



ASPR

A Guide to Compassionate and Empathic Dialogue

HHS/ASPR

Division of Community Resilience and Recovery

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ASPR Mission

**Save Lives
and Protect
Americans from
Health Security
Threats**



Introduction

During the Hurricane Maria recovery efforts, the Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response (HHS/ASPR) identified that our stakeholders were overwhelmed, distressed, anxious and experiencing cumulative stress, due to the multiple emergency scenarios they were facing.

Objectives

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

Polling the audience

- Do you have any of the following courses:
 - Psychological First Aid (PFA) - (Yes/No)
 - Mental Health preparedness training - (Yes/No)
 - Self-Care for responders or health workers - (Yes/No)
 - Crisis Intervention - (Yes/No)

Activity 1



Case Study

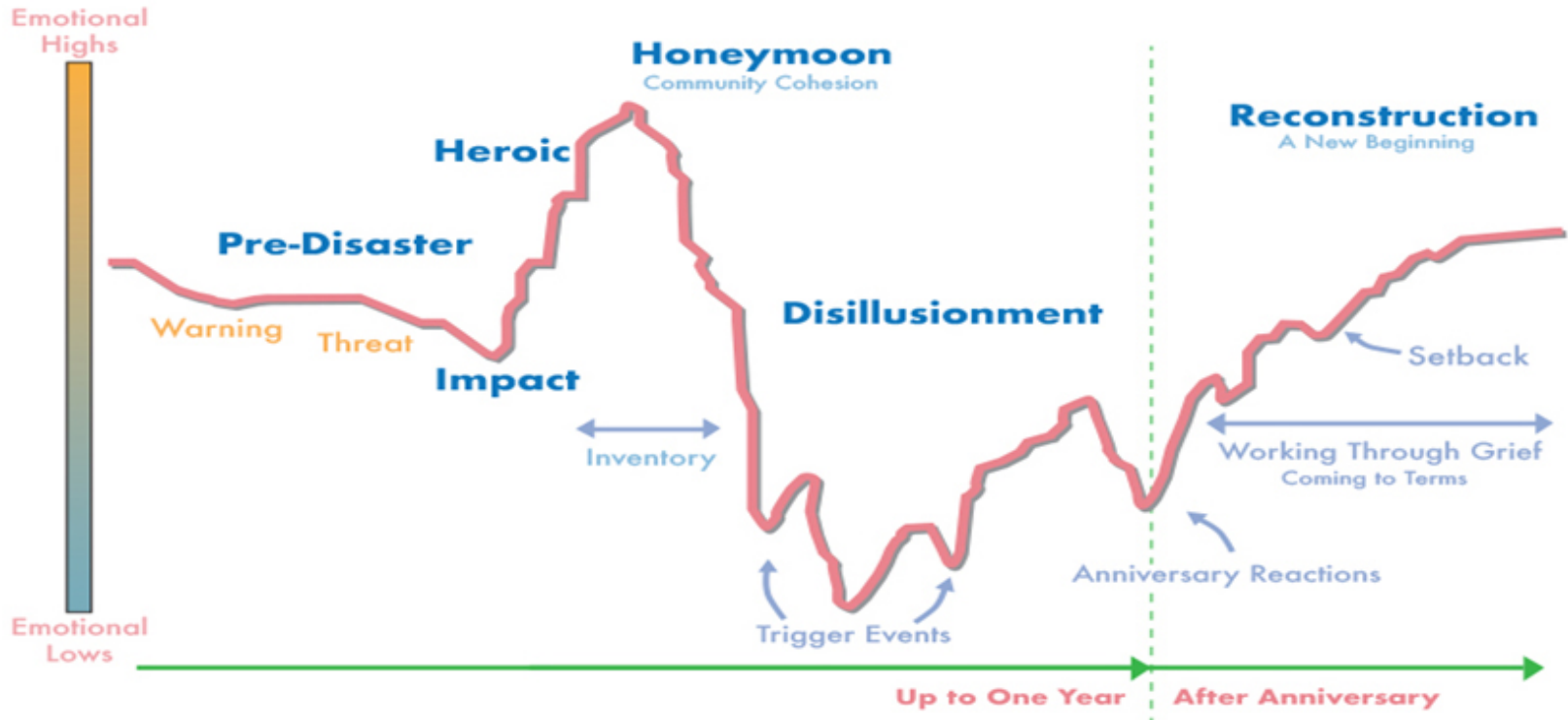
A responders cadre visited the offices of a municipality a month after a swarm of earthquakes occurred, which caused great losses in that community. As they communicate with the point of contact, they noticed that as soon as he began to talk with them, he was crying, exhausted, hopeless, only talking about the earthquakes and how emotionally affected he was. It becomes difficult for the team to explain the purpose of their visit.

