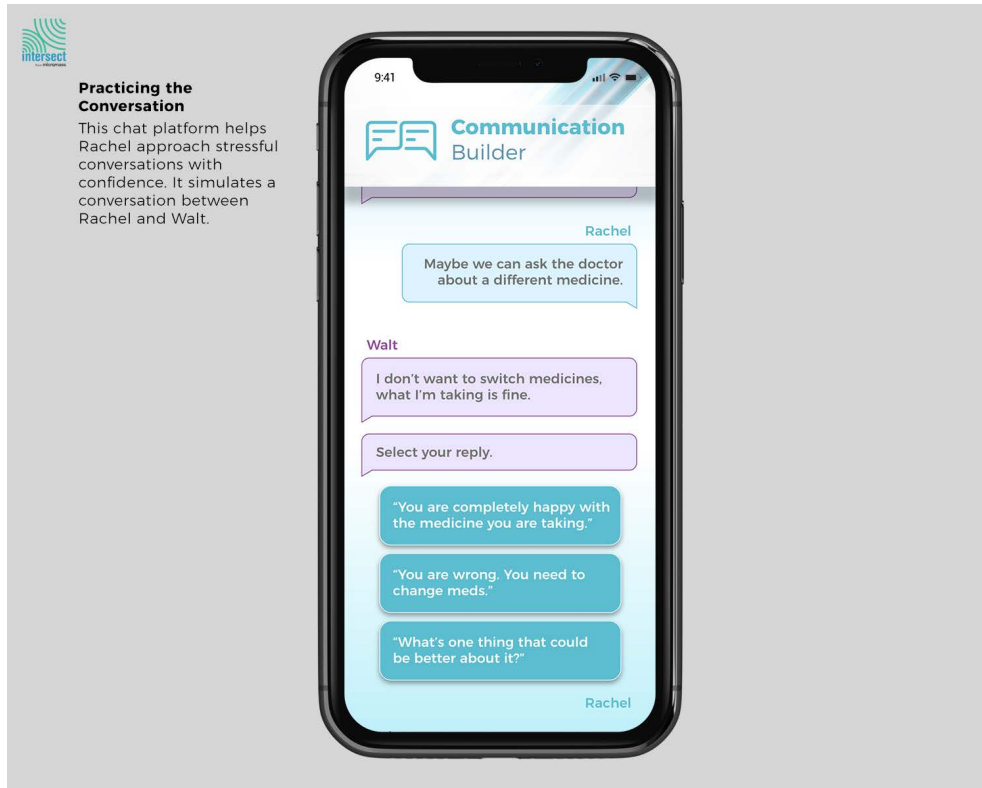


**Johnny Knight (Host)** | Senior Behavioral Copywriter

I love talking with people to gain a deeper understanding of their experience and to learn what motivates them and how they view the world. I try to transform simple writing into meaningful moments of connection and growth. Story is my specialty.

