



U.S. Department of Health & Human Services
Office of the Assistant Secretary for Preparedness & Response

A GUIDE TO COMPASSIONATE AND EMPATHIC DIALOGUE



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**Division of Community Resilience and Recovery
United States Department of Health and Human Services
Office of the Assistant Secretary for Preparedness and Response
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Introduction

The mission of the Office of Assistant Secretary for Preparedness and Response within the Department of Health and Human Services (HHS ASPR) is to save lives and protect Americans from 21st-century health security threats. ASPR leads the nation's medical and public health preparedness for, response to, and recovery from disasters and public health emergencies. ASPR collaborates with hospitals, healthcare coalitions, biotech firms, community members, state, local, tribal, and territorial governments, and other partners across the country to improve readiness and response capabilities (PHE, 2021).

According to the Office for the Coordination of Humanitarian Affairs (OCHA), the second most disaster-prone region globally is Latin America and the Caribbean. Statistics say that from 2000-2019, 152 million people were affected by 1,205 disasters between 2000-2019 (OCHA, 2020). A disaster is a serious disruption of the functioning of a community or a society, causing widespread human, material, economic or environmental losses which exceed the ability of the affected community or society to cope using its resources (WHO, n.d). Regardless of the type of disaster, mental health can be affected because of injury, destruction, and death (TRACIE, 2014).

As the name implies, after a disaster, first responders are the first ones on the scene. They face difficult, life-threatening, and exhausting situations. They are also often the first to assist disaster survivors and provide emotional and physical support (SAMHSA, 2018). The term first Responder refers to individuals who, in the early stages of an incident, are responsible for the protection and preservation of life, property, evidence, and the environment, including emergency response providers as defined in section 2 of the Homeland Security Act of 2002 (6 U.S.C. 101); as well as emergency management, public health, clinical care, public works, and other skilled support personnel (such as equipment operators) that provide immediate support services during prevention, response, and recovery operations (HSPD-8, 2003).

After hurricanes Irma and Maria hit Puerto Rico in 2017, as happened in Texas after Hurricane Harvey, the citizenry, including local stakeholders, were under tremendous stress. Compounded by a severe series of earthquakes in the southwest in 2020 but felt across the island and the

COVID-19 pandemic, these very same citizens remained under constant stress, affecting their ability to engage effectively with first responders in recovery efforts. First responders in Puerto Rico face the dichotomy of being survivors and working with affected stakeholders from local agencies and organizations in recovery efforts. These first responders may lack the tools and skills to communicate with these stakeholders effectively under these conditions.

HHS/ASPR developed this guide as a resource to help emergency response and recovery personnel engage effectively and empathically with their stakeholders in a multi-hazard environment. Stakeholders may be overwhelmed, distressed, anxious, and experiencing cumulative stress. Our goal is for first responders to be compassionate and empathic when interacting with stakeholders and understand the effects of cumulative stress and behavior when communicating with each other.

This guide can help engage stakeholders during the response and recovery phases with a compassionate and empathic approach. Provides information related to the mental health impact that disasters have on emergency responders. Also, the effect that certain disasters have on emergency response personnel when interacting with populations in need.

Objectives:

- Support long-term sustainability to better understand the effects of cumulative stress and trauma after a disaster.
- To provide first responders with skills in assertive communication, self-control, and relaxation through a psychoeducational approach.
- Promote a compassionate and empathic engagement with stakeholders.
- Provide available resources in other areas like self-care, stress management, and resiliency for the responders' personal use.

Overview

In this overview, you will find helpful information about the most common disaster that occurs globally but using as examples the most recent experiences in Puerto Rico and the United States, such as hurricanes, earthquakes, and recently the COVID-19 pandemic. This guide will give you information to understand the phases of a disaster, how disasters impact Responder's mental health, and how to deal with some sample scenarios. Last but not least, this guide's main focus, take the steps necessary to start a compassionate approach and empathic engagement with stakeholders.

The Disaster Setting and Mental Health Impact

The history of humanity is plagued by countless events and disasters that have affected all kinds of civilizations. Some of those events have been natural disasters that can be predicted and give us time to prepare and respond, while other types of disasters do not. As described in Daubman, Cranmer, Black, & Goodman (2019, p.2):

Sudden onset disasters include catastrophic natural events such as earthquakes, floods, hurricanes; no-notice events like terrorist mass casualty events; emerging infectious diseases such as outbreaks; and humanitarian crises such as the displacement of large groups of people due to violent conflicts that overwhelm the local resources and infrastructures (WHO 2018). Additionally, large displacements due to famine, drought, and economic collapse have led to chronic and escalating humanitarian crises (Abubakar et al., 2019).

In the US, some of the most common natural disasters between 1900 to 2016 by type include: convective storms, floods, tropical cyclones, riverine floods, forest fires, earthquakes, heatwaves, and flash floods (Statistica, 2020).

Extensive scientific literature (Esterwood, & Saeed, 2020) has documented the relationship between disasters and people's mental health; the effects of disasters might have consequences on the affected population. Along with the social and economic losses, the individuals and

communities may experience mental instability, precipitating anxiety and depression. These two mental health symptoms are the most commonly identified during disasters, but other symptoms are widely experienced by survivors during disasters such as:

- Traumatic bereavement
- Prolonged grief
- Difficulty sleeping
- Having thoughts and memories related to the suffered event
- Feeling numb
- Withdrawn or disconnected
- Isolated from others
- Distance from others or family
- Avoid places and activities that can bring memories related to the event

Another common symptom is sadness and certain sounds that can trigger the memories of the event. Generally, disasters are measured by the cost of social and economic damage, but there is no comparison to the emotional sufferings a person undergoes post-disaster (Makwana, 2019).

**Appendix 4 present a brief description of some types of disasters and the consequences on mental health.*

In all cases, compassionate and empathic interventions may improve communication with survivors, volunteers, and personnel, providing emergency responders with a tool to feel empowered to take the actions needed in emergency management. Furthermore, studies show that empathic engagement does not necessarily take up more time, is not emotionally exhausting like being sympathetic, and does not overburden the emergency responder because the other persona maintains responsibility for their problem (Flisher, nd). It is important to identify these natural disaster stress-related symptoms to offer help and report it to the proper person or department.

Audience

The primary audience for this guide is the first responders working at the Federal Emergency Management Agency (FEMA), Puerto Rico Emergency Management Bureau (PREMB), and Municipal Office of Emergency Management (OMME).

This guide is also intended for essential workers in emergencies/disasters response and recovery scenarios. Compared to non-essential workers, essential counterparts are more likely to report anxiety or depressive disorder symptoms, starting or increasing substance use, and suicidal thoughts during the pandemic (Panchal et al., 2021). In the case of the COVID -19 pandemic, many essential workers had to face several challenges, including a greater risk of contracting the coronavirus than other workers.

The CDC defines “**essential workers**” as those who conduct a range of operations and services in industries that are essential to ensure the continuity of critical functions in the United States (U.S.) (CDC, n.d).

Emotional Phases of a Disaster

As SAMHSA explains, while each survivor experiences a disaster as an individual, they also experience it as part of a community (SAMHSA, 2020b). The reactions that an individual or community tends to have after a disaster are usually consistent. The following figure shows the magnitude of the emotional impact at each of the stages.

Figure 1: Emotional Phases of a Disaster

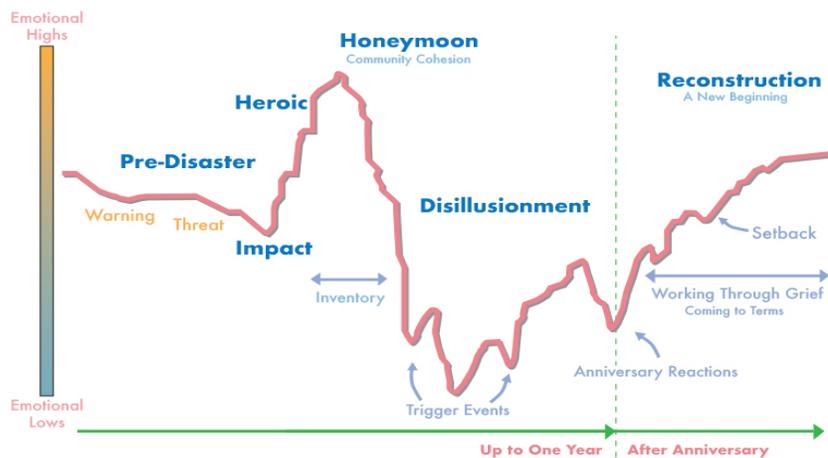


Image Source (SAMHSA, 2020)

Pre-Disaster (Phase 1)

Phase one is marked by anxiety and confusion. The particular reactions and perceptions of the group depend on the type of disaster. Disasters without warning can trigger feelings of insecurity and lack of security; fears of potential, unexpected tragedies; and a sense of loss of control or the ability to protect yourself and your family. On the other hand, disasters with a warning may lead to guilt or self-denial for failure to heed alerts. The pre-disaster phase can be as short as hours or even minutes, such as during a terrorist attack, or as long as many months, during hurricane season (SAMHSA, 2020b).

Impact (Phase 2)

Phase two is characterized by a series of intense emotional reactions. As with the pre-disaster phase, the particular responses often depend on the type of disaster that occurs. Slow, low-risk disasters have psychological consequences that are different from fast, hazardous disasters. As a consequence, these reactions can range from shock to overt panic. Initial uncertainty and disbelief are generally accompanied by an emphasis on self-preservation and family security. The impact phase is typically the shortest of the six catastrophe stages (SAMHSA, 2020b).

Heroic (Phase 3)

Phase three is characterized by a high level of activity with a low level of productivity. There is a sense of altruism in this process, and many community members display adrenaline-induced rescue behavior. As a consequence, the risk assessment may be impaired. The heroic phase also shifts rapidly to phase four (SAMHSA, 2020b).

Honeymoon (Phase 4)

Phase four is marked by a sudden change in emotions. Disaster assistance is readily available during the honeymoon period. Group bonding is taking place. Optimism exists that everything will quickly return to normal. As a result, there are many opportunities for providers and organizations to develop and build relationships with impacted individuals and groups and build relationships with stakeholders. The honeymoon phase typically lasts just a few weeks (SAMHSA, 2020b).

Disillusionment (Phase 5)

Phase five is a stark contrast to the honeymoon phase. During the disillusionment process, communities and individuals are aware of the drawbacks of disaster assistance. As optimism turns to discouragement and stress continues to increase, negative reactions, such as physical fatigue or drug use, can begin to emerge. The growing distance between need and assistance contributes to feelings of abandonment. In particular, as the wider population returns to business as normal, there will be increased demand for services as individuals and communities become ready to receive assistance. The phase of disillusionment can last months and even years. It also applied to one or more cause occasions, usually including the anniversary of the disaster (SAMHSA, 2020b).

