

OHT Patient, Caregiver & Community Engagement Learning Series

Module 1: Communication, Compassion & Empathy Workbook

Copyright 2022©



INSTITUTE FOR
BETTER HEALTH



Acknowledgements

We would like to acknowledge the people who have created this training and their individual contributions.

Content Creators and Curators:

Alyssa Gremmen

Ethan Hopkins

Irene Wright

Kerry Kuluski

Other Acknowledgements:

University Health Network, Organization and Employee Development,
Human Resources

Support House's Centre for Innovation in Peer Support

How to Use This Workbook

To Cite this Document

You may with proper citing share resources within this document for your own purposes. Please use the following citation when referencing or using any materials from this document:

Gremmen, A., Hopkins, E., Kuluski, K., Wright, I. (2022). *Communication, Compassion & Empathy Workbook*. OHT Patient, Caregiver & Community Engagement Learning Series

Legal

The materials in this workbook are general guidelines only. This workbook is not intended to provide legal advice. If there is a discrepancy between this document and any applicable legislation, the legislation will always prevail.

Building Equal Relationships

From: (Adair, Gremmen, & Hopkins, 2022).

Meaningful engagement and co-design exists when we focus on building relationships that minimize or eliminate power differences.

We can have meaningful relationships together when we challenge our biases and assumptions. This includes believing that people can navigate and build wellness that is meaningful to them and understanding that advisors can be in a place to meaningfully use their experiences.

Self-awareness is required regarding aspects of ourselves such as power and privilege, social location and the way in which we physically present ourselves. Be aware of your audience and engage in ways that support others in feeling as comfortable approaching you as possible.

Be aware that people may still be involved in different spaces, activities, experiences etc. For example, street involved, using substances, engaging in methadone treatment, still experiencing thoughts of suicide, still caregiving.

Understanding that using and sharing experience is an expertise with unique insights to enrich collective work will help to acknowledge all expertise at the table. We must recognize the limits of our knowledge and be open to the knowledge of others. This goes for all members; we each bring unique knowledge and expertise to contribute.

Valuing all expertise includes inviting in and genuinely listening, this sometimes changes our course of action.

Tips & Strategies Include:

- Using accessible language - avoiding acronyms and inaccessible academic or clinical terminology
- Using accessible documents and spaces
- Supporting all members in navigating how to use various documents and spaces
- Using your social location and power/privilege to uplift and amplify other voices
- Expressing gratitude, validation, and recognition of others

Conversation Awareness

From: (Support House: Centre for Innovation in Peer Support, 2021; University Health Network; Beitel, 1998)

Discouragers

“Discouragers” create barriers to communication and diminish trust. They convey judgement or the idea that we have an agenda that a person should be following. It is important to recognize that these are discouragers in the context of a Peer Support Relationship and that some of the actions may be applicable in other roles of our lives or be more appropriate in certain cultural contexts.

Advice/persuasion: being parental, does not honour self-determination and choice

Arguing: for your own point, being motivated to be RIGHT

Assuming: misses the opportunity for true meaning and exploration, all assumptions but especially “I completely understand.” Focus on connection points, not absolutes.

“But” statements: can be dismissive

Shaming and Blaming: degrading, does not honour self-determination or respect and dignity (I.e. “You knew this would happen” “What were you thinking?!”)

Minimizing/Reassurance: does not honour that person’s experience, dismisses them (I.e., “that is not so bad” “There is nothing to worry about, you’re in good hands” – this does not allow people to explore and expand on their feelings)

Patronizing: condescending, not supportive of equal and empathetic relationships (I.e., “You poor thing...”)

Humor/Sarcastic responses: can cause disconnection and missed opportunities to explore, keeps things on the surface

Ultimatums: threatening and controlling, does not support lifelong learning and personal growth (I.e., “Smarten up or else you will lose your housing”)

Abruptness: interrupting or startling someone can reduce the opportunity to explore and understand each other

Being distracted: shows we are not present, listening or interested

Judgement: shows disapproval (I.e., “Shoulds” and negative tones of voice “You should do _____”)

Oversharing from your journey: may cause harm or make the conversation about you instead of the other person, and can create space for assumptions and comparison

Fixing and pre-mature/unsolicited offering of services: we are here to listen, explore, bear witness and honour people's sharing (I.e., "have you tried _____" "there is this support group, you should check out")

Encouragers

- Trust, empathy & compassion
- Calm tone of voice
- Open body language
- Let them lead
- Listen attentively and actively
- Be curious
- Ask open ended questions
- Summarize/paraphrase
- Seek clarification
- Silences and pauses
- Highlighting successes
- Reciprocity and sharing from our experiences

Empathy

From: (Gremmen, & Hopkins, 2022)

VIDEO

"Brene Brown on Empathy" <https://youtu.be/HznVuCVQd10>

Empathy

A common reflection is that... "empathy is standing in someone else's shoes, seeing the world through their eyes, and feeling what they're feeling." (Parkin, 2015; TEDxTalks, 2015).

