

Empathic Communication in Case Investigation: A Responding Guide for Difficult Situations

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Empathy in Case Investigation

Empathy can be thought of as standing in someone else's shoes, and imagining what they may be thinking or feeling. In public health, empathy can help reframe the goals of case investigation (to collect high quality health information, provide guidance on isolation & quarantine, and collect contacts who may have been exposed to COVID) to include better recognition of and response to the case's emotion. Empathy can be thought of as caring for someone and their well-being.

Empathic communication is communicating the care you feel for the case in a manner that the case can understand. When used effectively during a case investigation survey, empathic communication can help case investigators to build rapport and trust with the case. Feeling prepared for difficult situations before they arise also helps reduce case investigator stress and burnout. This in turn helps public health better serve the community and reach the goals of case investigation.

Using this Communication Guide

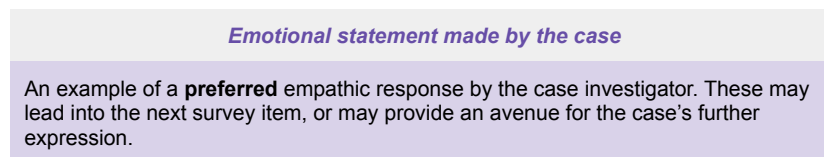
Guide Purpose & Content: This guide first provides a framework for responding with empathy to difficult statements or situations that commonly appear in case investigations. When these situations come up, it is not always clear where to go next in the call. Empathy can foster connection in the call and can help link the conversation back to the goals of the survey.

First, the guide outlines general empathic responses that follow the **N.U.R.S.E. responding framework** (Figure 3, p. 3), that case investigators can use to respond to emotion. Next, this communication guide outlines examples of specific situations that are difficult to respond to and pairs them with examples of how to respond with empathy.

The example situations that make up this guide were generated from real experiences that have risen during case investigation calls on the ASU COVID-19 Case Investigation Team. These situations are broken into **themes of difficult situations** that include resistance, grief, and complicated needs, among other scenarios. Some scenarios can fit into more than one theme and are grouped with the most salient theme.

Guide Structure: This guide depicts these difficult case statements as rows with bold, italic text. Beneath each scenario is an example of an empathic response highlighted in a color (Figure 1). The responses use empathic communication to show the case that you are witnessing the emotion, rather than moving to the survey without acknowledging emotion.

Figure 1: Guide Structure



Adapting responses to your own style: All case investigators should feel free to adapt the responses in this guide to their own style and voice. Switch out the responses given with words and phrases that feel genuine to you in order to create an empathic communication style that is authentic to you.

Practice: Practice helps to strengthen the empathic muscle. Recite responses and phrases from this guide in the mirror or with a friend. Practicing in a low-stakes environment like this can help prepare you for the real situation on a call. Authenticity comes with practice, so make it your own as you get more comfortable.

There is no one right way to respond to any difficult case statement. Using a variety of empathic responses can strengthen your rapport with a case. Empathic statements can be adapted or combined to create a strong response to each individual circumstance. Some statements are useful in responding to different case statements. In this guide, we group similar case statements with a common empathic response. Other statements are paired in columns, each with its own case statement and with its own empathic response, in order to create a comparison (Figure 2, p.3).

Figure 2: Grouped Case Statements & Responses

<i>Case Statement Example 1</i>	<i>Case Statement Example 2</i>
Example 1 of an empathic response by the case investigator.	Example 2 of an empathic response that is <i>similar yet distinct</i> from Example 1 to be used as a comparison.

Understanding Emotion & the NURSE Responding Framework

Emotion can be difficult to respond to, and it can show up in different and unexpected ways. In addition to the common themes of difficult emotion that pop up in case investigations, emotion can be easy or difficult to identify. Emotion can be explicit, when a case shares an explicit emotion they have (e.g., “I am scared”) or implicit, when the emotion is not explicitly expressed, but is implied in what the case is saying (e.g., “What will happen to my grandmother?”). In either situation, empathy can be a powerful tool for responding to emotion. It can help the case to feel heard and understood. This can pave the way for connection and trust that help us to achieve case investigation goals.

Because emotion is difficult to respond to, no matter how much you care, rehearsing and practicing responses to common scenarios can be beneficial preparation before facing them on an actual call. Stating a line you have practiced may help you to regroup, be more present for the case, and feel more confident in your ability to complete the conversation. Rehearsal is a powerful tool for both you and for the case.