Emotional Phases of a Disaster

According to *SAMHSA*, the reactions that an individual or a community tends to have followed a disaster are usually consistent.

- Phase 1: Pre-Disaster
- Phase 2: Impact
- Phase 3: Heroic
- Phase 4: Honeymoon
- Phase 5: Disillusionment
- Phase 6: Reconstruction

Emotional Phases of a Disaster (cont.)





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Steps:

How to Develop a Compassionate and Empathic Dialogue

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 responder's personal use.



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Step 1:

Support Long-Term Sustainability, to Better Understand the Effects of Cumulative Stress and Trauma After a Disaster

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Cumulative Stress

Definition

- Period in which a person experiences an accumulation of emotions after exposure to prolonged stressful or traumatic situations that have not been addressed.

Cumulative Stress (cont.)

Risk factors

- Accumulation of emotions
- Exposure to prolonged stressful or traumatic situations
- Work stress
- Anxiety
- Low socio-economic status
- Depression

Stress vs Cumulative Stress

Stress	Cumulative Stress
Normal reaction	Accumulation of emotions
Life demands	Prolonged stressful events
Necessary for survival	Situations that have not been addressed
Positive and negative effects	Negatives effects on health, performance and relationships

Trauma

Definition

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

First responders are exposed to deal with many situations which includes stressful events that can impacts their daily functioning.

Effects of Cumulative Stress and Trauma after a Disaster

- Disasters can carry a greater risk of negatively affecting the emotional health of the entire population and services providers.
- **Essential workers** are more likely to report symptoms of anxiety or depressive disorder, starting or increasing substance use, and suicidal thoughts.

Effects of Cumulative Stress and Trauma after a Disaster

- Along with the social and economic losses, the individuals and communities experience mental instability which might precipitate anxiety, and depression in the population.
- The tropical cyclones, earthquakes, terrorism, pandemics, floods, and wildfires, carry the higher incidence of emotional burden in the population.



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Step 2:

***Promote a Compassionate and Empathic
Engagement with Stakeholders***

Activity 2

Question:

What is the difference between being **empathic** and being **compassionate**?

Key Conversational Concepts

Active listening

- promotes productive conversation. Not merely listening to the other person but focusing on the message the individual is communicating.

Compassion

- A human value that combines empathy and understanding for the suffering of others. A desire to help or comfort that person.

Empathy

- The awareness of other people's feelings, needs, and problems, and the capacity to respond to them and express that we have understood.

Key Conversational Concepts (cont.)

- 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.
- Empathic engagement does not necessarily take up more time, and does not overburden the care worker, because the client maintains responsibility for their own problems.

Steps for Compassionate and Empathic Dialogue



**Demonstrate active
and compassionate
listening**



Identify Needs



**Connect to available
resources**

Do's and Don'ts in Supportive Conversation

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.

Do's and Don'ts in Supportive Conversation (cont.)

