

A GUIDE TO COMPASSIONATE AND EMPATHIC DIALOGUE  
QUICK REFERENCE GUIDE TO POSSIBLE SCENARIOS



**PHONE CALL OR VISIT WITH A STAKEHOLDER OR PARTNER**

You can start the conversation with the classic greeting: *“Hello [their name], you must be very busy responding to everything related to the [emergency], so I appreciate your time. How is everything? How are you and your family?”*

**Scenario 1  
Common Conversations**

The person feels tired, their workload has increased, but they can continue with the work plan.

Begin by practicing active listening.

Ask if it's possible to continue with the planned agenda, or if they need to reschedule.

Offer to resend the agreed-upon activities and dates. Try to take some of the burdens off their plate.

**Scenario 2  
Conversation with a Vulnerable Population**

The person may experience stress, anxiety, and concerns about the situation. They may also share personal issues during the conversation.

Begin by practicing active listening without making any judgements and validating their feelings.

Offer to check for resources available to help reduce stressors.

Wait for their response and forward their request for information to the supervisor, lead or person in charge.

**Scenario 3  
Conversation with a Person in Crisis or Cumulative Stress**

The person may begin to cry and feel that they have lost control of the situation. Expresses frustration, high levels of stress and problems making decisions.

Because the person is not emotionally stable, you will not complete de work planned.

Begin by practicing active listening without making any judgments and validating their feelings.

Provide Psychological First Aid (PFA) if trained.

Let them know you can always reschedule if needed.

**Scenario 4  
Conversation with a Person at Risk or in Danger**

The person expresses attempting against their life, the lives of others, or property.

Take immediate action. Cancel the plans you had, and immediately refer to a mental health professional.

Never leave the person alone. Ask for support from another person.

Look for a mental health professional. If there are no mental health services available, reach out to the immediate supervisor, and contact a suicide prevention helpline.

**Compassionate communication** has proven to be the primary skill for effective dialogue with people in physical and emotional recovery.

**Empathic conversations** allow understanding by validating the expressed concerns, problems, and feelings of others, which builds trust and adds humanity to the service.

### **Key Conversational Concepts** (Consuegra, 2010):

- **Active listening** promotes productive conversations. Not merely listening to the other person but focusing on what the individual has to say.
- **Compassion** is a human value that combines empathy and understanding for the suffering of others.
- **Empathy** is the awareness of other people's feelings, needs, and problems. It is the capacity to respond to others and express that we understand them.

### **Be attentive during a conversation:**

- When talking to someone, pay attention to every word they say, the non-verbal cues, the tone of their voice, and gestures they expresses, because this will be the key for you to identify if the person is in a favorable emotional condition to continue with the day's work (Brymer et al., 2006).

### **Before the conversation:**

- Have your agenda ready with key points. *This will help the meeting flow smoothly.*
- Make every effort to be accompanied by a coworker.

### **During the conversation:**

- Avoid asking questions that might trigger emotions, such as: "How do you feel?"
- Be patient- *The recovery process takes time. Achieving what is scheduled in your agenda cannot be more important than the emotions of others.*
- Don't think you can fix it- *Recognize that supporting your stakeholders does not mean fixing their problems.*
- If necessary, reschedule or have an additional meeting to complete the agenda.
- Summarize what the meeting accomplished and what is left to do.
- Validate the conversation for the recovery process.

### **After the conversation:**

- Set boundaries- It's okay to be specific. Learn your limits and when it's time to recharge your batteries.
- Validate any important agreements via emails.
- Identify if the person needs extra help and talk to a supervisor for support.
- Answer any questions and take any follow-up actions

### **Possible Referral Signs:**

#### **1. Behavioral:**

- Disorientation
- Excessive use of drugs or alcohol to handle the situation
- Violent behavior
- Unable to take care of themselves or others

#### **2. Emotional:**

- Sadness/crying
- Irritability
- Anxiety/fear
- Hopelessness/despair
- Feeling guilty
- Emotionally disconnected

#### **3. Physical:**

- Physical discomfort (somatization)
- Difficulty sleeping
- Changes in eating patterns
- Fatigue / exhaustion
- Agitation

#### **4. Cognitive:**

- Difficulty to make decisions
- Difficulty concentrating
- Difficulty communicating
- Difficulty to remember
- Concerns about death and destruction
- Suicidal/homicidal thoughts
- Hallucinations (see, hear, and feel things that aren't real)