To start, review and practice with general empathic responses (Figure 3). Empathic responses can be considered as falling into one of five categories that make up the mnemonic, NURSE: Name the emotion, Understand, Respect, Support, Explore. These responses are adapted to fit the situation at hand.

Figure 3: General Empathic Responses

N	Name (the emotion)	I hear you're feeling sad/nervous/angry... It sounds like you're feeling a lot of worry/fear...
U	Understand (validate the emotion)	I can/can't imagine... ...how you're feeling. ...how difficult this must be for you and your family. It must be difficult to feel... It makes sense you're feeling this way...
R	Respect (acknowledge strength)	I respect/admire your care for your... I can tell you are balancing a lot... Your perspective is really valuable.
S	Support	You are not alone. We can work together to... Many people I've spoken to have experienced...
E	Exploration	Tell me more about... ...what you meant when you said... ...about how you and your family are working through this...

Adapted from Pollak et al., 2007; Meyer, 2020.^{3,1}

Major Themes: Challenging Situations in Case Investigation

The remainder of this guide is broken down into three major themes of difficult responses: Resistance, High Emotion & Need, and COVID-19 Related Concerns. For each theme, we provide some context and tips for effective empathic communication from the NURSE model. Then, each major theme is broken down into subthemes (Figure 4). Each subtheme is denoted by a new table with a dark colored header and contains example case statements and responses.

Figure 4: Themes of Difficult Case Situations

Major Themes & Subthemes	
Resistance	Resistance - Privacy Concerns 5
	Resistance - Government, Public Health, & Medical Mistrust 7
	Resistance - Minors & Proxies 8
	Resistance - Anger or Rudeness to CI 9
	Resistance - General Resistance & Apathy 11
	Resistance - COVID-19 Specific Apathy 11
High Emotion & High Need	Shame (not wanting to be found out) 12
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Difficult Situations & Empathic Responses

Resistance

Resistant statements from cases come in all shapes and sizes, from annoyance to refusals, and are some of the most jarring to respond to. Resistance can be a personal concern of the case or can reflect larger trends like pandemic fatigue or political issues that impact case investigation. In a situation where you are meeting a lot of resistance, a great NURSE tool to use is:

Respect. Respect can:

- Point out strengths of the case & show graciousness for their support of public health.
- Be surprising and **disarming** to the case.
- Help to get the case on board.
- *Sometimes* help to pivot someone so they complete an interview they were unsure about.
- **Best uses of Respect:**
 - When a case has privacy concerns.
 - When a case is showing anger.

Outlined below are some example statements of how you can use Respect (in addition to some other NURSE behaviors) when faced with resistance. We pair these statements with reminders of the role of public health and how the case's participation can help to make a difference in the community. **Try them for yourself.** Feel unnatural? Practice, practice, practice.

Resistance: Privacy Concerns

“My COVID status should be between me and my doctor. Why the heck are you calling me?”

“I can tell that you are careful about sharing your information with a reputable source, and I **respect** that you take your confidentiality seriously. I do too. I am calling on behalf of the health department because this disease is a reportable disease, just like ebola and anthrax. This means that when someone tests positive, the county has a duty to follow up with them so that we can help stop the spread and provide resources.”

“Are you a doctor?”

“I can imagine it is a bit unexpected to get this call, and I appreciate your looking out and being careful. I am with the county health department and am here to support you and the community as we continue to learn about COVID-19. Do you have any questions I can help to answer for you? If I do not know the best answer, I can refer you to someone who has more medical background than I do.”

“No disrespect to you, but this is so scary. Can the testing site even share my results with you? I don't even know who you are!”

“I hear that this feels scary, and I can imagine it is a bit unexpected to get this call. I want to assure you that this is a confidential call that we make to everyone in our county who has tested positive for COVID. This is so we can learn more and better support you and the community. Is there anything I can answer that may help with any questions you have about why I'm calling and what we do with this information?”

OR

“You're right. This whole pandemic is really scary, and I imagine it can be frightening to get a call you weren't expecting with everything going on. Can I tell you a little bit about how public health is responding to the pandemic by making these calls?”

“Why do you need to know my ethnicity?”

OR

“I don’t want to tell you where I live!”

“What is this information for, anyways?”

OR

“Why should I have to tell you that?”