- Avoid making judgments
- Listen compassionately to the other person
- Do not interrupt to contribute
- Let the people know that you are present and listening.
- Make a referral if necessary

Communication by Phone or In-Person

- **Before the conversation**
 - Have your agenda ready
 - Try to be accompanied by a co-worker

- **During the conversation**
 - Show empathy and be patient
 - Don't think you can fix it
 - Reschedule meeting (if needed)
 - Validate the conversation
 - Make a referral if necessary

Communication by Phone or In-Person (cont.)

■ After the conversation

- Set boundaries
- Validate any important decisions through emails
- Identify if the person needs extra help and talk to supervisor for support
- Answer back any follow action

How to start the conversation?

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?”

Possible Pathways

- Possible scenarios you could face during the conversation



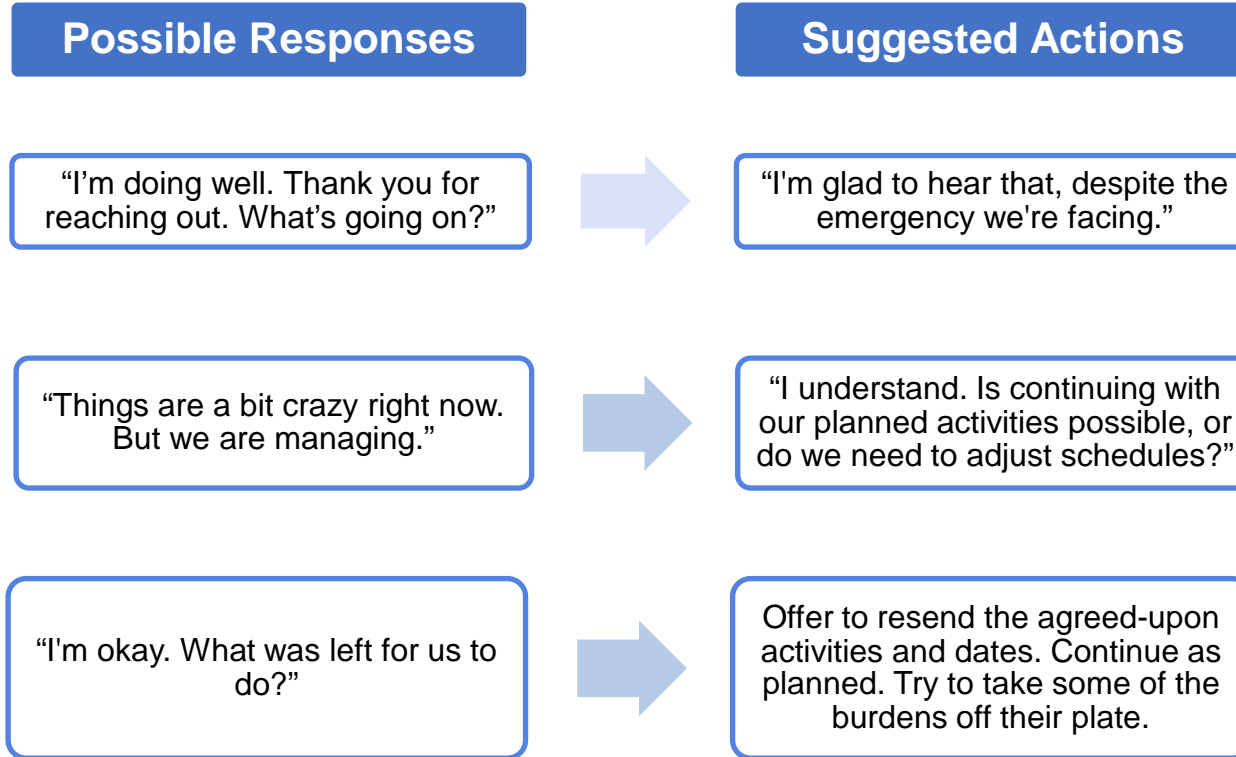
Possible Scenario 1/4

Common Conversation



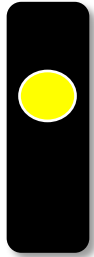
In this type of conversation, the person could express that they feel tired, that the workload has increased, but they can continue with what was planned for the call or conversation.