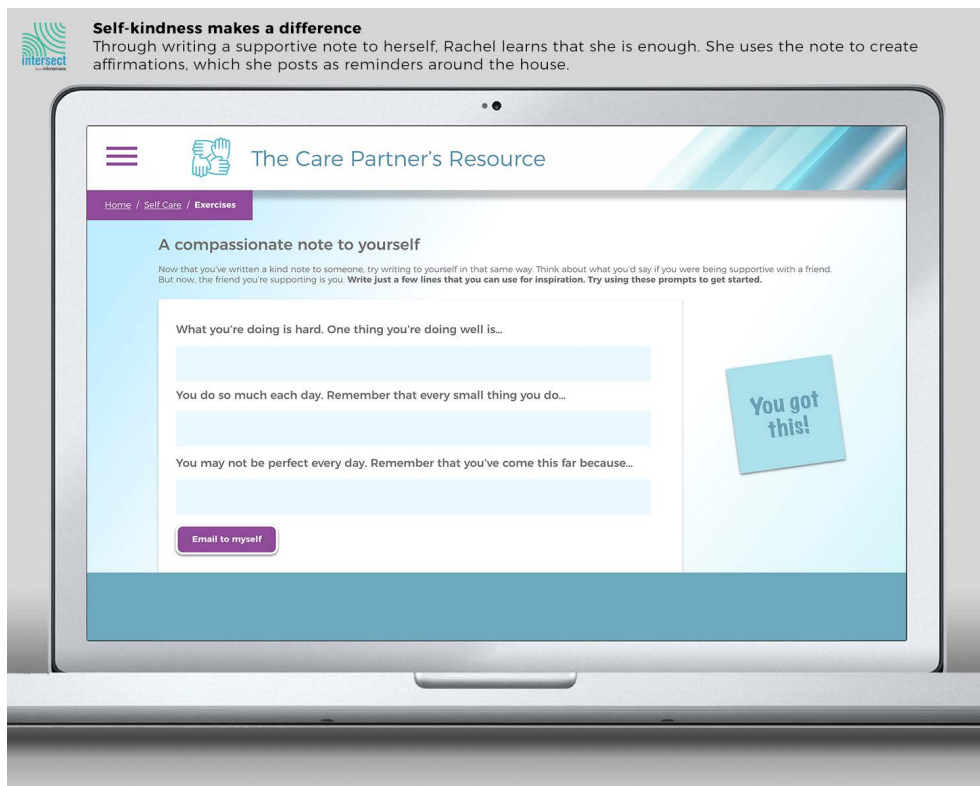
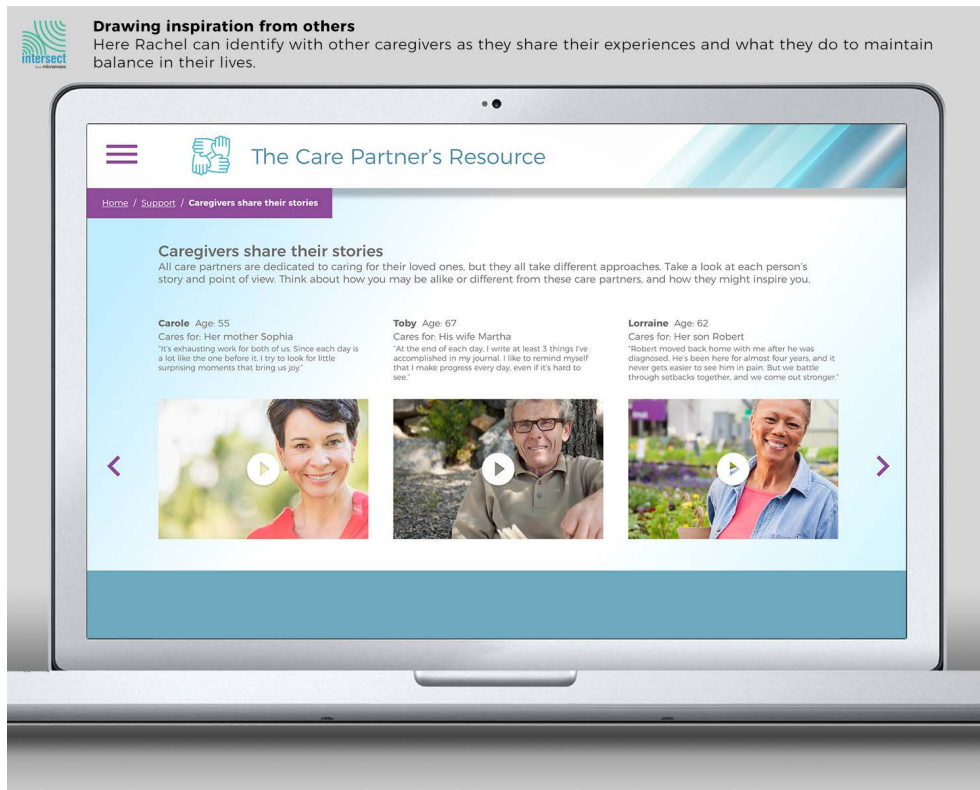
# Episode 1: Discovering Rachel