“I can understand that this may be a personal question and privacy is important to you. I take your privacy seriously too. When you provide [demographic information], it enables the county to have a better understanding of this disease and who it is affecting so we can better support people in our community.”

“Thank you for voicing these concerns. I want to make sure to support you in whatever you feel comfortable answering. Is it ok if I tell you where the information goes and how we protect it?”

“I still don’t know if I should trust you.”

“I hear you. I can’t imagine how strange it is to get this kind of call. Especially after all you already have been dealing with this year. Please let me know if there are any questions you would rather not answer or if there are any other questions you have about this call that I can answer for you. This survey is completely voluntary, but any answers you feel comfortable providing would be a great help to public health.”

“You’re lucky that I’m even helping you with this.”

“I agree! Thank you so much for taking the time to complete this call. You are really making a difference in our understanding of COVID-19, and therefore are helping us to better protect our community.”

“I will not verify my DOB and I am not interested in whatever you have going on”

OR

“I will not give you that information (verify DOB) over the phone.”

“I would feel weird about this too. I wish we could be in person so I could show you my county ID and then confirm who you are that same way. Unfortunately, we are doing the best we can given the circumstances. Would it help to know why we are doing this this way in the pandemic?”

[After asking the case to verify DOB]: “You know what, no.”

[After asking the case to verify DOB]: “No, I’m not interested”

“I know this may be an unexpected call. Can I share why we ask for your confirmation in this way because of the pandemic?”

“Thank you for your honesty. Would you be able to expand upon why you are not interested? Maybe I can help answer some questions you have.”

Resistance: Government, Public Health, & Medical Mistrust

“I know better than medical professionals”

“You’re right that you know yourself and your experiences better than anyone. That’s why we really need your help. Your perspective can help us to better understand how this disease is impacting our community, and better understand how to stop the spread so we can get back to normal.”

“My taxes do not need to be used for this.”

OR

“I have nothing to do with the government!”

“I hear you. It sounds like this has been really frustrating. I am also frustrated and wish everything was back to normal.”

“I don’t want to share my information with the government unless it is required by state law.”

OR

“I feel weird giving you this. What are you doing with it again?”

“I appreciate your caution. I do not want you to answer anything that you are not comfortable with.”

“COVID-19 was made up by the illuminati.”

“I hear that you are careful with what you take at face value. I appreciate that and I can understand that there is new information coming up about COVID-19 all the time. Part of what we try to do with public health is learn more about who is being affected by COVID-19 and how it is affecting them. It would be great if you were able to provide some of your insights.”

“I know my rights & this is a huge HIPAA violation.”

“You can not legally call me. This is private information!”

OR

“I am very much not ok with you calling me. I demand to talk with your director!”

“It sounds like you are really knowledgeable and take this seriously. So do I. Because of the pandemic and the emergency declaration, COVID-19 is a reportable disease, which means that the county has a duty to follow up with every person who has tested positive...”

“I work in government. I do not need to do this.”

OR

“I am in the military. I am not allowed to answer these questions”

“First, thank you for your service in government. I imagine that it is both a difficult and really important job. Here at public health, we are tasked with supporting everyone in the community who has been affected by COVID and it would be great to get your input for public health.”

“How did you get my information? Are you targeting me?!”

“That sounds scary. I would feel scared too. I work in public health and take your safety, and the safety of the community very seriously. COVID-19 is a reportable disease, this means that the public health department has a duty to follow up with every person who has tested positive.”

“I signed a form when I got tested that specifically said that my information would not be released. What the heck!”

“It must be frustrating to receive this call, especially after you took precautions to make sure to protect your information. I think I know the question you are talking about, and I got tripped up by it too. When you get tested you can ask that your information is not shared for *research purposes*. The purpose of this call is not for research, but instead is part of public health’s mandated role to protect you and the community.”

Resistance: Minors & Proxies

“She’s 9. She needs to be a kid.”

“I agree. This must have been a really hard year, and I can tell you are working hard to help things go back to normal for _____. I want that too.”

“I’m _____’s mom. I don’t think you can call me.”

OR

“What do you mean you are calling about ____? She’s 12!”

“I can imagine that it is a bit alarming to get this call. I would feel the same way. I appreciate you looking out for your child’s safety. As part of the public health team, we are reaching out to individuals who have been impacted by COVID-19 in order to better learn how this pandemic is affecting people, and better yet, how to stop the spread.”

“I don’t want her information taken down. This will not be helpful.”