Reconstruction (Phase 6)

Phase six is characterized by an overall feeling of recovery. Individuals and communities are starting to take responsibility for rebuilding their lives, and people are adjusting to a new "normal" while continuing to suffer losses. The reconstruction phase often begins around the anniversary of the disaster and may continue for some time to come after the catastrophic events (SAMHSA, 2020b).

Evidence-Based Interventions on Compassionate Communication

Compassionate communication has proven to be the primary skill for effective dialogue with people in physical and emotional recovery. The literature shows that this type of communication has been assertive for different scenarios, such as in the field of health. Developing a relationship of trust with patients requires a dialogue that allows them to perceive from their provider genuinely, empathy, warmth, and trust to talk to them about their concerns related to their disease (Czerwiec, 1996; Kennedy-Sheldon, Barrett, & Ellington, 2006; Lowey, 2008; Watson, 2008). Compassionate communication allows patients in palliative care to perceive through their doctors and nurses an increase in their quality of life that prevents and alleviates physical, psychological, social, and spiritual suffering; therefore, they do not destroy their hope and feel

accompanied. In a study conducted, one hundred and twenty patients in cancer treatment indicated that when they received services best, communication was done empathically, in a comfortable place, without interruptions, and using language that indicated compassion for feelings. On the other hand, in customer service, empathic conversations allow people to transmit understanding, validating their concerns, problems, and feelings when expressing them, which builds trust and adds humanity to the service. While in grieving processes, it allows people to feel emotionally accompanied to overcome the emotions experienced (Daubman, 2019).

As in past scenarios, people might need companionship and empathic conversations when they have been victims of emergencies such as catastrophic natural disasters or humanitarian crises (WHO 2018). Because of the evidence presented regarding access to decrease suffering and increase confidence, this guide focuses on developing a compassionate and empathic dialogue with people who express different symptoms or signs related to the situation they have experienced.

STEPS

The development of this tool aims to:

Step 1:



Support long-term sustainability to better understand the Effects of Cumulative Stress and Trauma After a Disaster.

Step 2:



Promote a Compassionate and Empathic Engagement with Stakeholders.

Step 3:



Provide available resources in other areas like self-care, stress management, and resiliency for the responders' personal use.

Step 1:



Support long-term sustainability to better understand the Effects of Cumulative Stress and Trauma After a Disaster.

Cumulative Stress

Cumulative stress is defined as a period in which a person experiences an accumulation of emotions after exposure to prolonged stressful or traumatic situations that have not been addressed (De Rivera, 2010). It is essential to mention that the level of stress and anxiety change from person to person and from disaster to disaster. Some behaviors are exacerbated before, during, and after a disaster.

Stress is a normal psychological and physical reaction that motivates you to perform well and respond to the demands of life. But multiple challenges daily can push you beyond your ability to cope.

Your brain comes hard-wired with an alarm system for your protection. When your brain perceives a threat, it signals your body to release a burst of hormones that increase your heart rate and raise your blood pressure. This "fight-or-flight" response fuels you to deal with the threat (Mayo Clinic, 2020)

Risk Factors

If a person experiences an accumulation of emotions after exposure to prolonged stressful or traumatic situations that have not been addressed (De Rivera, 2010), this can lead to cumulative stress. When stress is cumulative, it is reflected in different ways in our health and body (Mayo Clinic, 2020);. However, everyone reacts differently to cumulative stress, and their feelings are likely to change over time.

Some factors like, but are not limited to, work stress, anxiety, low socioeconomic status, and depression are associated with cumulative stress.

Cumulative stress over the lifetime increases prevalence of hypertension, physical disability, pain, and other chronic diseases as well as mental health disorders, alcohol, and drug abuse.

Cumulative stress is thought to exert influence through a “chain of risk,” wherein early adverse life events exposure increases the risk for later exposures in an ongoing positive-feedback loop. This cumulative stress, in turn, impacts physical, mental, and behavioral outcomes.

Physiological pathways linking cumulative stress to physical disease have not yet been explained. Specific stressors such as chronic work stress and lower socioeconomic status may impact clinical outcomes through adverse effects on autonomic nervous system function. Thus, while speculative, it is possible that cumulative stress, and especially chronic stress, modifies these corticolimbic circuits that play a role in modulating autonomic arousal during a challenge, thereby resulting in heightened sympathetic arousal in response to stress throughout the life course which may over time lead to chronic dysregulation of cardiac autonomic function. Additionally, stress could also impact circadian variation through an impact on sleep or other mechanisms of the human body (Lambert et al., 2016).

Table 1 – How Your Body Reacts to Stress

In your Body	In Your State of Mind	In Your Behavior
<ul style="list-style-type: none"> • Headache • Muscle strain or pain • Chest pain • Fatigue • Sleeping problems 	<ul style="list-style-type: none"> • Anxiety • Restlessness • Lack of motivation or focus • Feeling overwhelmed • Irritability or anger • Sadness or depression 	<ul style="list-style-type: none"> • Food consumption in excess or below normal • Outbursts of anger • Drug addiction or alcoholism • Tobacco use • Social isolation

Source: (Mayo Clinic, 2019)

Normal Individual Behaviors after a Disaster

When transitioning from a disaster event, you will most likely notice that coworkers and workplaces look different. Likewise, stakeholders may not feel comfortable returning to their jobs, but they must. An essential piece of the recovery process is to return to this routine as best

as possible. SAMHSA shares some normal behaviors after a disaster and tips you should keep in mind when contacting your stakeholder (SAMHSA, nd).

Unrelenting fatigue

- Sometimes, excessive stress makes you never feel rested. You often experience extreme tiredness when you get back to your routine, even if you feel like you've had enough sleep. You may need more rest than you think.

Cynicism

- These feelings are to be expected and usually diminish over time. Review the successes and positive results of your work and try to focus on seeing the best in people and systems. Over time, this perspective will help you maintain a more optimistic outlook.

Dissatisfaction with routine work

- When you first return to your regular job, you may feel that your day job lacks the same level of meaning and satisfaction. To counteract these feelings, incorporate the positive things you have learned during disaster response into your personal and professional life. Recognize that everyone has a job to do and that even the smallest effort contributes to our well-being.

Easily evoked emotions

- Sometimes the combination of intense experiences, fatigue, and stress leaves you vulnerable to unexpected emotions. For example, you may cry more easily than before, be quick to anger, or experience dramatic mood swings. These are fairly common reactions among disaster responders that typically subside over time. In the meantime, be aware of your reactions; discuss your experiences with trusted coworkers, friends, and loved ones; and try to limit comments that might be hurtful or upsetting to others.

Relate your experiences

- The more able you are to use positive coping skills and deal with experiences in a positive way, the more prepared you will be to support others.

Cultural differences

- Culture affects how an individual reacts to intense experiences. Find a way to express your needs in a way that is true to yourself, but also sensitive to the efforts of others.

Lastly, do not make assumptions:



Try to refrain from judging, criticizing, or making assumptions about the colleagues or stakeholders' work pace.

Trauma

Trauma occurs when frightening events or situations overwhelm a person's ability to cope or deal with what has happened. Some trauma experts extend the definition to include any stressful event that significantly affects a person's daily functioning, for example, at work or in personal relationships. According to this definition of trauma, first responders are exposed to many situations, including stressful events that may impact their daily functioning.

Trauma is defined as suffering or witnessing events in which there is actual or threatened "death, serious injury, or violence" (APA, 2017, p. 271)

Effects of Cumulative Stress and Trauma after a Disaster

There is evidence that social support can play a substantial role in the recovery process for someone experiencing stress, trauma, and post-traumatic stress disorder. Feeling physical, socially, or emotionally unsafe may cause extreme anxiety in someone who has experienced trauma, potentially causing re-traumatization. Therefore, creating a safe environment is fundamental to successful engagement (Menschner & Maul, 2016).

It is well known that certain disasters can carry a greater risk of negatively affecting the emotional health of the entire population and particularly services providers.

Examples of creating a safe environment include:

Physical Environment

- Keeping noise levels in waiting rooms low.
- Using welcoming language on all signage.

Social-Emotional Environment

- Welcoming individuals and ensuring that they feel respected and supported.
- Ensuring staff maintain healthy interpersonal boundaries and can manage conflict appropriately.
- Keeping consistent schedules and procedures.
- Offering enough notice and preparation when changes are necessary.
- Maintaining communication that is consistent, open, respectful, and compassionate; and being aware of how an individual's culture affects how they perceive trauma, safety, and privacy.

Step 2:



Promote a Compassionate and Empathic Engagement with Stakeholders.

Be Prepared

It is recommended that all first responders be trained to provide Psychological First Aid (PFA). PFA is an evidence-informed modular approach to help children, adolescents, adults, and families in the immediate aftermath of a disaster or terrorist attack. Individuals affected by a disaster or traumatic incident, whether survivors, witnesses, or responders to such events, may struggle with or face new challenges following the event (NCTSN, nd). The main objective is to reduce the initial distress produced by traumatic or emergency events in the short and long term. Thus, team members can support each other through active listening, identifying where help is needed, and connecting to the available resources (NCTSN, nd). You do not have to be a psychologist or social worker to provide PFA.

Psychological First Aid (Online Training):

<https://learn.nctsn.org/enrol/index.php?id=555>



Empathy is a fundamental aspect of building relationships and positive interaction with clients. When workers interact with clients in an empathic way, clients feel validated, and service acceptance can be improved (PMHP, 2016).

Empathy is the ability to perceive another person's meaning and feelings and to be able to communicate them to them.

An important emotion that enhances resilience is an empathic concern, which relates to other-oriented feelings of sympathy and concerns for unfortunate others. From a longitudinal

perspective, resilience can be defined as the ability to recover from adversity and go on with life. Enhancing resilience is vital for recovery from severe shocks resulting from disasters (Niezink et al., 2012).

When interacting with those that have experienced multiple disasters and emergencies, recognizing significant signs in their behaviors or speech can be the cue to engage with them compassionately. Something as simple as opening a conversation with a sincere concern for another's welfare can go a long way in building and supporting relationships. It bears repeating that "studies have shown that empathic engagement does not necessarily take up more time, is not emotionally exhausting like being sympathetic, and does not overburden the care worker, as the client maintains responsibility for their problems" (Flisher, nd). In addition, this type of communication can save time, effort, and expense as the relevant client issues are quickly identified, resulting in early and more effective management (PMHP, 2016).

Key Conversational Concepts



Active listening promotes productive conversation. Not merely listening to the other person but focusing on the individual's message (Boston, 2016).



Compassion is a human value that combines empathy and understanding for the suffering of others. A desire to help or comfort that person (APA, 2020).



Empathy is the awareness of other people's feelings, needs, and problems. It is the capacity to respond to others and express that we have understood them (Consuegra, 2010).