## Support tools discussed in this episode



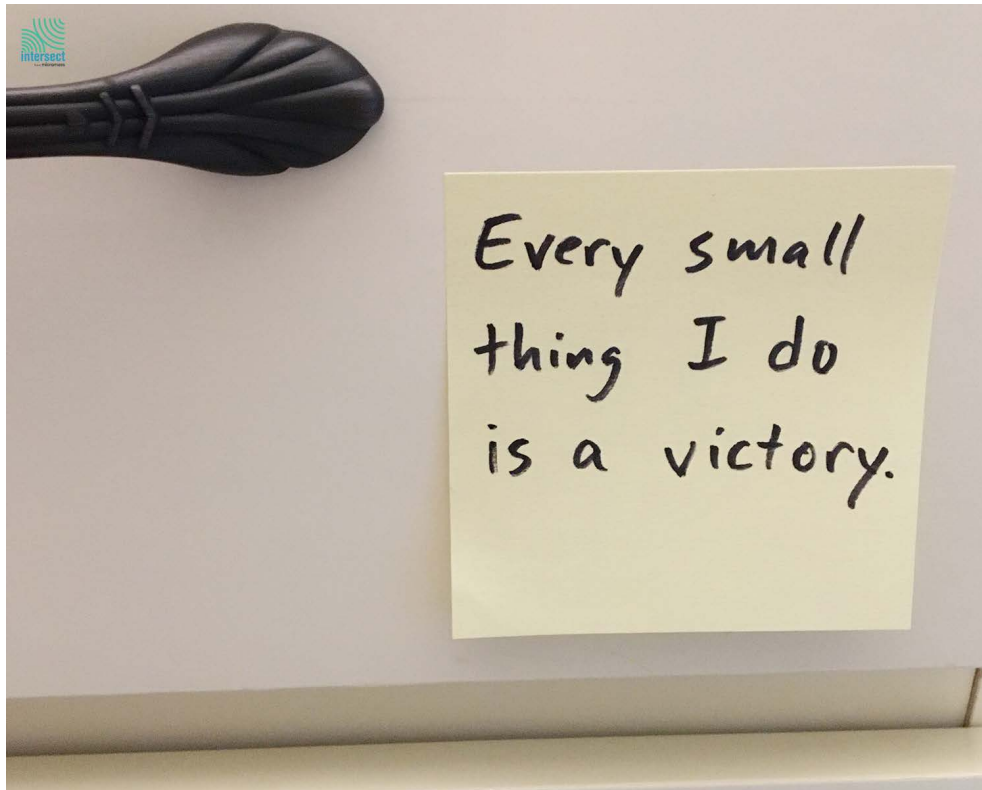
# Episode 1: Discovering Rachel

## Support tools discussed in this episode



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# Episode 1: Discovering Rachel

## Transcript

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### **Intersect: a podcast from MicroMass Communications**

*Episode 1: Discovering Rachel*

**JOHNNY:** Welcome to *Intersect*, a podcast for anyone in the business of healthcare who's committed to providing treatments and experiences that improve patient health. This podcast tells stories of behavioral science in action. In each episode, we focus on one person facing healthcare-related challenges, and a team of MicroMass specialists works to build them a more ideal experience. Sit back. Enjoy the story. Get to know our team and our process. Find out how our behavioral expertise and creativity can help change lives.

**ANNOUNCER:** MicroMass Communications presents: *Intersect*

**RACHEL:** Did they say where to park for chemo?

**WALT:** Honestly I don't remember.

**RACHEL:** I think it's in the same lot as usual. OK, here we go.

**JOHNNY:** Rachel and Walt are pulling into the parking lot at Guilford Hospital. It's March 7, 2020. Five days earlier, two hospital employees were diagnosed with COVID-19. But for someone living with cancer, chemo still has to happen.

**WALT:** I don't think they'll even let us both walk up to the front entrance.

**RACHEL:** There's supposed to be a tent where they can take people's temperature.

**WALT:** I mean, can we at least both be there for that part?

**RACHEL:** I don't think so. It's only for people going into the hospital. OK, here we are. Masks on!

**WALT:** Masks on! Check.

**RACHEL:** I love you.

**WALT:** [LAUGHS]. That's so romantic. I love you too.

**RACHEL:** OK. Let's do this.

*Seatbelts unfastening. Musical interlude.*

**JOHNNY:** Let's rewind a few months. Early November, 2019. Cancer is a part of Rachel's life. For nearly 2 years, Rachel has spent countless hours in doctors' offices and hospitals, driving to and from chemotherapy treatments, picking up prescriptions. Here's Rachel at home.

**RACHEL:** Here's my to-do list for the day. I always try to put no more than 6 things on it. I know that doesn't seem like much, but cancer takes up a lot of room in the day. We take a lot of breaks. When we talk about it, we've just kind of abbreviated it. We're in the middle of something and all of a sudden it's "nausea break!" Or, it's like, "gotta lie down!" And it lasts however long it lasts. Yesterday we missed most of the Halloween parade. That's how it is. I usually don't get done with the dishes and everything until almost midnight, and it takes me about an hour to fall asleep. I have a recurring dream about filling out insurance forms and paying hospital bills.