“I really respect how much you value your privacy. I do not want you to share anything that you do not feel comfortable sharing. At the same time, I wish that COVID wasn’t impacting kids at all.”

“Why do you need to know this about my kid?”

“I wish that COVID wasn’t impacting kids. It’s not fair that they are also dealing with the complicated difficulties of the pandemic. Your perspective & insights from yours and [child’s name]’s experience, would be incredibly helpful to the public health department as we learn more about how to stop the spread of COVID.”

Resistance: Anger or Rudeness

PSA: Protect yourself when you encounter difficult calls.

The following case examples are drawn from real experiences CIs have reported on the line. Strong empathic responses to these cases are similar to cases that are rude, and they may work to disarm someone who is acting belligerent.

However, if you feel uncomfortable or unsafe, **it is ok to end the call.**

“What makes you think you have a right to call me?”

“I can imagine it is frustrating to get called out of the blue. I am calling as part of public health and we are mandated to make these calls to better support our community. We really value your input, if you would be able to let us know a little bit more about your experience...”

“Stop calling me. What kind of operation is this?”

“Thank you for letting us know that you have been receiving too many calls. It sounds like it has been frustrating. As part of the public health response to better support the community, our team is all hands on deck to reach out to those who have been affected so that we can help keep our community safe. Would you be able to share more about your concerns with me and our team?”

“You sound too young for me to share this.”

“It sounds like you want to make sure your information is in good hands. I respect that and would want the same for myself. My team and I are with public health and are working with the community to stop the spread. Can you tell me more about what concerns you have?”

“I’m asymptomatic, I don’t need to do this.”

“I’m glad to hear that you’ve been doing well. COVID symptoms can get really nasty, and it must be a relief to know you are not having to deal with that difficulty of the pandemic. If you feel up for it, your perspective as someone who is asymptomatic would be really helpful. I can imagine the pandemic in general has not been without difficulties.”

“COVID is so overblown. I didn’t have any symptoms...why would I answer your questions?”

“I hear you. This pandemic feels like it has been dragging on, and I imagine that it is especially true given that you have not had any symptoms.”

“What is the point of this?”

“I can tell you're someone who likes to think things through, and I respect that! This question is asked so...”

[General impatience or snark] “How much is left in this survey?”

“I hear your annoyance with this process, and I’m with you. We really value your input.”

***[General Response to Anger]
“Are you kidding me? What do you think?!”***

OR

“My vacation was ruined by this!”

“This is a crappy situation. I am angry too.”

[Profanity]

*NOTE: As the case investigator, you determine what feels “profane.” It may be a case who is rude and feels out of line, or someone who is cursing and yelling. Tone and word choice can both be profane.

[Rant/Power Trip]

“This is just a flu and none of this matters!”

OR

“You all are just too liberal.”

“I can’t imagine how maddening this situation has been for you. I appreciate your time to share your perspective with me, and I want to talk with you; however, to continue this call, I ask that you use respectful language with me/stop using profanity on this call.”

“I hear that you are very angry. This is a maddening situation & you prefer that none of this was going on. I want to work together on this call so I can better understand your perspective, but to do that, I need you to treat me with respect...”

In any instance, if the profanity continues, end the call and take care of yourself: “Thank you again for your time on this call. I will need to end the call now.”

“COVID is a conspiracy. You are invading MY RIGHT not to share this crap with you.”

OR

“The government is invading my privacy!”

“That is a scary thought! I can tell that you take your privacy seriously, and I do too...”

“Are you joking? You don’t have anything better to do with your time??”

“I hear that you are frustrated, and this is a frustrating situation, I agree. We’re using this time to help get our community back to normal by learning more and breaking the spread of COVID. Your perspective really helps as we...”

“I cannot believe you are asking me this. Wow.”

“I appreciate your taking the time to work with me on this survey. We really appreciate your point of view, and it helps as the county continues with this phase of the pandemic response. I want to remind you that you can skip anything you would not like to answer.”

“You’re calling me for my information, when you’re the one who should have prevented this whole thing from happening! This is your fault!”

I can tell that this has been a really frustrating and tough time for you. I respect you for taking the time to talk to me today and I am happy to hold some space to hear how things are going. Hopefully by working together...”

Resistance: General Resistance & Apathy

“Nah”
OR
“I’m fine, I’d rather not.”

Tip: When you think the call is lost, kill with kindness! Maybe we can plant a good seed if nothing else!