Three Essential Steps when offering Compassionate and Empathic Dialogue



Demonstrate active and compassionate listening



Identify Needs



Connect to available resources

Source: Brymer et al., 2006

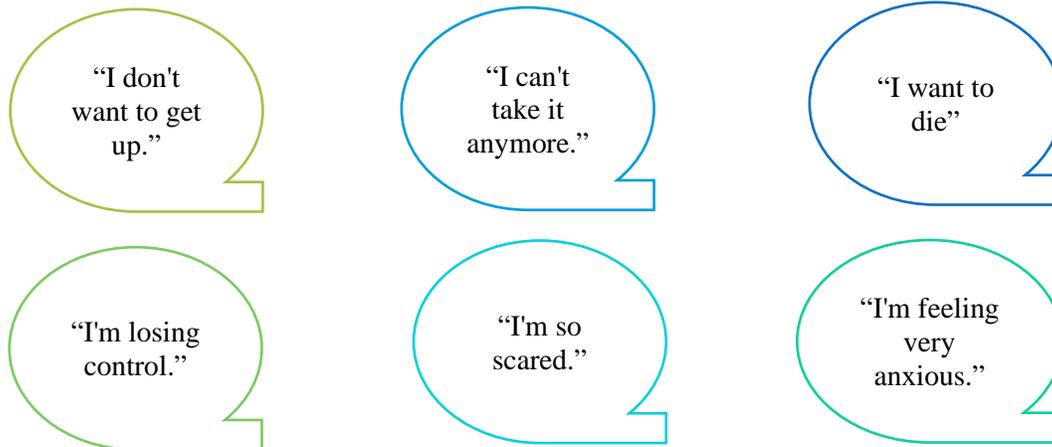
Three essential steps when offering compassionate and empathic engagements are **demonstrating active and compassionate listening, identifying needs, and connecting to available resources**. “Active listening is another strategy for increasing empathy. It communicates that you care about what is being shared and requires that you ask open-ended questions, reflect another’s feelings (show understanding for how they feel), clarify, and summarize what you hear” (Azarchi & Hanover, 2020).

The Psychologist Carl Rogers said, “Simply listening very attentively was an important way of being helpful... listen for the feelings and emotions behind the words” (Azarchi & Hanover, 2020).

Be Attentive to Conversations

When you communicate with someone, either in person, or remotely via the phone or teleconferencing, you must be attentive to every word they say, the non-verbal cues, the tone of their voice, and gestures this person 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). There are some warning signs or phrases that you can pick up on to identify if the person you are talking to is vulnerable. At that moment, you will determine if your need to perform a task exceeds the stakeholder's need.

Warning Signs



Source: (Brymer et al., 2006)

Do's and Don'ts in Supportive Conversation

Most of the time, when we communicate, we know the purpose. We have an internal script of what we are going to say and what we want to achieve. However, we may not be prepared to react assertively when the other person completely changes the discussion to let you know how they feel emotionally or what situations they are facing.

Table 2 - Do's and Don'ts in Supportive Conversations

What to say	What not to say
<ul style="list-style-type: none"> • "You are not alone; many of us feel overwhelmed or anxious." • "This must be difficult for you." • "It's okay to feel tired, sad." • "How is your family?" • Tolerate moments of silence or crying 	<ul style="list-style-type: none"> • "Don't cry." • "You have to do your part." • "You have everything! Others are worse off." • "Put on a brave face." • "I'm worse off than you, and I'm still here, working" • "You shouldn't have done that..." • "Before you tell me anything, I think..." • Don't interrupt the conversation to engage with someone else or take another call • Don't tell someone else's story or your own.

Source: Cortés & Figueroa, 2019

The most important thing to do when you have a conversation is not to pass judgment and listen compassionately to what the other person needs to say. Do not interrupt to contribute. Often, the person speaking just wants to be heard. Let them know that you are there and listening (Brymer et al., 2012).

Communication by Phone or In-person

Probably after a disaster, you will have to meet in person or through virtual platforms with your stakeholders. Depending on the disaster, the stakeholder's facilities or technology available may not be optimal, and there may be an extended waiting period before they can engage with you. Be prepared for any unforeseen event. Take extra time out of your schedule to participate in the meeting.



Be prepared for meetings to last longer than schedule-If the meeting was scheduled for one hour; plan as if it will take two hours. In-person conversations after a disaster are often more emotional. It may be that the person you are meeting with is overwhelmed and decides to tell you how they are feeling. Practice what you learned, don't interrupt, and listen with compassion and empathy.

Some strategies that may be useful are:

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:

You can start the conversation with the classic greeting: Hi [their name], you must be busy responding to the [emergency], so I appreciate your time. How are you doing?

Remember: *“Be **attentive** and aware of all details when practicing the compassionate conversation”.*

- When you realize how busy they may be, validate their efforts to keep everything functioning normally in their agency or organization.
- Avoid asking questions that might trigger emotions, such as: “How do you feel?”

- Show empathy- *Maintain eye contact when listening, and say things like, “That sounds hard. I’m sorry you are going through this”.*
- 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 (Cleveland Clinic, 2020).
- 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 back any follow-up action.

Possible Scenarios You Could Face During the Conversation



Scenario 1- Common Conversation



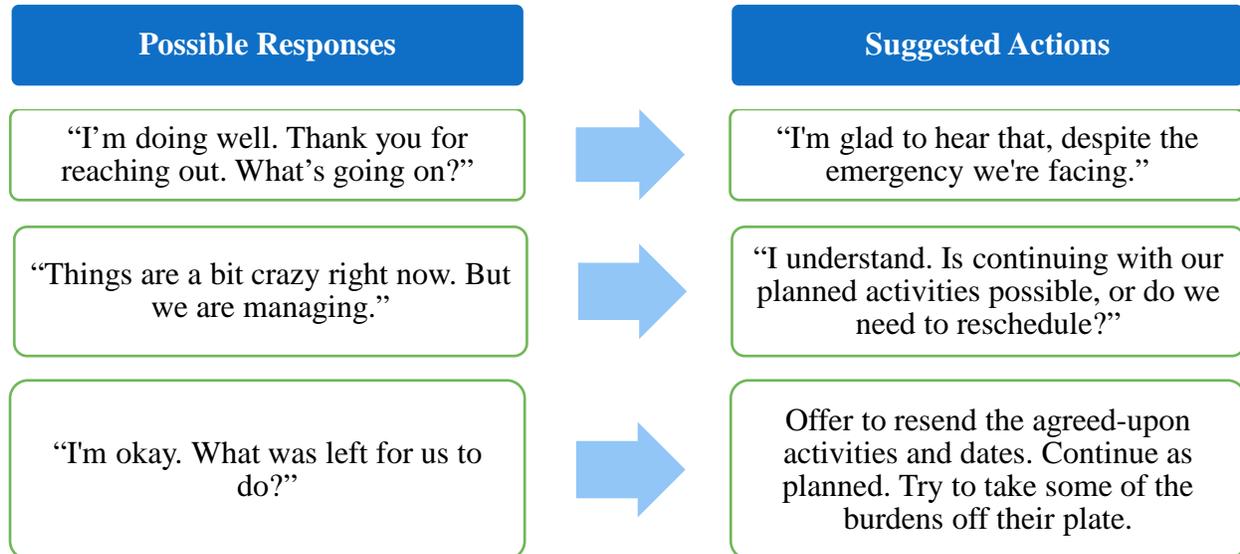
Appropriate communication intends to understand the individual, their unique circumstances, and how their personal preferences and goals can be maximally incorporated in the crisis response (SAMHSA, 2009). In this type of conversation, the person could express that they feel tired, that the workload has increased, but they can continue with what was planned for the call or in-person meeting.

Example 1

Start a Conversation:

“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?”

Possible Responses and Suggested Actions



Source: Cortés & Figueroa, 2019

Scenario 2- Conversation with a Vulnerable Population



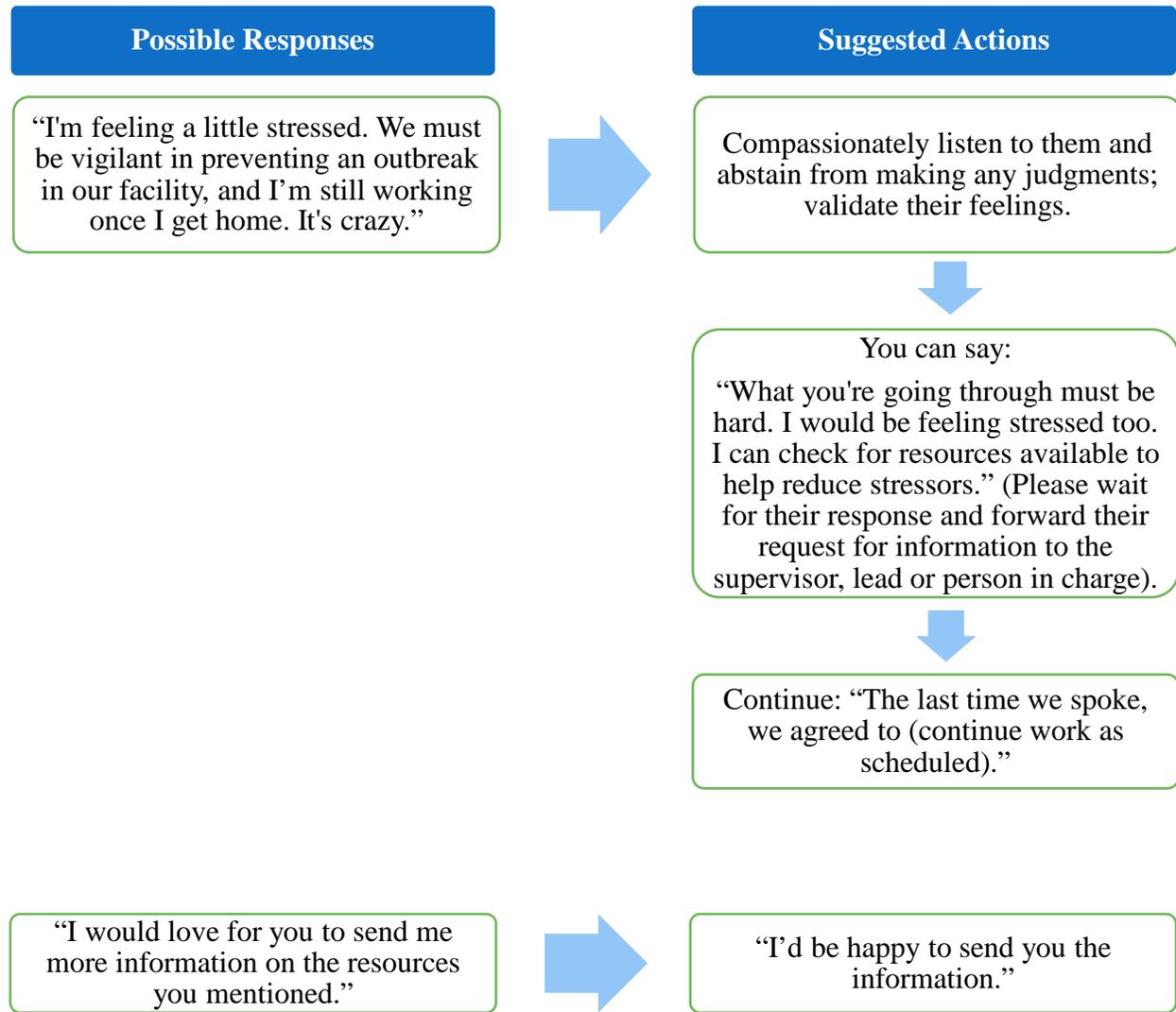
Being vulnerable implies fragility, a present threat, or the possibility of suffering harm. Therefore, it means being susceptible to something harmful or painful, such as a disease, and the possibility of being physically or emotionally hurt (Feito, 2007). In this conversation, the person may express that they are experiencing stress, anxiety, and concerns about the situation. In addition to the problems in their workplace, they might share personal issues (home, family, etc.). Time for conversation is limited by the burden of responsibilities and the new challenges of emergency response.