Paul Parkin, an adjunct professor at Utah Valley University wrote his dissertation on empathy and communication and he suggests that:

- a. that's not possible;
- b. and when we think we can do that, we actually start making assumptions about what other people have experienced, assumptions that can lead to disconnection, or misunderstandings (TEDxTalks, 2015).

It's important that we recognize we have never had the exact same experience as someone else, we have never been in the exact same shoes as another person.

Example

Consider two people moving homes. While we may say we have "had the same experience" that isn't quite true.

One of us may have had help moving, while the other did not. Maybe it was raining the day one of us moved and sunny for the other. Our moving boxes would not have been the same weight and we would have been moving from and to different homes with different features. One of us may have more experience with moving and feel more confident and comfortable throughout the process.

This is a basic example. In practice we would also consider aspects of ourselves such as social location, experiences with trauma, and more. It is important to understanding that our lives and experiences are different from one another.

So, then what is Empathy?

If we can't stand in someone else's shoes, then what is empathy?

“Empathy is the righteous struggle to try, to try to understand what it's like to be in their shoes, to try to understand what they're feeling; and that's a process that happens through communication ... empathy forges communication that is inquisitive, non-judgemental, validating and compassionate” (Parkin, 2015; TEDxTalks, 2015).

Paul Parkin's work is in very close alignment with earlier work done by Teresa Wiseman, a nursing scholar who published a concept analysis which concluded that there are **four qualities of empathy; perspective taking, staying out of judgement, recognising emotion in other people, and then communicating that recognition** (Wiseman, 1996; Brené Brown on Empathy, 2017).

Empathetic Communication Model

Adapted from: (Gremmen, & Hopkins, 2022)

This model has been adapted from the Centre for Innovation in Peer Support's Empathetic Communication Model to illustrate how empathy can be present and intertwined in supportive communication.

We utilize empathy through genuinely listening, exploratory response, and reflective practice. Throughout our connections we continuously listen and collaboratively explore to be of support.

The Empathetic Communication Model is a loop. You will engage with the different parts of this model multiple times, continuously throughout conversations. When we offer an exploratory response, it is important to do so with the intention of listening again.

Internal Processes

Reflective Practice

Engaging in regular self-reflection before, during and after interactions is a practice that enhances our conversation through continuous learning and personal growth. All throughout the interaction, we are reflecting on what is being shared. This allows us to maintain the perspective of the person and stay out of judgement, two qualities of empathy.

To take the perspective of others it is required that we be non-judgmental and open to the perspectives and personal truths being offered to us. We must check our biases and remember that everyone's journey, health and wellness is unique to them and it is vital that we do not express disapproval of people or the choices they make.

We may reflect on what parts of other people's journeys connect with experiences, and emotions we have experienced, and with this, find common understanding and connection

Genuinely Listening

The goal of genuinely listening is to create space where we can truly understand a person; their unique life context, needs, barriers, challenges, concerns, strengths, goals and ideas. It is important that we remain curious to their perspectives and how they understand their lived and living experiences.

While listening, we recognize the emotions of others as the impact to that person and what is true for them. This will help us determine how we can respond supportively and how we can further explore what is being offered.

While this may seem like a less significant part of our communication, genuinely listening is actually the most crucial and important part of the model.

External Actions

Exploratory Response

The goal of exploratory response is to further explore in order to better understand a person's key messages, unique life context, needs, barriers, challenges, concerns, strengths, goals, and ideas. Then communicate our understanding back to the person, checking in to see if we understand correctly.

There are many ways we can engage in exploratory responses. At different times and points in the conversation, we may choose to offer any of the

following options when they are applicable. Once we have offered an exploratory response, we then return to genuinely listening.

Exploratory responses detailed below have been adapted from University Health Network's Handbook. Active Listening for Person Centred Care. Participant Handout (pages 7-9). These responses include:

Furthering Responses

- Minimal prompts: "Yes", "I see", "Mm-mmm", "And", "Then what?"
- Non-verbal gestures: head nodding and facial expressions
- Accent responses: repeat a word or short phrase from the persons message in a questioning tone of voice.