“Thank you so much for picking up the phone today and for letting me know. I hope you are hanging in there. Please call back if you would be up for sharing your experiences or if you need any resources.”

“I do not have time right now and don’t want a call back.”
OR
“I am working right now, and do not want to talk to you all.”

“It sounds like things are pretty busy/hectic. I can imagine this is stressful on top of everything else that has been going on in the pandemic. Can you let me know if there could be a better time to talk? We would highly value your perspective.”

“Is it mandatory to answer this?”

“Great question. I can imagine that some of these feel personal or may be difficult to share. You can skip any question that doesn’t feel right to you, none are mandatory. Any answers you would be able to provide are very helpful for stopping the spread in our community.”

Resistance: COVID-19 Specific Apathy

“I am better now. I don’t really need anything now.”
OR
“We’re done, and COVID is over.”

“I’m really glad to hear that you are doing better. From what I’ve heard, I can imagine that it was not a fun experience. Even though your symptoms are over, learning about your experience can be helpful as...”

“Is this about COVID?”

“The public health department is serious about working with the community to alleviate the effects of the pandemic. We are calling community members to learn more about how the pandemic has impacted them. We would appreciate your perspective. Do you have a few minutes now?”

“I already took another test, and it’s negative.”

“Thank you for taking the initiative to take a second test. Also, I imagine it can be confusing to get two different results. Would you be able to share a bit about [where you got the test? The timeline? etc]. It would be a great help to public health.”

High Emotion & High Need

High emotions can be some of the most difficult to respond to and sit with during a conversation with a case. It may initially feel difficult and uncomfortable to find the right words to console and support the case at that moment. Moreover, it is easy to take someone else's emotions on, which may be draining and unhelpful. In situations where a case expresses high emotion, it can be helpful to prepare yourself to use the following NURSE tools:

Support: Support can:

- Show your care and compassion for the case and their emotion/situation.
- Help the case to feel less isolated and alone.
- De-escalate high emotions and ground the case.
- Provide encouragement and motivation to the case to continue on the next step of the call, or in the next steps of their healing and recovery.

Exploration: Exploration can:

- Help you gain clarification from the case about their emotions or situation, and therefore help you to provide the best possible solution or next steps for the case.
 - It can be easy to make assumptions about how the case feels or why they ask certain questions. This can lead us to miss their intentions in this scenario.
- Give you a path forward after the case expresses uncertainty.

Best Practice: Check in with yourself during these high emotion and high needs situations.

- Reevaluate:
 - Would this be better completed in a call back?
 - How am I feeling? Do I need to slow down?
- Decompress after your call.
 - Step away from your work.
 - Take a moment to breathe.

Shame - not wanting to be found out

"Oh. I really don't want to give the name of my employer."

OR

"Will my employer find out? I don't think I can do that."

"I hear you. It sounds like you are making sure your information stays private between you and me, and I respect your carefulness. Can I tell you where this information goes and what we use it for?"

OR

"It sounds like this is a little nerve-wracking to think about. I would feel the same. Can I briefly explain how this information is used?"

"Why do you need this?"

"I can imagine this situation seems to come out of left field, and I respect your desire for privacy. We ask this to get a better idea of _____. Is that something you would feel comfortable sharing?"

"I don't feel comfortable telling you where I work."

"I hear you & respect how much you care about your privacy. Can you expand on why you don't feel comfortable sharing this?"

OR

"Thank you for letting me know. I don't want you to answer anything that feels uncomfortable. Can I ask if you have had any support from work about what's going on?"

“I don’t want my boss to find out that I have COVID.”

“It sounds nerve-wracking thinking about your work finding out. I can tell that confidentiality is important to you, and I respect that. It is to me also...”

“I work in a hospital/halfway house/nursing facility. I can’t believe this. I really don’t think I would feel ok if they found out about this.”

“I can’t imagine how difficult that job can be, even before COVID hit. This must be really difficult, too, especially as I can tell how much you care about your patients.”

“I work in a big factory with lots of people. I really need that job and can’t risk anything else...”

“It sounds like you are feeling a lot of pressure about what is going on at work. I appreciate your sharing that with me, and I appreciate your care for your team. Would you be able to share more about what you feel you are risking at work?”

“Are you going to tell my friends I have COVID?”