Example 2

Start a Conversation:

“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?”

Possible Responses and Suggested Actions



Source: Cortés & Figueroa, 2019

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

 A crisis occurs when a person faces a dangerous or seriously stressful situation for which their habitual problem-solving mechanisms are unsuccessful. Offer empathy, warmth, support, and reassurance. Gestures such as a pat on the back or offering a cup of coffee can help. Acknowledge their pain, fear, suffering, and concerns by saying something like, "It must have been scary," or, "I can see how worried you must be." Acknowledge their feelings, but do not probe deeply or try to intensify them (Ehrenreich, 2001). In this conversation, the person may begin to cry and feel that they have lost control of the situation.

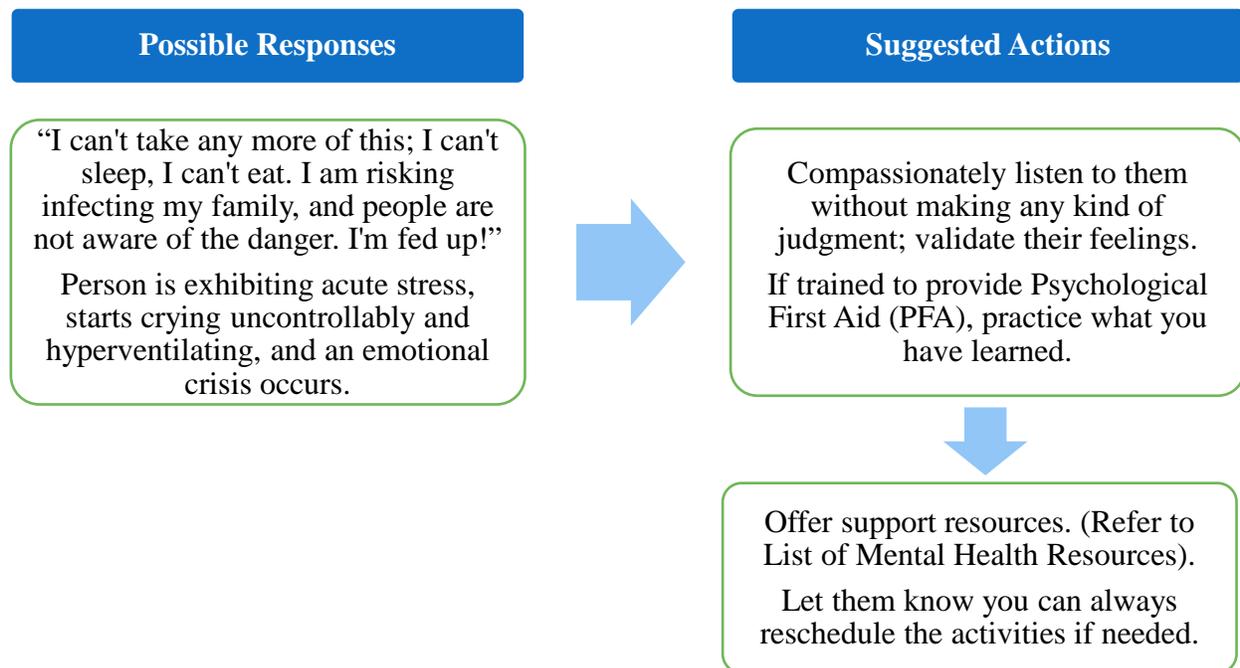
The person might express frustration, high levels of stress, and decision-making difficulties. Because the person is not emotionally stable, the purpose of the conversation cannot be met.

Example 3

Start a Conversation:

“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?”

Possible Responses and Suggested Actions



Source: Cortés & Figueroa, 2019

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

There are three dangerous situations to which attention must be paid. These are suicidal and homicidal ideation and property damage. A suicidal threat is the verbal or written expression of the desire to kill oneself or die. A homicidal threat is a verbal or written expression of harming other people. Property damage endangers both the belongings of the person making the threat and others. You should take immediate action as soon as you identify that the life or property of the person you are talking to, or others is in danger. Cancel

the agenda or plans you had scheduled for that meeting, and immediately refer the situation to a mental health professional. Never leave the person alone, ask for support from another person, and seek help from a mental health professional. If there are no mental health services available, contact the immediate supervisor and a suicide prevention helpline.

There are some signs and symptoms to which you should pay particular attention, as they could indicate this type of danger.

Table 3 – Possible Referral Signs

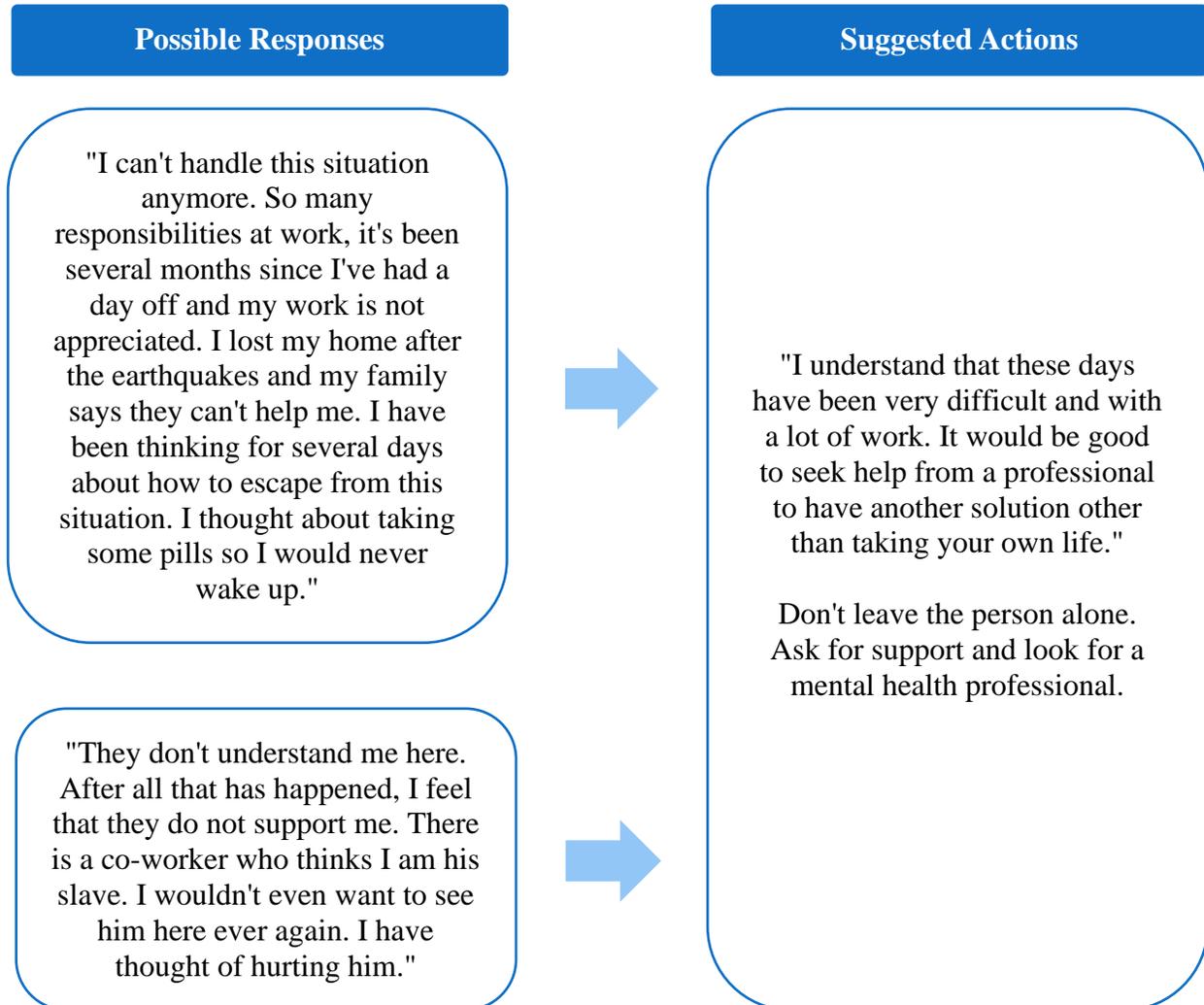
Behavioral	Emotional	Physical	Cognitive
<input type="checkbox"/> Disorientation <input type="checkbox"/> Excessive use of drugs or alcohol to handle the situation <input type="checkbox"/> Violent behavior <input type="checkbox"/> Unable to take care of themselves or others	<input type="checkbox"/> Sadness/crying <input type="checkbox"/> Irritability <input type="checkbox"/> Anxiety/fear <input type="checkbox"/> Hopelessness/despair <input type="checkbox"/> Feeling guilty <input type="checkbox"/> Emotionally disconnected	<input type="checkbox"/> Physical discomfort (somatization) <input type="checkbox"/> Difficulty sleeping <input type="checkbox"/> Changes in eating patterns <input type="checkbox"/> Fatigue / exhaustion <input type="checkbox"/> Agitation	<input type="checkbox"/> Difficulty to make decisions <input type="checkbox"/> Difficulty concentrating <input type="checkbox"/> Difficulty communicating <input type="checkbox"/> Difficulty to remember <input type="checkbox"/> Concerns about death and destruction <input type="checkbox"/> Suicidal/homicidal thoughts <input type="checkbox"/> Hallucinations (see, hear, and feel things that aren't real)

Example 4

Start a Conversation:

"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?"

Possible Responses and Suggested Actions



Note: If you feel overwhelmed and think you may lose control of your emotions during a conversation, please do not make any external contact or activity that may be counterproductive to you and our stakeholders. Contact your supervisor!