**JOHNNY:** Here's the thing: Rachel doesn't have cancer. Her husband does. For nearly 2 years, she's had to adapt to the routine of living with cancer, just like her husband Walt has. She doesn't feel the physical pain, but it affects her almost as much as it affects him.



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### Transcript (continued)

**RACHEL:** It's... when Walt hurts, I hurt. I look at him doubled over in pain and all I can think is, "I'm not doing enough to help him." All I can do is sit on the floor next to him, hold his hand.

**WALT:** I appreciate that.

**RACHEL:** When the pain subsides, we usually end up talking about pills.

**WALT:** [CHUCKLES]

**RACHEL:** It's like, "I love you. Did you take your pills?" Are they helping? What about the new one they mentioned? Maybe that would be better than going to the hospital every week.

**WALT:** That's our quality time.

**JOHNNY:** On top of all that, Rachel also works a full-time job for an investment company, she takes care of her 15-year-old son, she cooks meals, she mows the lawn.

**RACHEL:** I feel like I go months without picking my head up. I haven't even watched the news in forever. Todd said there's some virus in China that's like a cold but it's killing people. He said, "Mom, it's all over the news." I was like, "I've never heard of it." I'm lucky if I get 5 minutes to go on Facebook and see what my friends are doing. Back in October I got a haircut. That was like, a luxury.

**WALT:** [CHUCKLES]

**JOHNNY:** Rachel is a caregiver. Her daily routine is the same as a cancer patient's. She has the same stress, same uncertainty about the future, and it started well before the outbreak of COVID-19. Rachel is exhausted mentally and physically. She spends all her time taking care of Walt. But who's taking care of her? Here's where our work intersects with Rachel's story. We're going to help Rachel. Rather, we're going to give Rachel the resources to help herself. We'll start out when circumstances are relatively normal, providing her with tools to cope as a caregiver. And when the pandemic hits, we'll adapt those tools to help her keep going in stride.

*Musical interlude.*

**JOHNNY:** Welcome to Intersect, a podcast by MicroMass Communications. On each episode, we tell the story of one person who needs help and we try to figure out how to make their healthcare experience better. We bring together behavioral science, creativity, and a purposeful use of technology to help people lead healthier lives. Today we're talking about caregiving. What can we do to help support caregivers at the end of their rope? At MicroMass, each team is made up of specialists with strong perspectives, diverse skill sets, and a common goal. Here's the team who will be working to help Rachel.

**KATHY:** I'm Kathy Moriarty, and I'm a Senior Behaviorist at MicroMass. And I really enjoy the opportunity to learn about the experiences of patients and caregivers, and then use those insights to help provide unique and tailored support to best meet their needs.

**KIM:** Hi, I'm Kim Lilienthal, and I am a Senior Behavioral Copywriter. And my favorite part of working at MicroMass on the creative team is getting to distill complex concepts into simple and memorable experiences.

**ERIC:** I'm Eric Connor, Associate Creative Director. I like to focus on the visual experience of the various tactics. On a personal level, I've been in the role of caregiver for some family members. My mom with breast cancer,



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### Transcript (continued)

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and my brother with pancreatic cancer, and I understand how those roles can feel very overwhelming and frustrating at times.

**KRISTEN:** I'm Kristen Maynard, Senior Account Director at MicroMass. I've worked in the oncology space for over 6 years now. Caregivers play such an important and unique role in the patient's care. They're there every step of the way and have the opportunity to significantly influence the patient's experience, which then becomes a reflection on the brand experience.

*Musical interlude.*

**JOHNNY:** And I'm your host, Johnny Knight. I'm a Senior Behavioral Copywriter at MicroMass. I write, I ask questions, I listen. Back to Rachel. Anyone can see she's overwhelmed. Still, caring for someone with cancer isn't just about cancer. It's a lot of exhausting moments piled up on top of each other. Listen to this exchange between Rachel and Walt, recorded in November 2019.

**WALT:** [FLATLY.] Morning. What time did you get up?

**RACHEL:** [CHEERILY] A few minutes ago. I just made some coffee...?

**WALT:** No thanks.

**RACHEL:** Did you... take your meds this morning?

**WALT:** Honestly I don't know.

**RACHEL:** Do we need to go check the pills and maybe I can help you out? Make sure you get those meds...

**WALT:** I can do it.

**RACHEL:** You look like you don't feel so good this morning... Did you...

**WALT:** Enough. Enough.

**RACHEL:** ...take your meds?

**WALT:** Enough.

**RACHEL:** I really feel bad for you when you're in pain.

**WALT:** That makes 2 of us. And I'm pretty sure I feel worse, so.

**RACHEL:** I just want to help. Will you just let me help?

**WALT:** Not now.

*Musical interlude.*

**JOHNNY:** So we have a person who's stressed and exhausted talking to a person who's in pain. That conversation has so much going against it from the start. Let's hear what our MicroMass team has to say.