Possible Responses and Suggested Actions



Possible Scenario 2/4

Conversation with Vulnerable Population



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.

Possible Responses and Suggested Actions

Possible Responses

“I’m feeling a little stressed. We must be vigilant in preventing an outbreak in our facility, and I’m still working once I get home. It’s crazy.”



Suggested Actions

Compassionately listen to them and abstain from making any judgments; validate their feelings.

You can say:

“What you’re going through must be hard. I would be feeling stressed too. I can check for resources available to help reduce stressors.” (Please wait for their response and forward their request for information to the supervisor, lead or person in charge).

Continue: “The last time we spoke, we agreed to (continue work as scheduled).”

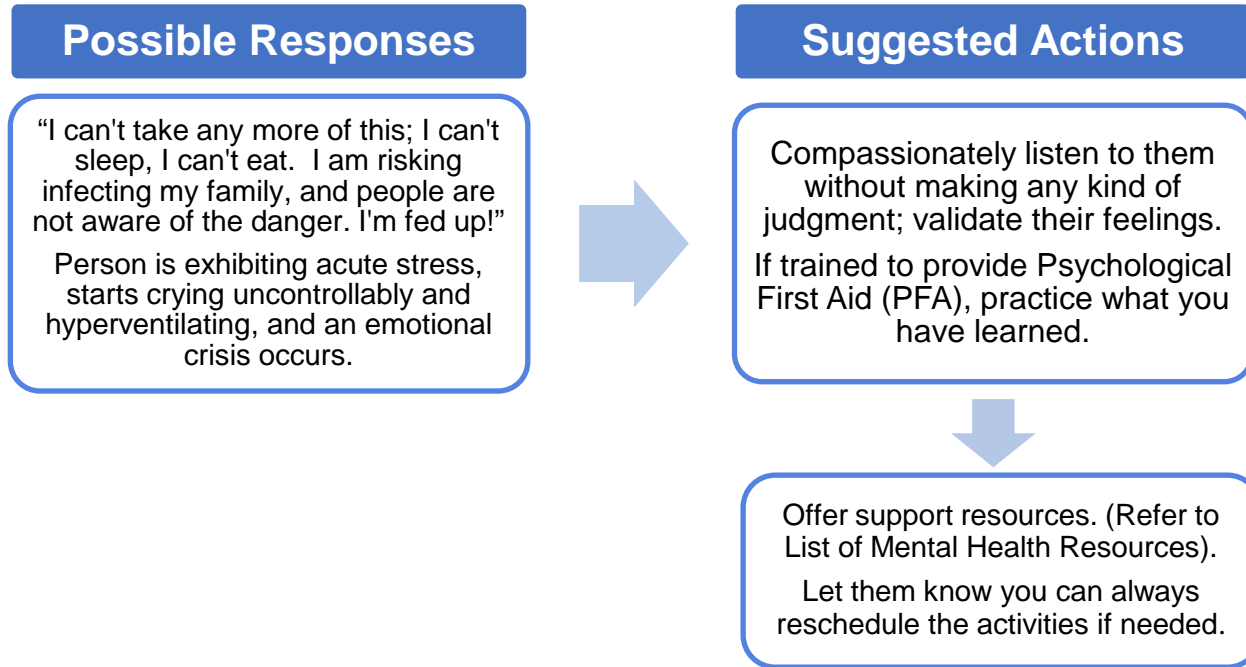
Possible Scenario 3/4

Conversation with a Person in Crisis or Cumulative Stress



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.

Possible Responses and Suggested Actions



Possible Scenario 4/4

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.