Additional Evidence-based Approaches

The University of Michigan (2021) has developed recommendations to encourage compassionate and empathic conversation during difficult times. During these challenging times, it can be tough to find the right words to provide support. Avoiding judgment of others and being an active listener are significant steps in creating caring conversations.

1. **Be Present:** When we face emotionally difficult conversations, it can be easy to disconnect from the current moment and focus on what we plan to say next. You can affirm that you're listening intently by giving body language signs like eye contact and occasional nods. Take in what the individual is saying, and don't be afraid to sit with them for a moment once they are done speaking. Asking simple open-ended questions is one way of showing that you're tuning in.

- **If someone says: "I can't believe what just happened in class!"**
- Not-so-compassionate response: "I had a stressful day too."
- Compassionate response: "Tell me about what happened."

Most of the time, others have their own solutions and just want an empathic listener.

2. **Avoid Judgement:** Judgmental conversations often involve criticism of another person or conclusions about someone not based on facts. Often, judgment can elicit a negative response and cause a conversation to turn sour. Here's an example of a non-compassionate conversation that includes judgment:

- **If someone says: "I'm so anxious all the time, I can't focus on work."**
- Not-so-compassionate response: "You procrastinate all the time-no wonder you can't focus."
- Compassionate response: "That sounds normal given what we've all been living through. How have you been thinking about dealing with your anxiety?"

The first response makes a negatively charged judgment about the speaker's experience of anxiety. Instead, you can affirm their emotions and ask an open-ended question to learn more about their experience.

3. **Avoid Fixing:** When someone shares a challenge they're going through, some individuals might feel an urge to provide advice or ways of fixing the problem. Providing solutions

without being asked does not show compassion or understanding. Sometimes, people just want someone to listen and affirm the emotions they're experiencing.

- **If someone says: "I'm worried my parents won't be able to help with tuition. My mom lost her job."**
- Not-so-compassionate response: "Maybe you should find another work-study job."
- Compassionate response: "I'm really sorry to hear that. That must be really hard on you and your family."

The compassionate response validates the challenges the other person is experiencing and doesn't try to fix the problem.

4. **Reflect what you think you hear:** Reflecting what you believe an individual is saying is one way to show that you're actively listening and working to understand what they're going through.

- **If someone says: "My summer internship just got canceled."**
- Not-so-compassionate response: "At least you get the summer off."
- Compassionate response: "You're worried you won't get another internship."
- **If someone says: "I'm just feeling really overwhelmed lately."**
- Not-so-compassionate response: "You and everyone else."
- Compassionate response: "You've got a lot going on."

The compassionate response gave meaning to a simple statement and provided a basis for further conversation.

5. **Affirm effort and strengths:** When an individual is sharing something that they're struggling with, keep an ear out for moments when you can recognize strengths and efforts that they've made. Acknowledging these strengths throughout your conversation is one compassionate way to show support for your friend or loved one.

- **If someone says: "I've had such a hard time paying attention in my club meetings lately. I only really tuned in once or twice this past month."**
- Not-so-compassionate response: "I stopped attending my club's meetings entirely; you'll be fine."

- Compassionate response: “It sounds like there were a couple of times where you were able to engage successfully. What was different about those times?”

Notice how, rather than focusing on what went wrong, the compassionate response recognizes that things went well for the first speaker a couple of times. By identifying these moments, you can affirm the speaker's strengths and create a more compassionate conversation.

Step 3:



Provide available resources in other areas like self-care, stress management, and resiliency for the responders' personal use.

How to be Mentally Healthy?



World Health Organization (WHO) defines self-care as “the ability of individuals, families, and communities to promote health, prevent disease, maintain health, and to cope with illness and disability with or without the support of a healthcare provider.” Self-care is a broad concept that also encompasses hygiene (general and personal), nutrition (type and quality of food eaten), lifestyle (sporting activities, leisure), etc. (WHO, 2021).

Responding to disaster scenes and public health emergencies, where there may be physical destruction, chaos, and people experiencing emotional distress, can take its toll on emergency responders, so be emotionally prepared for the situations you may encounter (TRACIE, 2017b).

Several assessment instruments can help you identify how your compassion for those you help can affect you in positive and negative ways. One tool that may be

Stress prevention and management is critical for responders to stay well and continue their work in a compassionate manner (CDC, 2018).

useful is the Self-Assessment Tool: How to Measure Compassion Satisfaction and Compassion Fatigue (Appendix 1).

The Center for Disease Control and Prevention (CDC) recommends that “coping techniques, such as taking breaks, eating healthy foods, exercising, and using the buddy system, can help prevent and reduce burnout and secondary traumatic stress. Recognize the signs of both conditions in yourself and other responders to ensure that those who need a break or need help can address these needs” (CDC, 2018).

Table 4 – Signs of Burnout and Secondary Traumatic Stress

Signs of Burnout	Signs of Secondary Traumatic Stress
<ul style="list-style-type: none"> • Sadness, depression, or apathy • Easily frustrated • Blaming of others, irritability • Lacking feelings, indifferent • Isolation or disconnection from others • Poor self-care (hygiene) • Tired, exhausted, or overwhelmed • Feeling like: <ul style="list-style-type: none"> ○ A failure ○ Nothing you can do will help ○ You are not doing your job well <p>You need alcohol/other drugs to cope</p>	<ul style="list-style-type: none"> • Excessively worry or fear about something bad happening • Easily startled or “on guard” all of the time • Physical signs of stress (e.g., racing heart) • Nightmares or recurrent thoughts about the traumatic situation • The feeling that others’ trauma is yours

Source: (CDC, 2018)

The Substance Abuse and Mental Health Services Administration (SAMHSA, 2020) shares tips and recommendations to equip yourself with positive coping strategies in stressful situations. We can put many strategies into practice; however, keep in mind that there is no one-size-fits-all solution. We all have internal and external resources at our disposal when dealing with stress.

Self-Care Recommendations



1. *Sleep well.* Try to get 7–8 hours of rest at night.
2. *Focus on your physical health.* A healthy diet, regular exercise (walk, run, dance, bike), and plenty of rest will help regulate your fight or flight response and moderate stress.
3. *Find a healthy balance.* Your work is important, but it's unhealthy for you mentally, physically, and socially if your job takes over your life. Set healthy limits, taking time for yourself, connecting with friends and family, and finding positive outlets to spend your free time. Try to engage in pleasant activities that help you relax (gardening, listening to music, singing, watching a movie, painting, reading a book).
4. *Take time to relax.* Try relaxation techniques such as meditation, yoga, and progressive muscle relaxation. Do something you enjoy that is not work-related.
5. *Be patient.* Try to be tolerant and empathic of others. Attempt to understand their situations and behaviors; people react differently to stress, especially new stressors from the pandemic or other emergencies.
6. *Recognize your limits.* It is not wrong to feel emotionally drained. If you simply do not know to deal with a situation or feeling, ask friends or family for suggestions on how they got through a similar situation. Speak with your supervisor about new challenges and stressors brought upon by the pandemic or other emergencies.
7. *Laughter is the best medicine.* Find what makes you laugh. When you are laughing, you do not have time to stress out.
8. *Build your resilience.* Psychologists define resilience as the process of adapting well in the face of adversity. Although resilience involves "bouncing back" from difficult experiences, it can also involve personal growth.
9. Becoming more resilient not only helps you overcome difficult circumstances but allows you to grow and even improve your life along the way (APA, 2012)

Available Resources in Areas like Self-care, Stress Management, and Resiliency for First Responders:

[SAMHSA Resources \(digital publications\)](#)

- Tips for Healthcare Professional: Coping with Stress and Compassion Fatigue
- Preventing and Managing Stress
- Identifying Substance Misuse in the Responder Community
- Tips for Disaster Responders: Understanding Compassion Fatigue
- Returning to Work
- Adjusting to Life at Home
- Helping Staff Manage Stress When Returning to Work

[SAMHSA Coping Tips for Traumatic Events and Disasters](#)

- Emotional distress can happen before and after a disaster. Coping strategies include preparation, self-care, and identifying support systems.

SAMHSA National Helpline

- This Helpline provides 24-hour free and confidential treatment referral and information about mental and substance use disorders, prevention, and recovery in English and Spanish.
- 1-800-662-HELP (4357)

[CDC: Emergency Responders](#)

- Tips for taking care of yourself
- During a Response: Understand and Identify Burnout and Secondary Traumatic Stress
- Get support from team members: Develop a Buddy System
- Responder Self-Care Techniques

[CDC: Healthcare Workers](#)

- How to Cope with Stress and Build Resilience During the COVID-19 Pandemic

[The National Institute for Occupational Safety and Health \(NIOSH\)](#)

- Traumatic Incident Stress
- Publications

[Disaster Distress Helpline](#)

- Provides 24/7, 365-day-a-year crisis counseling and support to people experiencing emotional distress related to natural or human-caused disasters.
- 1-800-985-5990

[National Suicide Prevention Lifeline](#)

- The Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals.
- 1-800-273-8255

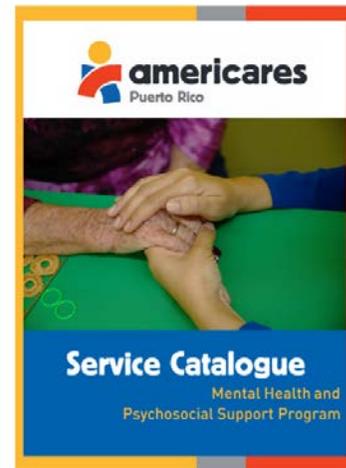
[Americares Learning Portal](#)



Americares MHPSS Resources

Service providers and first response teams related workshops:

- The burden of being a mental health provider
- Anxiety management and teamwork strategies
- Defusing and peer support
- Resilience and coping for healthcare providers
- Psychological First Aid (PFA)
- Crisis Management and Intervention



Let's Review

- Keep in mind that all the above examples can occur in any stressful situation.
- Everyone reacts differently to disaster events.
- No matter what scenario is presented to you, always be compassionate and empathic.
- None of these recommendations' interventions are or intend to be psychological treatment.
- PFA training can help you be more effective in your engagement with stakeholders.
- Taking care of your mental health will help you to make compassionate and empathic interventions with stakeholders.



Conclusion

Natural disasters are events beyond our control. But with tools like this guide to promote a compassionate and empathic dialogue with stakeholders, we can prepare ourselves with strategies to better cope with them and consider the people who work with us. This guide can be helpful in any work setting. Agencies or organizations usually have programs to assist employees if a disaster or other event impacts their lives. It is important to note that this guide is not intended as a substitute for the services offered by agencies but rather as an extra resource that brings together some of the best practices from a psychoeducational approach.



Important note: If you feel that stress and anxiety prevent you from performing your job effectively and may affect others, contact your supervisor or your Employment Assistance Program (EAP).