Open-ended Inquiries/Questions

- We can empathetically explore their perspective and experiences through the use of open-ended inquiries/questions.
- This inquisitive space not only supports our understanding but also creates a space for the other person to self-explore, and self-determine what is important to them, what their key messages to us are
- What, when, how, where, could, who, or "Tell me about..."

Summarization & Clarification

- Communicating back our understanding of what has been shared often involves summarizing, what we have heard and understood.
- This is also an opportunity to ask if we have understood correctly, providing the person we are supporting with the opportunity to either affirm our understanding or clarify.
- "So it sounds like your two main concerns are..."
- "Do you mean..." "Are you saying..."

Validation

- We seek to be validating in our response.
- We may validate the thoughts, emotions, and experiences of the person.
- This creates safety, while inviting the person to share more about their perspective with us.
- "That sounds very frustrating"

Meaningful Selective Disclosure

- Meaningful selective disclosure is when we share from our personal experiences in meaningful ways.
- Meaningful selective disclosure is short and intentional, requiring us to reflect on points of connection between our experience and the experience of others.

- Sharing our experiences in a way that is meaningful conveys that people are not alone in their experiences and struggles, provides validation, and/or aids in the exploration of solutions
- **AVOID:** Comparing, Dismissing, Advice giving, “Fixing”

Examples:

- Someone is sharing the impact of long waitlists for care for their child
 - A meaningful disclosure may sound like, “Thank you for bringing that message to the forefront of our conversation, I’m reflecting on my own experience with my child waiting for care and how frustrating it felt for me. It can absolutely be frustrating for families.”
- Someone is sharing the impact of losing someone to a chronic illness and their lack of access to family support
 - We may say something along the lines of, “I appreciate you sharing that with us. I have also lost loved ones to a chronic illness, and it was a very difficult time for my family and I. I’m glad you’re here today for our conversation about more accessible family supports.”

GENUINE LISTENING EXERCISE

From: (University Health Network)

Self-Reflective Questions:

When have you experienced really good listening?

What is it like to be listened to?

What is it like when others don't listen to you?

What makes it hard to listen?

TYPE IN THIS TEXT BOX

EMPATHETIC COMMUNICATION ROLEPLAY

Scenario

Roles:

- Ethan - Experience-Based Advisor
- Alyssa - Committee Chair
- Kerry - Community Partner

Setting: OHT Working Group – Quality Improvement of Community Referral Processes

Focus: There has been a decline in client community referral follow-up from hospitals. The working group is having a discussion regarding the possible causes of this decline.

Script

Alyssa – “Based on the conversations we have had thus far and the data we have reviewed what are the possible causes of this decline in community referral follow-up?”

Kerry – “It could be that clients are unaware of exactly how to follow-up.”

Alyssa – “Okay, that’s a possibility, they are given resources when discharge planning though.”

Ethan – “That’s true, generally we receive quite a few flyers and pamphlets however that doesn’t necessarily mean we know much about the service.”

Alyssa – “Why wouldn’t they just call the number on the flyer and find out?”

Ethan – *PAUSE – feeling defensive*
 “Calling services and having to share that you don’t know exactly what service is being provided, but you might be interested in their services is something pretty anxiety provoking, in my experience this has always presented a barrier.”

Kerry – “That makes sense to me, I know that I like to be as informed as I can before making inquiries about a service, or I feel uncomfortable. Based on your experiences where have you found gaps in sharing information about the community referrals?”

Ethan – “Well I think the first part is information overload. I’ve walked out of hospital with 10 different flyers and phone numbers, even if I received more information about some of them its difficult to keep track of which service is which and what each of them provide.”

Alyssa – “Are we suggesting we don’t provide all of the resources that could be of support?”

Ethan – *Slightly irritated* - “No, I’m just saying this isn’t effective.”

Kerry – “I’m hearing that 10 different resources is a lot to keep track of, Ethan do you think that the challenge is the quantity of resources or how they are organized, being on so many different forms?”

Ethan – “I think it’s how it’s organized and communicated. If I received one or two pages of resources with phone numbers and some jot notes under each resource about what the service provided, how to access the service and anything else discussed about the resource during discharge planning then I could have a better re-cap of the conversation.”

Alyssa – “Okay, thank you Ethan. We can add that as one of our possible causes. Can the group think of any other possible causes?”

NEXT PAGE

Where do you see encouragers, discouragers and elements of the model?

TYPE IN THIS TEXT BOX

Additional Materials

Aspects of Listening

From (SkillPacks, 2020).

The Chinese character for listening (pronounced “TING”), as you can see to the left, is the traditional character. This traditional character is used in Hong Kong, Taiwan and other overseas Chinese communities. In the People’s Republic of China (or ‘mainland China’) the simplified Chinese character, “听”, is used.