Possible Responses and Suggested Actions

Possible Responses

I can't handle this situation anymore. So many responsibilities at work, it's been several months since I've had a day off and **my work is not appreciated.** I lost my home after the earthquakes and my family says **they can't help me.** I have been thinking for several days about **how to escape from this situation. I thought about taking some pills from my husband so I would never wake up."**

"They don't understand me here. After all that has happened, **I feel that they do not support me.** There is a co-worker who thinks I am his slave. I wouldn't even want to see him here ever again. **I have thought of hurting him."**

Suggested Actions

"I understand that these days have been very difficult and with a lot of work. It would be good to seek help from a professional to have another solution other than taking your own life."

Don't leave the person alone. Ask for support and look for a mental health professional.

Possible Referral Signs

Behavioral	Emotional	Physical	Cognitive
<ul style="list-style-type: none"> <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 	<ul style="list-style-type: none"> <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 	<ul style="list-style-type: none"> <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 	<ul style="list-style-type: none"> <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).



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STEP 3:

Provide Available Resources in other Areas like Self-care, Stress Management and Resiliency for Responder's Personal Use

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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◦ You need alcohol/other drugs to cope	<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



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Self-care Recommendations

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

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Self-Care Recommendations

- Sleep well
- Attend your physical health
- Find a healthy balance
- Take time to relax
- Be patient
- Recognize your limits
- Laugh
- Build your resilience

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's National Helpline
 - This Helpline provides 24-hour free and confidential treatment referral and information about mental and/or 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
- [The National Institute for Occupational Safety and Health \(NIOSH\)](#)
 - Traumatic Incident Stress
 - Publications

CDC: Healthcare Workers

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

Additional Resources / Services

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 Learning Portal

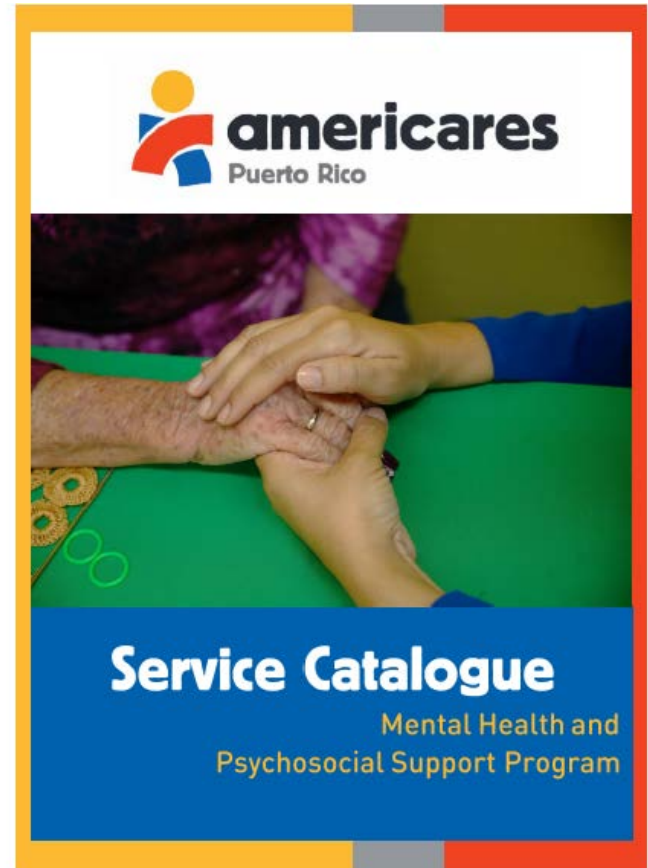
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Americares MHPSS Resources

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

- Prepare for any stressful situation
- Everyone reacts differently
- Practice being compassionate and empathic
- Review what you have learned in previous trainings
- Take care of your mental health

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.

Any questions?

hhsrecovery3.hsdc@hhs.gov



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Contact Us

Human Services

HHSRECOVERY3.HSVC@HHS.GOV