*Musical interlude.*

**JOHNNY:** Here's our job: we're doing patient support for a company who makes one of the drugs that Walt takes. So what can we do to help Rachel?

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**KATHY:** Walt and Rachel are in the midst of a really difficult conversation, right? Walt's expressing that he's in pain and that he's also feeling nagged and feeling criticized. And Rachel's trying to communicate that she's wanting to help him, but they're at odds the whole time. The first thing that comes to mind for me is how can we help them communicate as partners, so that they can work together instead of getting frustrated with each other.

**KIM:** Yeah and there are definitely some specific skills that can help with that, but it's really hard to apply skills—even if you know what they are—when you're in these emotional conversations. So I think trying to help her learn some ways that she can resist this urge to fix or to solve a problem and really just listen.

**KATHY:** It can be hard sometimes to take that step back and self-reflect because we talk all the time, right? So we sort of take communication for granted, but it is important to know that there are some really simple, yet very instrumental skills that can help make the conversation go more smoothly. One perspective that comes to mind is Motivational Interviewing. One of the, or the really foundational skill, is Reflective Listening. Where in this case, we'd be showing Rachel how she can use Walt's own words back to him to really demonstrate that she's listened to him without trying to put her spin on it.

**KIM:** And I think that type of Reflective Listening is not very intuitive to most people. The nature of spinning someone's words back to them to show that you've heard and understand is not so easy. So I think that she would need it modeled for her, and I'm thinking maybe, like an interactive chat tool of some sort, where she can build a conversation with Walt that is about an emotional situation.

*Musical interlude.*

**JOHNNY:** Fast forward to late January, 2020. Rachel has this chat platform on her phone. I'm with her on her lunch break at work. So could you tell me what you're seeing here?

**RACHEL:** Sure, so this is the **Communication Builder**.

**JOHNNY:** Where'd you find out about it?

**RACHEL:** I got it through a support program for one of Walt's medications. They sent me a text, I texted back, and I got it on my phone.

**JOHNNY:** What do you do with it?

**RACHEL:** I'm using it to have a "conversation" with Walt. I'm being myself, and the phone is supposed to be Walt. So I might say, "Maybe we could ask the doctor about other options for this medication."

**JOHNNY:** So Walt says...

**RACHEL:** "I don't want to switch medicine. What I'm taking is fine."

**JOHNNY:** And then do you just type in your answer?

**RACHEL:** No, then it gives me 3 choices. The first one is, you know, something more like "You're completely happy with the medicine you're taking." Then there's another one that's, "You're wrong. You need to change meds."

**JOHNNY:** [LAUGHING] So would you actually say that to Walt?

**RACHEL:** Well, maybe before I was using this, but not now. But when I do choose what to say, it comes back with a comment about how he might hear it and how he might react.

**JOHNNY:** So it's like a practice version of Walt.

**RACHEL:** Exactly. So if he gets upset, I can be like, I'm not going to go down that road.

**KATHY:** The beauty of this type of platform is it provides Rachel with numerous opportunities to practice. And in this case, practice really does make perfect. She's practicing in a safe environment so that when she does actually go to Walt and they have that conversation face-to-face, you know, she may feel more relaxed going into it, and better prepared to, you know, get her point across. And again, come back to that shared partner agreement.

**ERIC:** I think it—from a design perspective—we want to make sure that this is very user friendly. I think that practicing communication skills, it really can feel very daunting. We need to let her know that she can handle this conversation, or that she has some skills to build on, or otherwise she's just going to run away from this experience before even starting.

**KATHY:** Yeah, and this is not meant to be a burden. If anything, how can we help this seamlessly fit into the context of her life?

**RACHEL:** I kind of laughed when I first saw the idea. I don't have a lot of time to learn new systems so I can talk to my phone, but it was really easy.

**JOHNNY:** How often do you use it?

**RACHEL:** Whenever I have time. Sometimes, if I just have 5 minutes in the bathroom, I can get a lot done. [LAUGHING] Don't put that in your show. No wait, yeah, do put it in. I want people to know that's the only free time I have.