We use our ears to listen by paying attention not just to the words spoken but also to the tone, pace and emphasis, to help understand the person’s relationship to the words.

We use our eyes to connect with the person we are listening to and reassure them that they have our attention. We also use our eyes to check the body language of the person to gain insights into their thoughts.

We use our mind as we’re listening to consider the words and ideas shared. We may choose to take an ‘open-minded’ approach to what we’re hearing, suspending judgement and being open to all that we hear.

We use our heart to listen as we empathize with the person we’re listening to, as we experience the emotions being shared and as we care for the person and their opinions. Using our heart allows us to listen more deeply and connect with the person we’re listening to at an emotional level, not just rationally.

We use undivided attention and focus as we listen. We can think much quicker than a person can talk and as a result we tend to fill in the gaps, sometimes with unnecessary chatter. To listen most effectively we need to calm this chatter, and completely focus.

Listening Traps

Adapted From: Leebov, W., Afriat, S., Prsha, J. 1998. Service Savvy Healthcare. American Hospital Publishing. From University Health Network. (2006). Organization and Employee Development: ActiveListening for Person-Centred Care. Participant Handout which was reprinted with permission, from the Albert Einstein Healthcare Network © 1993

Listening Traps

1. Does your mind tend to wander when you are supposedly listening to another?

Never Sometimes Often

2. Do you tune the other person out in order to prepare your response?

Never Sometimes Often

3. Are you often so wrapped up in your own feelings that it's impossible to really listen to another?

Never Sometimes Often

4. Do you tend to jump ahead of the speaker and reach conclusions before you have heard the speaker out?

Never Sometimes Often

5. Do you often figure you know what the other person is going to say before he/she has finished saying it?

Never Sometimes Often

6. Are you anxious to contribute your ideas to the conversation or relate your experience when another is trying to talk?

Never Sometimes Often

7. Do you have a tendency to finish sentences or supply words for the other person?

Never Sometimes Often

8. Do you get caught up with insignificant facts and details and miss the emotional tone of the conversation?

Never

Sometimes

Often

9. Do you listen with half your attention tuned toward giving advice, solving the problem, or figuring out what to say to make the other person feel better?

Never

Sometimes

Often

10. Are you human?

Never

Sometimes

Often

Active Listening Exercise

Dialogue with a Partner

From: (University Health Network)

Listener: One person asks an open-ended question of the other. The question might be something like *“How are things going?”* or *“What’s life like for you?”* or *“What is work like for you these days?”*

As the speaker introduces topics, make comments that explore further, seeking greater depth and clarity such as *oh, go on, tell me more, what’s that like?* or silence.

Focus on your intent to understand the other person’s experience or point of view. Don’t ask questions to satisfy your own curiosity or share similar experiences.

Speaker: Talk about something real in your life that you are comfortable sharing with your partner. Don’t be overly talkative, so that the listener may ask questions to probe further.

Afterwards

Give feedback to the “Listener” on their ability to actively listening. Did they use any encouragers or discouragers?

Share with each other what it was like to listen and to be listened to? Experiences, struggles, insights?

Did you fall into **any listening traps**?

How often did you use: Furthering Responses, Questions (open-ended and closed), Clarifying, Summarization & Clarification, Validation, Meaningful Selective Disclosure?

EMPATHY CASE STUDY

From: (Adair, Gremmen & Hopkins, 2022)

You have created an advisory group for your local emergency department related to the support of mental health and substance use.

During one of your gatherings, one of your lived experience members shares about a time they were experiencing withdrawal in the waiting room of an emergency department. They were not offered an empty bed in a private space, despite there being some available. Although they updated the nurses about their symptoms worsening, the nurses just kept saying to sit down and wait. While walking away from the desk, the person overheard a nurse say to her co-worker, “Damn, junkies.” Feeling uncared for and believing they would be mistreated further, the person left the hospital without being seen by a doctor. They share that because of the way they were treated, they felt forced to put themselves in harm’s way by withdrawing alone.

Personal Reflection – Staying out of judgement, staying curious

- What emotions and responses are coming forward for you? (Defensiveness, sadness, frustration, cynicism/apathy etc.)
- How are you navigating your emotions and responses?

Genuinely Listening – Listening to understand, perspective taking and recognizing emotion

- What is the need, barrier, challenge, concern being shared?
- What emotions/feelings is this person expressing? Which emotions/feelings can you identify with?

Exploratory Response: Supporting exploration and communicating it back

- How would you gain a deeper understanding into their perspective, without judgement? (Open ended questions, Validation, etc.)
- What might you say to meaningfully connect with this person and what they have shared? (How would you empathize? Not how would you “fix” it.)