“I don’t blame you for being cautious. I can tell that you care about your friends and how this may impact you all. If you are able to give us some of the information on your contacts, I want to assure you that it is confidential. The health department will simply reach out and try to provide any support they can to your contacts and support the community. Together we can help to keep our community safe and healthy.”

“I don’t know if I want everyone to know I got this. It’s so embarrassing.”

“I don’t blame you for wanting to be cautious with your information. I can tell you don’t take this lightly and are doing the best you can. It’s really hard to know when COVID spreads.”

“I went to work. I exposed my clients!”

“I hear how much you care about your clients. It is so hard to know when you are positive, especially now when things have been opening up.”

OR

“This sounds like this has been weighing on you heavily.”

“I’m worried about my son and also so nervous wondering if my kid spread this to the whole camp?”

“I can’t imagine what you are going through. This sounds like a complex & frustrating situation. How is your son doing?”

Grief & Other Heavy Emotions

“I don’t trust the world anymore.”

“It makes sense that you feel that way. It can be hard to know who to trust. Can you share a bit more about what’s prompting you to say that?”

“I should have gotten the vaccine. I was so stubborn, and look what happened!”

OR

“I have diabetes and should have been more careful.”

“You can only do the best that you can, and it sounds like you made the best choice you could have given what you had been experiencing throughout the pandemic.”

OR

“I’m hearing that you are being hard on yourself. I imagine that adds a lot of pressure on top of everything you are going through.”

“My mother died of COVID. Now I have it. It’s scary.”

“I am so sorry to hear this. It must be devastating to go through this, especially without your mom. How are you holding up?”

“My mother-in-law died from COVID. It sucks, but I still don’t really get why it’s a big deal.”

“I can tell there is a lot to balance here and can imagine this could be overwhelming to think about. How have you been doing since you got your positive test?”

OR

“Have you been able to get support from other family members as you navigate this?”

[Proxy] “My husband is back in the hospital. I don’t know what to do.”

OR

“I just got out of the hospital for this. I’m so tired...”

“I am so sorry to hear that you/your husband has been hospitalized. I can’t imagine what you must be going through. How are you doing?”

OR

“This sounds like an awful situation to be going through. How can I support you?”

“I can’t believe I’m sick. I thought COVID was over...I just wanted things back to normal.”

“I don’t blame you for feeling this way. It has been a tough year, even before your illness.

“I’ve had friends die from this. What if I do, too?”

“That must be hard to think about. It’s scary not knowing. Can you tell me more about what you are the most concerned about/if there are any resources I can help to connect you with?”

[Proxy answers] “I’m the case’s son. He died.”

“Thank you for sharing that with me. I am thinking of you and your family and can’t imagine what you are going through.”

If they complete the survey → *“Thank you for taking the time to talk with me. I can tell how important your dad is to you, and I am sure it is not easy recounting all of this.”*

[Proxy]: “He was in the hospital after a car accident. That’s where he got COVID. I’m just so mad. I think I could have been exposed too because I visited him.”

“Your family has been through so much already. I can imagine this has been really shocking.”

High Need & Complicated Situations

[Case short of breath or coughing intensely]

"I'm hearing that it may be difficult to respond and I imagine this may be really draining. I want to make sure that you have the support you need." [Follow up with safety checks and assess for next steps.]

Note: If a case hangs up after they are demonstrating worrisome symptoms, don't panic. Work with your supervisor to determine appropriate next steps to help ensure the case's safety. When in doubt, ask a manager or supervisor to call the case back. You may call the case back and gently reevaluate:

"Hi there, we got disconnected. I wanted to see how you are doing and check in to see if there was anything we can do to be helpful."

"I don't have internet. It's not easy for me to just go to the doctor, that's why this got so much worse."

"I can imagine that has been a big challenge, especially with everything going on. Are there any resources I can help connect you with so you are able to get the support you need?"

"I am worried about having to take time off of work. I need this job."

"I can tell that you are in a tough spot & there is a lot to balance. Can you share more about what you are worried about? I am wondering if we can work together to find a solution."

"I don't have a car so I can't get to an appointment, and I don't have a PCP anyways, so it's not like anyone can help me."

OR

"I'm about to become homeless. This is just too much."

"I can tell that this pandemic has really taken its toll. It must be really tough to navigate all of this. Can you expand on the kind of resources you think would be useful to you?"

"I don't want to lose my job if they find out it's me. I don't have insurance or a car, I mean, money is tight."