**KIM:** I think as long as it feels relevant and timely for her, if she can see that there is a specific application that she can immediately use based on what she learns in the tool, she'll be a lot more likely to want to use it, if she knows she can apply it almost as soon as maybe later that day in a conversation with Walt.

**KRISTEN:** Yeah, I think the critical thing here will be framing those communication skills in the context of treatment—practical type of concerns. So things like managing side effects, fitting dosing into their daily schedule, contacting their doctor.

**KIM:** Yeah absolutely. So if it works the way we're hoping it will, it'll help Rachel, it'll help Walt, and it'll help the brand because we're also addressing some common concerns about adherence too.

**KRISTEN:** So we're talking about this as a digital chat platform, but really it's a partner and a sounding board for Rachel. She's really been thrown into this caregiving role and she doesn't have any past experience to kind of draw from. So, this chat platform can help to guide her through the experience so she doesn't feel alone.

**RACHEL:** This may sound strange, but it's like talking to a really easygoing friend. Someone who never loses their cool, and when I'm around them, I never lose my cool either.

**ERIC:** So, Rachel starts to get more comfortable communicating and picks up momentum. I feel like in the end, this is going to help her build confidence in talking with Walt.

**KRISTEN:** Yeah, so the brand is providing her with Walt's medication, but it's also providing support for her. So she'll start to associate not only that clinical confidence with the brand, but also from a holistic standpoint, she'll have confidence in the brand to address any practical, physical, emotional needs.



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### Transcript (continued)

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**JOHNNY:** Some people might ask, “Why are we spending so much time thinking about Rachel’s situation?” “Why are we helping her take care of herself when Walt’s the one with cancer?”

**KRISTEN:** Because we can’t support Walt the way that Rachel can. Walt really trusts Rachel, I mean, they’re together all the time. Rachel has a much bigger impact on how Walt feels, the choices he makes, and ultimately his adherence to the drug. So we’re enabling her to give him a more immersive surround-sound type of support.

*Musical interlude.*

**JOHNNY:** About 2 weeks later—mid-February. We pay Rachel another visit at her home.

**JOHNNY:** How’s the conversation practice been going?

**RACHEL:** Good. Uh, really good! That communication builder doesn’t have Walt’s sense of humor, but it does help. I go into each conversation with a plan. But I think it’s also helped me listen better. I can still speak my mind, but I know how to say it so that we don’t get into an argument.

**WALT:** Good morning.

**RACHEL:** How’d you sleep last night?

**WALT:** Same as I always do. Woke up several times, uh, the medication just make me restless. I can’t get a good night’s sleep.

**RACHEL:** I’m so sorry, I was really hoping last night would be better.

**WALT:** [SHORTLY] Well you know, it doesn’t help that you’re always doing dishes at midnight. You have got to stop doing the dishes that late at night.

**RACHEL:** I’m sorry. I know it’s frustrating.

**WALT:** You know what. I’m sorry. Sorry, I shouldn’t have snapped at you like that. It’s probably more the meds than it is you.

**RACHEL:** It sounds like the side effects of that medication are really bothering you. Maybe we should look into something different.

**WALT:** Yeah. We probably could.

**JOHNNY:** So with a little practice, Rachel’s strengthened her communication muscles. That conditioning is going to come in handy in about a month, when things get even more stressful. She’s made some progress but she’s not all the way there yet.

*Musical interlude.*

**JOHNNY:** Hello, listener. I want to take a second to check in. As you listen to this story, does anything from your own business experience come to mind? Have you ever thought about how your audience’s thoughts, feelings, and actions might be contributing to the challenges you’re working to solve? In this episode, our MicroMass team uses their detailed understanding of health behavior to meet Rachel where she is. As you listen, think about how that approach could fit into the context of your business. Whatever goals you want to achieve, ask yourself how MicroMass may be able to help. Okay, back to the show.

*Musical interlude.*

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### Transcript (continued)

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**JOHNNY:** So what about you? How are you doing?

**RACHEL:** Me? I mean... [SCOFFS]

**JOHNNY:** What does that mean?

**RACHEL:** I don't know. I guess I should say I'm doing fine. You know, I haven't gotten fired from my job, so we still have health insurance. Walt's alive. Todd's doing pretty well in school.

**JOHNNY:** But...

**RACHEL:** I mean, every day I feel like I fail. I never get anything done on my to-do list. There's always something I forget, or I mess up. I run out of time.