Appendixes

Appendix 1 - Glossary Terms

The definitions clarify some key terms used in this document.

Active Listening: being deeply engaged in and attentive to what the speaker is saying. It requires far more listening than talking. Your goal as an active listener is to truly understand the speaker's perspective (regardless of whether you agree) and to communicate that understanding back to the speaker so that he or she can confirm the accuracy of your understanding (Boston, 2016).

Anxiety: An emotion characterized by feelings of tension, nervous thoughts, and physical changes, such as elevated blood pressure; people with anxiety disorders typically have frequent unwanted thoughts or worries. Some circumstances can be avoided out of concern. Physical symptoms such as sweating, shaking, dizziness, or rapid heartbeat can also occur (American Psychological Association, 2020a).

Anxiety Attack: is a sudden and intense episode of fear and anxiety. These anxiety attacks can sometimes occur unexpectedly for no apparent reason, but they can also be linked to specific triggers (Ankrom, 2020).

Compassion: a strong feeling of sympathy with another person's feelings of sorrow or distress, usually involving a desire to help or comfort that person (APA, 2020).

Disaster: A serious disruption of the functioning of a community or a society causing widespread human, material, economic or environmental losses which exceed the ability of the affected community or society to cope using its own resources (WHO, n.d).

Depression: Is more than mere grief. People with depression may experience a lack of interest and enjoyment in everyday activities, substantial weight loss or gain, insomnia or excessive sleep, lack of energy, inability to focus, feelings of worthlessness or excessive guilt, and frequent thoughts of death or suicide. Depression is one of the most common mental conditions.

Fortunately, depression may be treated. A combination of therapy and antidepressant medications will help to ensure recovery (American Psychological Association, 2020b).

Emergency: Emergency is a term describing a state. It is a managerial term, demanding decision and follow-up in terms of extraordinary measures (WHO, n.d).

Recovery: Decisions and actions taken after a disaster with a view to restoring or improving the pre-disaster living conditions of the stricken community while encouraging and facilitating necessary adjustments to reduce disaster risk (WHO, nd)

Emotional Health: Emotional wellbeing can contribute to success at work, in relationships, and health. Researchers have assumed that success has made people happier in the past. Newer research shows that this is the other way around. Happy people are more likely to work for goals, find the support they need, and attract others with their enthusiasm and optimism—the main building blocks of success (American Psychological Association, 2020c).

Empathy: The awareness of the feelings, needs, and problems of others—the ability to respond to others, expressing that we have understood them (Consuegra, 2010).

Essential Worker: Those who conduct a range of operations and services in essential industries to ensure the continuity of critical functions in the US (CDC, 2021).

First Responder: Refers to individuals responsible for protecting and preserving life, property, evidence, and the environment in the early stages of an incident, including emergency response providers (PHE, 2020).

Psychological First Aid: A modular, evidence-based approach to help children, adolescents, adults, and families cope with the immediate consequences of disasters or acts of terrorism. It is designed to reduce initial distress from traumatic events in the short and long term and promote adaptive functioning and coping skills (NCTSN, n.d).

Resilience: The ability to adapt; an individual's ability to recover or return to the level of functioning they had before adversity occurred (Consuegra, 2010)

Stress: Physiological and psychological reaction of the organism against the demands of the environment. General and the nonspecific response of the body to a stressor or stressful situation. It is the result of the interaction between the person's characteristics and the demands of the environment (Consuegra, 2010).

Stakeholder: Individuals or groups with interest in the development, implementation, or outcome of specific policies (FEMA, n.d)

Trauma: An emotional reaction to a terrible incident such as an injury, rape, or a natural disaster. Immediately after the incident, shock and denial are common. Longer-term responses include erratic feelings, hallucinations, strained relationships, and even physical symptoms such as headaches or nausea. Although these feelings are natural, some people have a hard time going

on with their lives. Psychologists may help these people find effective ways to control their feelings (APA, 2020).

Vulnerability: susceptibility to developing a condition, disorder, or disease when exposed to specific agents or conditions (APA, 2020).

Appendix 2 – Acronyms

APA	American Psychological Association
ASPR	Assistant Secretary for Preparedness and Response
ASSMCA	Administración de Servicios de Salud Mental y Contra la Adicción
BHB	Behavioral Health Branch
CDC	Center of Disease Control and Prevention
DHHS	Department of Health and Human Services
FEMA	Federal Emergency Management Agency
NCTSN	National Child Traumatic Stress Network
NHC	National Hurricane Center
OCHA	Office for the Coordination of Humanitarian Affairs
OMME	Office of Municipal Emergency Management
PFA	Psychological First Aid
PHE	Public Health Emergency
PMHP	Perinatal Mental Health Project
PREMB	Puerto Rico Emergency Management Bureau
SAMHSA	Substance Abuse and Mental Health Services Administration
US	United States
WHO	World Health Organization

Appendix 3 – List of Tables and Figures

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Figure List

Figure 1	Emotional Phases of a Disaster
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Appendix 4 – Natural Disaster Description and Impact on Mental Health

Event/Disaster	Description	Impacts in Mental Health
<p>Tropical cyclone</p>	<ul style="list-style-type: none"> • A rotating, organized system of clouds and thunderstorms that originates over tropical or subtropical waters and has a closed low-level circulation • Tropical cyclones rotate counterclockwise in the Northern Hemisphere. 	<p>As the storms become more severe, so do the mental health consequences. Storms do more widespread damage to minds than to bodies, “Simply stated, more people are affected psychologically than medically after any given hurricane” (National Center for Environmental Information, 2020). An example of a devastating hurricane that negatively impacts many people's mental health was Hurricane Katrina, which first made landfall on August 25, 2005, in Florida. It entered the Gulf of Mexico and then made landfall on the Gulf Coast in southeast Louisiana near the town of Buras, on August 29, 2005. It affected about 15 million people and impacted 90,000 square miles from central Florida to eastern Texas. It also produced 33 tornados (Reid, 2019). Threats to mental and physical health are tightly interwoven. Another example is Hurricane Maria, which struck Puerto Rico in September 2017. High mortality rates extended at least six months after the storm, causing mental disorders including traumatic bereavement and prolonged grief among survivors. Parents of children with Zika virus infection—a mosquito-borne illness that spread widely after the storm—had heightened risks for major depression. And in a sample of Puerto Rican citizens who relocated to Florida after Hurricane Maria, two-thirds showed symptoms of PTSD, and half showed signs of major depression (NCEI, 2020).</p>
<p>Earthquake</p>	<ul style="list-style-type: none"> • Any sudden shaking of the ground caused by the passage of seismic waves through the rocks of the Earth. This occurs when energy stored in the Earth's crust is suddenly released, usually when masses of rock that are strained against each other suddenly fracture and "slip." • Earthquakes occur along geological faults that move relative to each 	<p>People experience emotional stress during an earthquake, and anticipating what could be lost or destroyed during the event can cause overwhelming anxiety or loss of sleep. Other signs of emotional stress related to earthquakes include: (SAMHSA, 2020a)</p> <ul style="list-style-type: none"> • Being easily startled • Having difficulty sleeping or sleeping too much • Having thoughts and memories related to the earthquake that you can't get out of your head <p>The stress increased with every continuous aftershock near the mainshock, which may last for months (Byrd, 2020).</p>

Event/Disaster	Description	Impacts in Mental Health
	<p>other. The world's major faults are located at the edges of the huge tectonic plates that make up the Earth's crust (Bold, B., n.d).</p>	
<p>Terrorism</p>	<ul style="list-style-type: none"> According to the Federal Bureau of Investigation (FBI), terrorism can be divided between international terrorism (violent, criminal acts committed by individuals or groups who are inspired by, or associated with, designated foreign terrorist organizations or nations (state-sponsored) and domestic terrorism (violent, criminal acts committed by individuals or groups to further ideological goals stemming from domestic influences, such as those of a political, religious, social, racial, or environmental nature). 	<p>Terrorist attacks significantly affect the mental health of individuals. They became depressed, anxious, and worried. These psychological feelings also have a direct impact on their behavior (Khan et al., 2012). Although many people will exhibit some manifestation of distress in the aftermath of a terrorist event, several specific symptoms have been identified as being more predictive of later psychiatric illness. These symptoms include feeling numb, withdrawn, or disconnected; isolated from others; and avoiding activities, places, or people that bring back memories of the event (Butler et al., 2003).</p>
<p>Floods</p>	<ul style="list-style-type: none"> A flood is an overflow of water that submerges usually dry land. They are the most common and widespread natural severe weather event. Floods can look very different because flooding covers anything from a few inches of water to several feet. They can also come on quickly or build gradually. According to the National Severe Storms Laboratory, there are five types of floods: <ul style="list-style-type: none"> River Flood 	<p>Floods have a direct impact on mental health. Individuals may experience memories of previous flooding episodes intensifying the stress experience (French et al., 2019). Displacement after flooding is associated with higher reported symptoms of depression, anxiety, and post-traumatic stress disorder one year after the event. Adverse mental health symptoms could be explained by flood depth and duration (Tong, 2017).</p>

Event/Disaster	Description	Impacts in Mental Health
	<ul style="list-style-type: none"> • Coastal Flood • Storm Surge • Inland Flooding • Flash Flood 	
Wildfires	<ul style="list-style-type: none"> • A wildfire is an uncontrolled fire that burnt in the wildland vegetation, often in rural areas. Wildfires can burn in forests, grasslands, savannas, and other ecosystems and have been doing so for hundreds of millions of years. They are not limited to a particular continent or environment (National Geographic, nd). 	<p>Emergency responders and people living in areas where wildfires often occur, particularly in Arizona, California, Colorado, Utah, and other states, may be vulnerable to emotional distress. Furthermore, the anniversary of a disaster or tragic event can renew feelings of fear, anxiety, and sadness in disaster survivors and responders. Certain sounds such as sirens can also trigger emotional distress. These and other environmental sensations can take people right back to the event or cause them to fear that it's about to happen again. These "trigger events" can happen at any time (SAMHSA, 2020b).</p>
Pandemics	<ul style="list-style-type: none"> • A pandemic is the worldwide spread of a new disease (WHO, 2009). When a new disease first emerges, most individuals lack the natural immunity to fight it off. This can cause a sudden, sometimes rapid, spread of the disease between people, across communities, and around the world. Without a natural immunity to fight off an illness, many people can become sick as it spreads (Lockett, 2020). 	<p>Due to the increased risk of vulnerability, practices are put in place to avoid or decrease the extent of contagion. A common practice is social distancing, among other safety measures. These measures can increase the feeling of loneliness and anxiety and generate feelings of stress, uncertainty, and fear due to the pandemic.</p>