"I appreciate your sharing this with me. This must feel overwhelming. It sounds like you have so much to juggle right now. Would it be helpful for us to work together to find a good next step?"

"I'm calling back after getting your 'urgent' voicemail. What are you calling about? Am I dying?"

"It sounds like this call was frightening. Thank you for calling back so we could work together to sort this out. I am calling from..."

"I have tested positive three times! They won't let me go back to work but I need the money."

"This sounds incredibly frustrating. You are taking all the right steps and still aren't having much luck. I know that sometimes people can continue to test positive for up to three months, which can be pretty shocking. Can you tell me more about how this is impacting you and what we can do to support you?"

"You can't support me! It's not that simple."

"I really wish I had the right answer here. I feel for you and I'm here to help if I can."

COVID-19 Related Concerns

Due to the unfolding nature of the pandemic, cases may have specific questions or fears related to the disease, variants, and vaccinations. With these cases, it may be especially helpful to consider what the case may be thinking or feeling. Maybe they do not have access to updated information from the CDC. Maybe they are extremely busy and don't have time to parse through everything. It's also possible that the case hears outside information that is frightening. In these situations, it would make sense why someone was hesitant to get a vaccine, or did not seem to know what could have prevented the disease.

Vaccinations

“I know someone who got sick from the vaccine. I don’t want that.”

“I hear that you are looking out for your health. I am with you and want that too. I was also nervous about the vaccine until I learned more about how the vaccine works. The side effects actually mean that your body is learning how to respond to the real virus.”

“I think I’d rather wait it out to see what happens to other people who get it.”

“It makes sense that you are feeling cautious. I know that the pandemic has been really difficult and confusing. I was wondering if you could expand upon what you are waiting to happen?”

“My kid was not eligible for the vaccine. He couldn’t get it.”

“That must feel really discouraging. It sounds like you’ve been doing your best through this pandemic, but are caught in a holding pattern.”

“I don’t think vaccines are a good idea. COVID was made up so they could inject us with these trackers.”

“I can tell you have thought a lot about this, and I respect your opinion. Is there anything I can answer for you about the public health perspective?”

“I didn’t know I was eligible.”

“It can be hard to parse through all the changing policies about this. It looks like you are eligible! Do you have any questions I can answer for you?”

“I’m about to go on a trip, so I can’t get the vaccine. I wouldn’t be able to get the second one.”

“Thank you for thinking this through, it shows that you are trying to make the best decision for yourself and the situation. It may be possible to get just one vaccine before you go. Even that could be really protective. Can we talk more about that?”

“Why are they different? Which one is the safest for me?”

“It makes sense that you would wonder what the differences are. Overall, the differences are only slight. All three vaccines provide you with nearly 100% protection against serious disease, and about 80% effectiveness against mild disease. Do you have any specific concerns I can try and answer for you?”

“I got the first vaccine, and now I have COVID.”

“That sounds like that could be really frustrating. I respect that you took the steps to keep yourself safe. You did a great job by getting the vaccine and I can imagine this is a let-down.”

Contacts & Other Specific COVID-19 Questions

“I can’t give you that information. I have a principle of privacy!”

“You’re wanting to make sure that your friends are safe and protected. I hear you and I want that too. Can I tell you how we protect their information while providing support & resources they may need?”

“I haven’t seen anyone. I honestly don’t know how I could have gotten this.”

“It sounds like you’ve been doing your best to stay away from others, and I respect that. It’s not always easy to do. I can imagine it feels discouraging/scary to not know where this came from.”

“I haven’t seen anyone. I don’t have contacts.”

“I hear that you have been doing everything right to keep away from others and keep you and your family safe. I applaud you for that! I can also imagine it can be scary to not know where you may have picked up COVID and who may be at risk of catching it.”

“Could I be a false positive? It was such a shock and I had been on a plane.”

“I can’t imagine how shocking it felt to get the positive test, and it sounds like you have been really taking this seriously and don’t want to impact others. Can you tell me more about what makes you think it is a false positive?”

“What am I supposed to do at work? People aren’t wearing masks and like 3 people on my floor have it now!”

“That sounds really frustrating. I can imagine it feels isolating to be there, too. Would it help to talk about different strategies for staying safe that may help at work?”

OR

“I wouldn’t blame you for feeling frustrated about that situation. It must feel isolating and scary knowing what’s going on. Can you tell me more about what obstacles to staying safe you are facing at work?”

“The only contacts were my family and they are all better now.”