**JOHNNY:** You have a lot to do.

**RACHEL:** But that's no excuse! I mean, I'm basically here to keep these 2 other people alive. If something happens to one of them, I can't say, "Well tough luck, I had a lot to do." So you ask me how I'm doing? I'm walking up a mountain carrying 2 people. Two people I love. One of them is a teenager, and the other one has cancer. So how the f—. I'm sorry.

**JOHNNY:** It's OK.

**RACHEL:** No, no. I'm really sorry. [SIGHS] I never used to snap at people like that. Now, I do it all the time.

*Musical interlude.*

**JOHNNY:** Caregiving is about more than communication. Let's see if our team can help her with how she's feeling.

**KATHY:** For Rachel, the stakes are incredibly high right now, and she's feeling the pressure. And some of the pressure I think she's placing on herself. And I think because of that, she may be missing the fact that she's probably doing better than she thinks she is.

**KIM:** Yeah, I also noticed so much of her identity is tied up in the wellbeing of the people in her life. Which is fair, but at the same time there needs to be a little bit of her allowing herself to be enough. Even if the people in her life are going through a hard time.

**KATHY:** I think there's a real opportunity here for Rachel to try and practice some Self-compassion. To take a step back and view herself as a friend might. And I think this might be really eye opening for her.

**JOHNNY:** Back to the question of how we're supporting Rachel. How does helping Rachel develop compassion for herself help Walt?

**KATHY:** Think about when you're on an airplane. You know, you're told by the flight attendant that when the oxygen mask—if it was to drop down in an emergency—that you're supposed to put it on yourself first, and then turn to the person next to you to help them. If Rachel's able to first address her own needs, then she's going to be in a better place to help with her family's needs. So in this case, helping her also helps them. And if we help her to get stronger, then her load will feel lighter.

**KIM:** Yeah, I love that analogy, Kathy. But I'm also thinking about times I've been on airplanes and sitting next to a parent, and they're rolling their eyes and thinking, "Of course I'm going to put my oxygen mask on my child first." And I think that goes for your child, your spouse, anyone you really care about. It's definitely easier said than done.



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### Transcript (continued)

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**JOHNNY:** So what if Rachel doesn't feel like she can take the time to help herself?

**KIM:** With whatever we build for her—a self-compassion tool, a self-care tool—it needs to be easy. What can she seamlessly integrate into her life without feeling like she has to change a lot about what she's currently doing.

**ERIC:** And the design should suggest it's not this huge, big project. Only asking just a little bit of her time and encouraging her in that way.

**RACHEL:** So I'm opening up this website. It's called the [Care Partner's Resource](#). It's part of that same support program I told you about. I only had used the Communication Builder, but then I saw a post about this website show up on my Facebook page.

**JOHNNY:** Did you have to sign up for some kind of program?

**RACHEL:** Nope. I just went to the website and I was in. See, I like this. It starts out, "What are you looking for today?" The choices are support, skill building, and self-care. I click on one. Look at this—it shows you how long each activity takes. 3 minutes, 5 minutes, 8 minutes.

**KIM:** So maybe it could help to show her some examples of how other people have dealt with caregiving, and a little bit of their story about how they've approached caregiving in their own situation in their lives.

**ERIC:** Right, the example could have a picture of them and a short description of who they are and maybe the caregiving situation. So that Rachel can start to identify with them.

**KATHY:** This exercise can really help Rachel recognize that this experience is hard for everyone. Ultimately this will really be helpful for her to not be so hard on herself.

**RACHEL:** We're in the support section of the website here. There's several options. I'm choosing [Caregivers Share Their Stories](#).

**JOHNNY:** Who are these people on the screen?

**RACHEL:** I guess these are people taking care of someone with cancer. Uh, each person says who they're taking care of and what they've found helpful. She's taking care of her mom, um, wow. This guy's taking care of his wife. I think his situation is a lot like mine. He says that at the end of each day, he writes down at least 3 things he's accomplished, puts them in a journal. He says, "I like to remind myself that I make progress every day, even if it's hard to see." I like that.

**KATHY:** So one thing we can do is give her some exercises to help her practice self-compassion. So, you know, we see that she's just started to identify with somebody else who's going through something similar to herself, and we can have her write a kind note to this person. Then after she does that, we can have her practice writing a kind note to herself, and practice speaking to herself with that same kind of understanding that she has for somebody else, using the same compassionate tone.

**ERIC:** One of the things that we want to keep in mind is making the design feel inspiring. Writing a note isn't a big task, but for some people, any task can be an obstacle. We want her to bring some enthusiasm when she starts.