References

- Abubakar, I., Aldridge, R. W., Devakumar, D., Orcutt, M., Burns, R., Barreto, M. L., ... & Zhou, S. (2018). The UCL–Lancet Commission on Migration and Health: the health of a world on the move. *The Lancet*, 392(10164), 2606-2654.
- Acevedo, N. (2018). [Puerto Rico lacked disaster planning, communications strategy, hurricane study found](https://www.nbcnews.com/storyline/puerto-rico-crisis/puerto-rico-lacked-disaster-planning-communications-strategy-hurricane-study-found-n904866). <https://www.nbcnews.com/storyline/puerto-rico-crisis/puerto-rico-lacked-disaster-planning-communications-strategy-hurricane-study-found-n904866>
- Alfonso, C. A. (2018). [PTSD and Suicide After Natural Disasters](https://www.psychiatrytimes.com/view/ptsd-and-suicide-after-natural-disasters). *Psychiatric Times*, 35(4). <https://www.psychiatrytimes.com/view/ptsd-and-suicide-after-natural-disasters>
- Alvarado, G. (January 7, 2020). [Sismo deja estragos a lo largo y ancho de Puerto Rico](https://www.elnuevodia.com/noticias/locales/notas/sismo-deja-estragos-a-lo-largo-y-ancho-de-puerto-rico/). [Photo]. *El Nuevo Día*. <https://www.elnuevodia.com/noticias/locales/notas/sismo-deja-estragos-a-lo-largo-y-ancho-de-puerto-rico/>
- American Psychological Association. (2012). [Building your resilience](https://www.apa.org/topics/resilience). <https://www.apa.org/topics/resilience>
- American Psychological Association (2020). [Dictionary of Psychology](https://dictionary.apa.org/compassion). <https://dictionary.apa.org/compassion>
- Ankrom, S. (2020). [What is an Anxiety Attack?](https://verywellmind.com/what-is-an-anxiety-attack-2584253) <https://verywellmind.com/what-is-an-anxiety-attack-2584253>
- Azarchi, L., & Hanover, L. (2020). *The Empathy Advantage*. Rowman & Littlefield.
- Bolt, B. (n.d). [Earthquake](https://www.britannica.com/science/earthquake-geology). *Britannica*. <https://www.britannica.com/science/earthquake-geology>
- Boston University (2016). [Active Listening](https://www.bumc.bu.edu/facdev-medicine/files/2016/10/Active-Listening-Handout.pdf). <https://www.bumc.bu.edu/facdev-medicine/files/2016/10/Active-Listening-Handout.pdf>
- Brymer, M., Taylor, M., Escudero, P., Anne, J., Kronenberg, M., Macy, R., Mock, L., Payne, L., Pynoos, R., & Vogel, J. (2012). *Psychological First Aid for Schools: Field Operation Guide*.
- Butler, S., Panzer, & Goldfrank. (2003). [Understanding the Psychological Consequences of Traumatic Events, Disasters, and Terrorism](https://www.ncbi.nlm.nih.gov/books/NBK221638/). <https://www.ncbi.nlm.nih.gov/books/NBK221638/>
- Byrd, D. (2020). [Magnitude 6.4 earthquake shakes Puerto Rico](https://earthsky.org/earth/magnitude-6-4-earthquake-puerto-rico-jan-7-2020). <https://earthsky.org/earth/magnitude-6-4-earthquake-puerto-rico-jan-7-2020>
- Center for Disease Control and Prevention [CDC]. (2018). [Emergency Responders: Tips for taking care of yourself](https://emergency.cdc.gov/coping/responders.asp). <https://emergency.cdc.gov/coping/responders.asp>

- Center for Disease Control and Prevention [CDC]. (n.d). [Interim List of Categories of Essential Workers Mapped to Standardized Industry Codes and Titles](https://www.cdc.gov/vaccines/covid-19/categories-essential-workers.html).
<https://www.cdc.gov/vaccines/covid-19/categories-essential-workers.html>
- ClevelandClinic. (2020). [6 Do's and Don'ts for Supporting Someone Who Has Depression](https://health.clevelandclinic.org/6-dos-and-donts-for-supporting-someone-who-has-depression/).
<https://health.clevelandclinic.org/6-dos-and-donts-for-supporting-someone-who-has-depression/>
- Consuegra, N. (2010). Diccionario de Psicología (2a ed.). *Ecoe Ediciones*.
- De Rivera. (2010). Los Síntomas del Estrés. *Editoria Síntesis*.
- Daubman, B. R., Cranmer, H., Black, L., & Goodman, A. (2019). How to talk with dying patients and their families after disasters and humanitarian crises: a review of available tools and guides for disaster responders. *Journal of International Humanitarian Action*, 4(1), 1-12.
- Earth Networks. (2020). [What is a Flood?](https://www.earthnetworks.com/flooding/) <https://www.earthnetworks.com/flooding/>
- Earth.org. (2020). 13 [Worst Wildfires in US History](https://earth.org/worst-wildfires-in-us-history/).
<https://earth.org/worst-wildfires-in-us-history/>
- Ehrenreich, J. (2001). [Coping with Disaster. A Guidebook to Psychosocial Intervention](https://www.hhri.org/wp-content/uploads/2021/01/Coping-With-Disaster.pdf).
<https://www.hhri.org/wp-content/uploads/2021/01/Coping-With-Disaster.pdf>
- Esterwood, E., & Saeed, S. A. (2020). Past epidemics, natural disasters, COVID19, and mental health: learning from history as we deal with the present and prepare for the future. *Psychiatric quarterly*, 1-13.
- Federal Bureau of Investigation [FBI]. (nd). [Terrorism](https://www.fbi.gov/investigate/terrorism).
<https://www.fbi.gov/investigate/terrorism>
- Feito, L. (2007). Vulnerability. *Anales del Sistema Sanitario de Navarra*.
- Federal Emergency Management Agency [FEMA], (n.d). [Emergency Management Stakeholders](https://training.fema.gov/hiedu/docs/fem/chapter%20%20-%20emergency%20stakeholders.doc).
<https://training.fema.gov/hiedu/docs/fem/chapter%20%20-%20emergency%20stakeholders.doc>
- Ferman, M. (2021). [Winter Storm could cost Texas more money than any disaster in state history](https://www.texastribune.org/2021/02/25/texas-winter-storm-cost-budget/). <https://www.texastribune.org/2021/02/25/texas-winter-storm-cost-budget/>
- Flisher, A. (nd). [Training for Empathic Engagement](https://pmhp.za.org/wp-content/uploads/LearningBrief_Empathic-Engagement-Training.pdf).
https://pmhp.za.org/wp-content/uploads/LearningBrief_Empathic-Engagement-Training.pdf

- French, C. E., Waite, T. D., Armstrong, B., Rubin, G. J., English National Study of, F., Health Study, G., Beck, C. R., & Oliver, I. (2019, November 2). [Impact of repeat flooding on mental health and health-related quality of life: a cross-sectional analysis of the English National Study of Flooding and Health](#). *BMJ Open*, *9*(11), e031562. <https://doi.org/10.1136/bmjopen-2019-031562>
- Germer, C., Siegel, R., & Fulton, P. (2017). *Mindfulness and Psychotherapy*. *The Guilford Press*.
- Gutman, M., Torres, I., & Singh, A. (November 11, 2020). [El Paso Texas, getting crushed by COVID 19 as state surpasses a million cases](#). [Photo]. *abcNews*. <https://abcnews.go.com/US/el-paso-texas-crushed-covid-19-state-surpasses/story?id=74152426>
- Harrington, J. (2018). [What are the worst floods in American history?](#) A rundown of the top 30. <https://www.usatoday.com/story/money/economy/2018/07/24/worst-floods-in-american-history/37070093/>
- [Homeland Security Presidential Directive](#). [HSPD-8]. (December 17, 2003). National Preparedness. *Office of the Press Secretary, The White House*. [https://fas.org/irp/offdocs/nspd/hspd-8.html#:~:text=\(d\)%20The%20term%20%22first,Act%20of%202002%20\(6%20U.S.C](https://fas.org/irp/offdocs/nspd/hspd-8.html#:~:text=(d)%20The%20term%20%22first,Act%20of%202002%20(6%20U.S.C)
- Khan, A. M., Sarhandi, I., Hussain, J., Iqbal, S., & Taj, R. (2012). [Impact of Terrorism on Mental Health](#). https://apims.net/apims_old/Volumes/Vol8-1/IMPACT%20OF%20TERRORISM%20ON%20MENTAL%20HEALTH.pdf
- Lambert, R., Tuit, K., Hong, K., Donovan, T., Lee, F. and Sinha, R. (2016). [Cumulative stress and autonomic dysregulation in a community](#). *The International Journal on the Biology of Stress*. *19*(3), 269-279. <https://doi.org/10.1080/10253890.2016.1174847>
- Lockett, E. (2020). [What is a Pandemic?](#) <https://www.healthline.com/health/what-is-a-pandemic>
- Lin, R. (2019). [When the Big One hits, emotional scars will last for years. Just ask New Zealand quake survivors](#). *Los Angeles Time*. <https://www.latimes.com/california/story/2019-12-12/how-the-next-big-earthquake-will-worsen-mental-health>
- Makwana, N. (2019). [Disaster and its impact on mental health: A narrative review](#). *J Family Med Prim Care*, *8*(10), 3090-3095. https://doi.org/10.4103/jfmpc.jfmpc_893_19
- Manzo, D., Shapiro, E., & Peck, Dan. (February 13, 2021). [Historic winter storm heads to Texas closing some vaccine site: Latest](#). [Photo]. *abcNews*. <https://abcnews.go.com/US/major-winter-blast-worsen-bringing-dangerous-weather-us/story?id=75869980>
- María, un nombre que no vamos a olvidar. {n.d}. [El Nuevo Día y Primera Hora](#). <https://huracanmaria.elnuevodia.com/2017/>