Compassionate Language

From: (Gremmen, Hopkins, & Provincial Peer Network, 2021)

“Language is not passive. It is active, an action”
(Gremmen, Hopkins, & Provincial Peer Network, 2021)

“If you want to care for something, you call it a flower. If you want to kill something, you call it a weed”
- Don Coyhis

Holding People in High Regard

We strive to hold others in high regard. Holding people in high regard requires empathy. We can look for context behind behaviours and seek to connect with and understand the experiences of those around us rather than pass judgement or blame.

“Compassionate language recognizes that every person with their own situation and context is valuable and worthy of care and kindness”
(Gremmen, Hopkins, & Provincial Peer Network, 2021).

When we treat others with respect and honour their dignity, we are not only showing care for them, we are supporting them in treating themselves with the same kindness and care, instead of self-stigma and shame.

The compassionate action we take with our language has a ripple effect, strengthening relationships and reducing the stigma and detriment we may witness or experience within:

- ourselves,
- our workplaces,
- for our friends and family,
- within the media
- and the broader community.

We can cultivate awareness and share strategies to create a more accepting and healing community.

Shifting Language: Creating Change

Shifting the language of systems and society requires us to be bold and take ownership of the ways we use our language to care for others. Be kind to yourself... and others.

Anyone can play a role in shifting the language of systems to be less oppressive.

However, because of their inherent power, leadership roles can be crucial in cultivating cultures where language is reflected upon and shifted.

Role Modelling.

By shifting our language, we are role modelling change. Others may take notice and begin to shift their language to match ours.

Calling others in, not out.

It can be challenging to use new language; we cannot expect others to pick this up right away.

We can hold others in high regard while they explore their language. We can invite people to be aware of how their language affects us, people we care for and other people in the community. We can do this warmly and compassionately.

When we call people out, they are likely to become defensive, and our messaging can be lost. Calling people into conversation and offering alternatives can be more effective.

What if I make a mistake?

Mistakes happen, remember this is a process.

If you use a term that you believe could be harmful, you can acknowledge this and rephrase your words. An apology is one way of acknowledging our desire to act differently and communicate that we do not wish to cause another person harm.

If you feel an apology is appropriate, we recommend you keep it succinct, then rephrase and continue the conversation at hand. A long-winded apology generally evokes the other person(s) to console and validate you, which distracts from the original concern and takes away the power of the apology.

RESOURCE HIGHLIGHT:

COMPASSIONATE LANGUAGE FOR MENTAL HEALTH AND
SUBSTANCE USE: HOLDING PEOPLE IN HIGH REGARD

[Visit the Centre for Innovation in Peer Support's Resource Hub for the latest version of this resource.](#)

References

- Adair, R., Gremmen, A., & Hopkins, E. (2022). *Engagement and Co-Design* [PowerPoint slides]. Support House: Centre for Innovation in Peer Support.
- Beitel, J. (1998 Summer). Illuminations file. *Illuminations: Newsletter of the International Consortium of Parse Scholars*. 7 (3), 3-5.
- Brené Brown on Empathy. (2017). YouTube.
<https://www.youtube.com/watch?v=HznVuCVQd10>.
- Gremmen, A., & Hopkins, E. (2022). Empathetic Communication Toolkit. Support House: Centre for Innovation in Peer Support.
- Gremmen, A., Hopkins, E., & Provincial Peer Network. (2021). Compassionate Language for Mental Health and Substance Use: Holding People in High Regard. Support House: Centre for Innovation in Peer Support.
- Leebov, W., Afriat, S., Prsha, J. 1998. Service Savvy Healthcare. American Hospital Publishing. Reprinted with permission, from the Albert Einstein Healthcare Network, 1993
- Parkin, P. H. (2015). Exploring the communicative dynamics of empathic learning (dissertation).
- SkillPacks. (2020, December 29). 5 listening insights from the Chinese character for listening. SkillPacks.
<https://www.skillpacks.com/chinese-character-listening5day-plan/>
- Support House: Centre for Innovation in Peer Support. (2021). *Peer Support Core Competencies Training* [PowerPoint slides].
- TEDxTalks. (2015). Reimagining Empathy: The Transformative Nature of Empathy | Paul Parkin | TEDxUVU. YouTube. Retrieved June 22, 2022, from
https://www.youtube.com/watch?v=e4aHb_GTRVo&t=384s.

University Health Network. (2006). Organization and Employee

Development: Active Listening for Person-Centred Care. Participant Handout.

Wiseman, T. (1996) Journal of Advanced Nursing 23,1162-1167 A concept Analysis of Empathy