**KRISTEN:** Yeah, I think the other thing we can do is to make the setup extremely encouraging, to help build her confidence, and make her feel safe. You know, the idea is for this to be something really short that she can do, probably only about 2 minutes, but in the end it can give her a really big reward.

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### Transcript (continued)

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**KIM:** And then, with that note, she can maybe pull just a phrase or a few words to use as an Affirmation for herself.

**JOHNNY:** So what's this thing taped up here?

**RACHEL:** Just a little reminder. It says, "I can do it, but I don't have to do it all right away."

**JOHNNY:** Why'd you put it on the kitchen cabinet?

**RACHEL:** I guess because the kitchen is the room where the work is never done. [LAUGHS] I just wanted to make sure I see it a lot. I spend a lot of time here.

**JOHNNY:** So where did that saying come from?

**RACHEL:** Uh, I wrote it. It was on that support website. The one I talked to you about earlier. The thing was to write a short note to myself, like I was talking to a friend. It took me a couple of minutes to write this note, but I'm glad I did.

**JOHNNY:** And the saying is part of what you wrote?

**RACHEL:** Yeah. The website said to put it where I can see it every day. I have another one on my dresser. It says, "Every small thing I do is a victory." Sometimes I say them out loud when I'm by myself.

**JOHNNY:** Do they help?

**RACHEL:** They do. Uh, I felt a little silly at first—writing to myself, taping these notes up. But I have to admit, it's been nice. And you know... I thought Todd would laugh at them... but he didn't. He gave me a hug and said, "Right on, Mom."

**KRISTEN:** In a nutshell, this allows her to put the oxygen mask on herself. When she does that, she's in a better place to take care of Walt.

**JOHNNY:** Now we arrive at March 2nd. Rachel has gone from having no support to having 2 digital support partners—the Communication Builder and the Self-compassion Program. She and Walt are talking better; she's giving herself some grace.

**RACHEL:** Last night, I got to bed at 10. First time since... ever, it feels like. I mean, I'm never going to let my guard down completely. Walt still has cancer. I still have a to-do list a mile long. But at least I feel like I have time to breathe. And I'm going to get my haircut next Tuesday. Yes, it's going to be most satisfying haircut ever.

**JOHNNY:** In 5 days, she'll be driving Walt to chemo and they'll both be wearing masks. The skills she's been developing are about to become even more vital. Because sometimes, life takes you by surprise.

**RACHEL:** [SPEAKING ON THE PHONE] ...it'll be over at 6.

**TELEVISION NEWSCASTER:** [MURMURING] ... tested positive for COVID-19

**RACHEL:** [SPEAKING ON THE PHONE] And I'm sure there will be plenty of time to get home from the stylist. So thank you so much!

**TELEVISION NEWSCASTER:** [MURMURING] ...two confirmed cases in this area...

**RACHEL:** [SPEAKING ON THE PHONE] Wait— Wait, are you seeing this?

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## Episode 1: Discovering Rachel

### Transcript (continued)

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**TELEVISION NEWSCASTER:** [MURMURING]...begin implementing heightened safety measures starting Monday...

**RACHEL:** [SPEAKING ON THE PHONE] Hey Alyson, let me call you back.

**TELEVISION NEWSCASTER:** [MURMURING] ...all patients scheduled for non-emergency procedures to contact...

**RACHEL:** [SHOUTING] Walt!

**JOHNNY:** To be continued. This has been episode 1 of Intersect. Join us for episode 2 as the team works on ways to help Rachel and her family navigate the COVID-19 crisis.

In this episode, we helped Rachel develop some essential caregiving skills. We created a chat platform for Rachel to improve her communication. It allowed her to practice reflective listening without pressure, building her confidence for when she talks with Walt about his medication. We gave her a multi-faceted website, the Care Partner's Resource. It offered her a window into how other people handled caregiving, providing inspiration and helping her understand that she's not alone. And we introduced her to self-compassion with the activity of writing herself a kind note and using it to create positive affirmations. For more than 2 years, Rachel has been under the weight of so much stress and self-doubt. Now her confidence is growing and she can finally let herself be enough. Find out how she uses these skills, builds on them, and discovers new ones in episode 2.

In the meantime, if you'd like to see sample images of the communication builder and the self-compassion tools that Rachel used, if you want to get a sense of what they look like and how they work, click the links on our podcast page. For now, I'm Johnny Knight. Talk to you soon.



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