- Mayo Clinic. (2020). [Stress basic](https://www.mayoclinic.org/healthy-lifestyle/stress-management/basics/stress-basics/hlv-20049495).
<https://www.mayoclinic.org/healthy-lifestyle/stress-management/basics/stress-basics/hlv-20049495>
- Menschner, C., & Maul, A. (2016). [Key Ingredients for Successful Trauma-Informed Care Implementation](https://www.samhsa.gov/sites/default/files/programs_campaigns/childrens_mental_health/atc-whitepaper-040616.pdf).
https://www.samhsa.gov/sites/default/files/programs_campaigns/childrens_mental_health/atc-whitepaper-040616.pdf
- National Center for Environmental Information. (2020). [Hurricanes Take Heavy Toll on Mental Health of Survivors](https://www.ncei.noaa.gov/news/hurricanes-take-heavy-toll-mental-health-survivors). <https://www.ncei.noaa.gov/news/hurricanes-take-heavy-toll-mental-health-survivors>
- National Geographic. (nd). [Wildfires](https://www.nationalgeographic.org/encyclopedia/wildfires/).
<https://www.nationalgeographic.org/encyclopedia/wildfires/>
- National Child Traumatic Stress Network [NCTSN]. (nd). [About PFA](https://www.nctsn.org/treatments-and-practices/psychological-first-aid-and-skills-for-psychological-recovery/about-pfa).
<https://www.nctsn.org/treatments-and-practices/psychological-first-aid-and-skills-for-psychological-recovery/about-pfa>
- National Hurricane Center and Central Pacific Hurricane Center. (n.d). [Tropical Cyclone Climatology](https://www.nhc.noaa.gov/climo/). <https://www.nhc.noaa.gov/climo/>
- Niezink, L. W., Siero, F. W., Dijkstra, P., Buunk, A. P., & Barelds, D. P. (2012, Dec). [Empathic concern: Distinguishing between tenderness and sympathy](https://doi.org/10.1007/s11031-011-9276-z). *Motiv Emot*, 36(4), 544-549.
<https://doi.org/10.1007/s11031-011-9276-z>
- Office for the Coordination of Humanitarian Affairs (OCHA). (2020). [Desastres Naturales en América Latina y el Caribe 2000-2019](https://reliefweb.int/sites/reliefweb.int/files/resources/OCHA-DESASTRES_NATURALES_ESP%20%281%29.pdf).
https://reliefweb.int/sites/reliefweb.int/files/resources/OCHA-DESASTRES_NATURALES_ESP%20%281%29.pdf
- ORAU. (nd). [National Agencies](https://www.orau.gov/cdcynergy/erc/content/activeinformation/essential_principles/EP-agencies_content.htm).
https://www.orau.gov/cdcynergy/erc/content/activeinformation/essential_principles/EP-agencies_content.htm
- Panchal, N., Kamal, R., Cox, C., & Garfield, R. (2021). [The Implications of COVID-19 for Metal Health and Substance Use](https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/). *KFF*. <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>
- Perinatal Mental Health Project. (2016). Training for empathic engagement. [Department of Psychiatry and Mental Health. University of Cape Town](https://pmhp.za.org/wp-content/uploads/LearningBrief_Empathic-Engagement-Training.pdf). https://pmhp.za.org/wp-content/uploads/LearningBrief_Empathic-Engagement-Training.pdf
- Public Health Emergency [PHE]. (2015). [Community Resilience](https://www.phe.gov/Preparedness/planning/abc/Pages/community-resilience.aspx).
<https://www.phe.gov/Preparedness/planning/abc/Pages/community-resilience.aspx>

- Public Health Emergency [PHE]. (2020). [Individual Resilience: Factsheet for Responder](https://www.phe.gov/Preparedness/planning/abc/Pages/resilience-factsheet-responders.aspx).
<https://www.phe.gov/Preparedness/planning/abc/Pages/resilience-factsheet-responders.aspx>
- Public Health Emergency [PHE]. (2021). [Saving lives and protecting Americans from 21st century health security threats](https://www.phe.gov/about/aspr/Pages/default.aspx).
<https://www.phe.gov/about/aspr/Pages/default.aspx>
- Raypole, C. (2019). [30 Grounding Techniques to Quiet Distressing Thoughts](https://www.healthline.com/health/grounding-techniques).
<https://www.healthline.com/health/grounding-techniques>
- Rand Corporation. (n.d). [Hurricanes Irma and Maria: Impact and Aftermath](https://www.rand.org/hsrd/hsoac/projects/puerto-rico-recovery/hurricanes-irma-and-maria.html).
<https://www.rand.org/hsrd/hsoac/projects/puerto-rico-recovery/hurricanes-irma-and-maria.html>
- Reid, K. (2019). [2005 Hurricane Katrina: Facts, FAQs, and how to help](https://www.worldvision.org/disaster-relief-news-stories/2005-hurricane-katrina-facts). *World Vision*.
<https://www.worldvision.org/disaster-relief-news-stories/2005-hurricane-katrina-facts>
- Roy, M. (2020). [What is Emotional Resilience and How to Build It?](https://positivepsychology.com/emotional-resilience/)
<https://positivepsychology.com/emotional-resilience/>
- Substance Abuse and Mental Health Services Administration [SAMHSA]. (2009). [Practice Guidelines: Core Elements For Responding to Mental Health Crises](http://www.bazelon.org/wp-content/uploads/2017/01/Practice-Guidelines.pdf).
<http://www.bazelon.org/wp-content/uploads/2017/01/Practice-Guidelines.pdf>
- Substance Abuse and Mental Health Services Administration [SAMHSA]. (2018). [Disaster Technical Assistance Center Supplemental Research Bulletin. First Responders: Behavioral Health Concern, Emergency Response, and Trauma](https://www.samhsa.gov/sites/default/files/dtac/supplementalresearchbulletin-firstresponders-may2018.pdf).
<https://www.samhsa.gov/sites/default/files/dtac/supplementalresearchbulletin-firstresponders-may2018.pdf>
- Substance Abuse and Mental Health Services Administration [SAMHSA]. (2020a). [Earthquakes](https://www.samhsa.gov/find-help/disaster-distress-helpline/disaster-types/earthquakes).
<https://www.samhsa.gov/find-help/disaster-distress-helpline/disaster-types/earthquakes>
- Substance Abuse and Mental Health Services Administration [SAMHSA]. (2020b). [Phases of Disaster](https://www.samhsa.gov/dtac/recovering-disasters/phases-disaster).
<https://www.samhsa.gov/dtac/recovering-disasters/phases-disaster>
- Substance Abuse and Mental Health Services Administration [SAMHSA]. (nd). [Tips for Disaster Responders: Returning to Work](https://store.samhsa.gov/product/Returning-to-Work/SMA14-4870).
<https://store.samhsa.gov/product/Returning-to-Work/SMA14-4870>
- Solomon, D. (2021). [The Winter Storm Set Texas Far Back in COVID-19 Vaccinations](https://www.texasmonthly.com/news-politics/winter-storm-texas-covid-19-vaccinations/). *Texas Monthly*.
<https://www.texasmonthly.com/news-politics/winter-storm-texas-covid-19-vaccinations/>

- Statistica. (2020). [Number of natural disasters in the United States from 1900 to 2016, by type](https://www.statista.com/statistics/236504/number-of-natural-disasters-in-the-us-by-type/).
<https://www.statista.com/statistics/236504/number-of-natural-disasters-in-the-us-by-type/>
- Tolentino, C. (January 8, 2020). [Salud mental tras terremoto: sobre 400 personas han llamado a la línea PAS en busca de ayuda](https://www.elnuevodia.com/noticias/locales/notas/salud-mental-tras-terremoto-sobre-400-personas-han-llamado-a-la-linea-pas-en-busca-de-ayuda/). *El Nuevo Día*.
<https://www.elnuevodia.com/noticias/locales/notas/salud-mental-tras-terremoto-sobre-400-personas-han-llamado-a-la-linea-pas-en-busca-de-ayuda/>
- Tong, S. (2017). [Flooding-related displacement and mental health](https://doi.org/https://doi.org/10.1016/S2542-5196(17)30062-1). *The Lancet*, 1(4).
[https://doi.org/https://doi.org/10.1016/S2542-5196\(17\)30062-1](https://doi.org/https://doi.org/10.1016/S2542-5196(17)30062-1)
- TRACIE. (2017a). [Disaster Behavioral Health: What Do The Feds Do?](https://files.asprtracie.hhs.gov/documents/disaster-behavioral-health-what-feds-do-508.pdf)
<https://files.asprtracie.hhs.gov/documents/disaster-behavioral-health-what-feds-do-508.pdf>
- TRACIE. (2017b). [Helping the Helper: Building Responder Resilience](https://files.asprtracie.hhs.gov/documents/helping-the-helpers-building-responder-resilience-508.pdf).
<https://files.asprtracie.hhs.gov/documents/helping-the-helpers-building-responder-resilience-508.pdf>
- TRACIE. (nd). [Disaster Behavioral Health](https://asprtracie.hhs.gov/dbh-resources). <https://asprtracie.hhs.gov/dbh-resources>
- TRACIE. (nd). [Understanding Stress and Taking Care of Each Other \(and, In Turn, Ourselves\)](https://files.asprtracie.hhs.gov/documents/understanding-stress-and-taking-care-of-each-other.pdf).
<https://files.asprtracie.hhs.gov/documents/understanding-stress-and-taking-care-of-each-other.pdf>
- USGS. (2020). [Earthquake Hazards Program](https://earthquake.usgs.gov/earthquakes/eventpage/us70006vll/oaf/commentary).
<https://earthquake.usgs.gov/earthquakes/eventpage/us70006vll/oaf/commentary>
- Udalova, V. (March 8, 2021). [Pandemic Impact on Mortality and Economy Varies Across Age Group and Geographies](https://www.census.gov/library/stories/2021/03/initial-impact-covid-19-on-united-states-economy-more-widespread-than-on-mortality.html). *United States Census Bureau*.
<https://www.census.gov/library/stories/2021/03/initial-impact-covid-19-on-united-states-economy-more-widespread-than-on-mortality.html>
- University of Michigan. (2021). [Compassionate Conversations](https://uhs.umich.edu/compassionate-conversations).
<https://uhs.umich.edu/compassionate-conversations>
- Virella, A. (2020). [Wanda Vázquez cancela clases, cierra puertos por coronavirus y despide al Secretario de Salud](https://www.metro.pr/pr/noticias/2020/03/13/wanda-vazquez-cancela-clases-cierra-puertos-coronavirus.html). *Metro*. <https://www.metro.pr/pr/noticias/2020/03/13/wanda-vazquez-cancela-clases-cierra-puertos-coronavirus.html>
- World Health Organization [WHO]. (2009). [What is a pandemic?](https://www.who.int/csr/disease/swineflu/frequently_asked_questions/pandemic/en/)
https://www.who.int/csr/disease/swineflu/frequently_asked_questions/pandemic/en/
- World Health Organization (WHO). (2018). [Emergency and essential surgical care: Disasters and emergencies](http://www.who.int/surgery/challenges/esc_disasters_emergencies/en/). http://www.who.int/surgery/challenges/esc_disasters_emergencies/en/

World Health Organization [WHO]. (2021). [United State of America Situation.](https://covid19.who.int/region/amro/country/us)
<https://covid19.who.int/region/amro/country/us>

Zayas, R. (January 11, 2020). [COVID-19 en Puerto Rico: 12 nuevas muertes y 303 casos confirmados.](https://www.elnuevodia.com/noticias/locales/notas/covid-19-en-puerto-rico-12-nuevas-muertes-y-303-casos-confirmados/)[Photo]. *El Nuevo Día.*
<https://www.elnuevodia.com/noticias/locales/notas/covid-19-en-puerto-rico-12-nuevas-muertes-y-303-casos-confirmados/>