“I’m glad to hear your family is doing well. I imagine that was a difficult time for everybody. Did they also test positive?”

Applications of this Guide: Carrying It Forward

Practicing and reflecting on new knowledge is a cornerstone of skillbuilding. At any level, using this guide as a jumping off point for integrating empathic communication into your role as a case investigator and beyond can help you to continue strengthening your empathic muscle. With time, you will be hard-pressed to find a difficult scenario that you don't know how to respond to.

Reflect

Review the guide or sections of the guide **before a shift** to act as a primer for what you may encounter.

- Target your review to the types of cases you are calling:
 - Ex. If you are making calls for cases who are minors, pay close attention to the section in this guide on working with proxies of minors.
 - Ex. If you are taking calls of elderly individuals, pay close attention to the sections on high need.

Turn to the guide **after a hard call** to help review what else you could have said to a case. It can be especially useful to reflect on a call when it is fresh on your mind.

On your own time, review the types of **calls that you find the most difficult** (or the types of calls that make you the most nervous or uncomfortable).

- Ex. If you are really out-of-sorts when you encounter an angry or belligerent caller, try to review the section on anger & rudeness.

Practice

Practice makes perfect. Thinking about and reflecting on the scenarios is a great way to get started. Practicing with the statements is an even stronger way to solidify your learning.

- Just like an actor, rehearsing ahead of time helps the play to go smoothly
 - Take a statement and practice reciting to yourself or in the mirror.
 - Find a partner and practice reciting case statements and empathic responses.
- You can also use the guide while on a call to give you ideas to practice with in real time.
- Practicing with the statements in this guide is a similar exercise to a biker starting with training wheels or to a lifeguard performing drills:
 - No matter what level you are at, practicing strengthens your ability to carry out a task.
 - Whether building muscles to help you bike on your own or practice empathy with cases, practice makes perfect.

Adapt

These skills are widely applicable to many settings. If you are thinking about entering a profession where you are working with clients or patients, practicing now can help you to be more prepared for those circumstances. This guide does not cover every possible difficult situation, and you may have experiences or ideas not listed here. On page 20, add your own examples of difficult situations and how to respond to them.

There is no right way to respond to any given situation. As you work with the guide, adapt suggested NURSE responses to fit your own style as well as to fit the tone of each call.

- If things sound unnatural, then change them. Make them fit you.
- Authenticity comes with time and practice.

The Case Investigator's One Page Reference

General Tips

Building an **authentic** feel:

- Use **tone** to your advantage:
 - The same response can sound authentic or inauthentic, depending on the tone you use.
- Switch it up:
 - **OK:** (U) I hear that is difficult. (U) This sounds difficult. (U) I hear this is very hard.
 - **Better:** (U) I can't imagine what you're going through. (R) I can tell how much you care for your family. (S) I am here to support you.
 - Write down your favorite empathic statements that fit many scenarios in the space below for "general empathic statements."
- If a case shares something difficult, show your gratitude:
 - "Thank you. I respect your working with me on this survey, even though it's a bit long."
 - "Thank you so much for sharing this with me."

Checking in with yourself & **emotional regulation**:

- Feeling pressured to go fast? Impatient interviewee?
 - Show empathy and reevaluate.
 - *Empathy* - Understanding "U" and Support "S" go a long way.
 - "I hear you. This would be difficult for anyone."
 - *Empathy* - Respect "R" can be disarming and help redirect a call.
 - "I appreciate your perspective."
 - *Reevaluate*
 - Would this be better completed in a call back?
 - How am I feeling? Do I need to slow down? Do I need a break?
- Decompress after a difficult call.
 - Take a break.
 - Practice deep breathing, a mantra, or ritual.
 - Connect with a team member or supervisor.

Remember your role:

- Ask every question and walk through every item in the case investigation survey.
 - It is okay if a case does not want to answer. It is our due diligence to do the best we can.
- Provide resources whenever appropriate. Remember, sometimes we are not the best person to answer a specific question or respond to a specific need of the case.
- Act with integrity.

My Go-To General Empathic Statements:

1. _____
2. _____
3. _____

From your own experience:

Blank writing area consisting of ten horizontal light purple bars for notes.

References

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3. Pollak KI, Arnold RM, Jeffreys AS, et al. Oncologist Communication About Emotion During Visits With Patients With Advanced Cancer. *Journal of Clinical Oncology*. 2007;25:5748-5752.