

Compassion Resilience

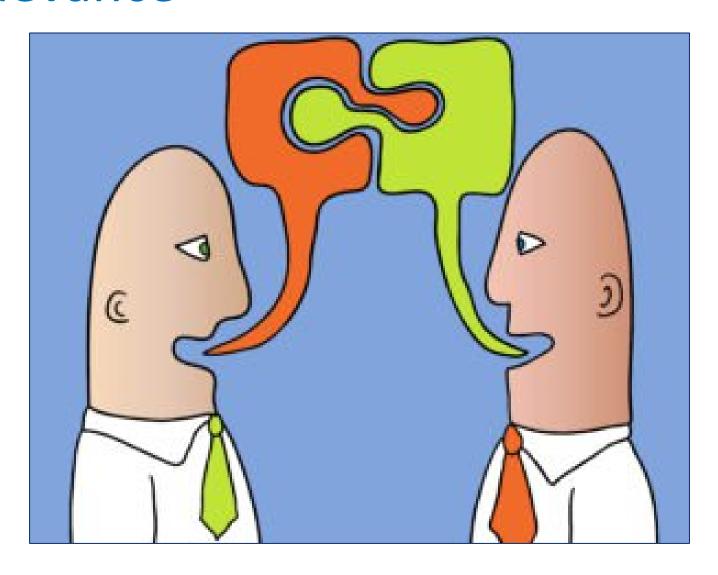
Sue McKenzie WISE and Rogers InHealth



Goals

- 1. Analyze foundational beliefs about behavior
- 2. Explore experience of compassion fatigue (individual and team)
- 3. Learn skills of compassion resilience (individual and team)

Relevance



Focus Group at Care Connections

A stigma-free environment in health care:

- No fear in my gut when encountering health care professionals about how they will treat me
- 2. More acceptance of me as a full human, less judgment
- 3. Labels would be less important
- 4. Open communication I would trust them to keep confidentiality and yet I would need it less
- 5. My physical concerns would be taken seriously and treated no differently than if I did not have a history of mental health challenges
- 6. Health care professionals would be more approachable

Care Connections (cont.)

- 7. Disclosure would not be seen as only my decision- professionals would also consider whether to disclose to me or not
- 8. Parent and family input would be welcomed, sought and respected
- 9. Peer support and peer advocates would have a strong voice within the organization
- 10. Regular collaboration between primary care, psychiatrist, therapist
- 11. The staff would be more educated about mental illness and recovery- they would know what they are doing
- 12. Being a less exact science at times and at times, not knowing the science that does exit, care providers would readily admit to not knowing and seek advice from someone who does

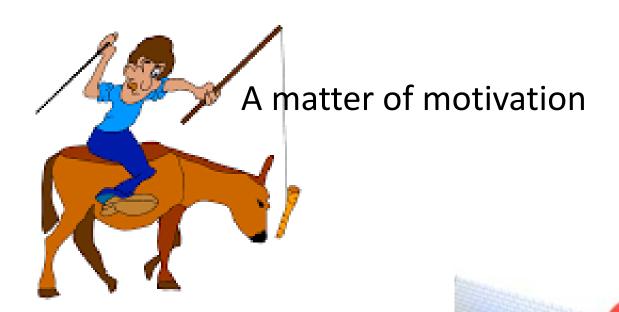
Care Connections- Reasons for Stigma

- Lack knowledge about my condition and feel uncomfortable not knowing
- 2. Burnout- # of patients, stuck in one way of treatment, close minded
- 3. They need more time for reflection, peer learning and support, self-care and encounters with people living in recovery
- COMPASSION FATIGUE!



What do we believe about human behavior?

How do you think about behavior?



A matter of ability and supports

Kids/adults/colleagues do well if they want to ...

- 1. Manipulative
- Just wants attention
- Not motivated
- Doesn't care

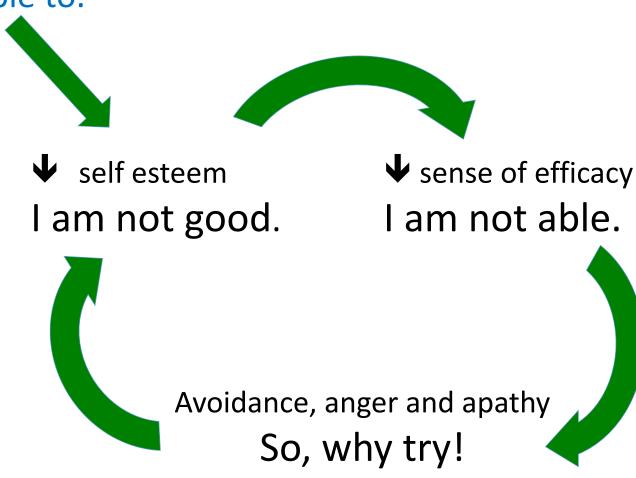


Kids/adults/colleagues do well if they can ...

- 1. Coping in the way they know how
- 2. Lack skills required
- 3. Something in their way
- 4. Together we can figure



"If I really wanted to do something, I would be able to."



Feelings of Shame

Public stigma- false ideas, beliefs and harmful behaviors



Stages of Change Theory – what's needed for change?

- Insight
- Realistic and relevant hope
- Understanding one's good reasons for unhelpful behavior
- Time to let go
- Planning and practice (learn what motivates)
- Avoidance of triggers
- Gradual exposure to triggers
- Support for maintenance that includes plan for "refresh"

Complications of Trauma

Prefrontal Lobes
Rational thoughts

What can I learn from this?

Limbic **Emotions**

Am I loved?

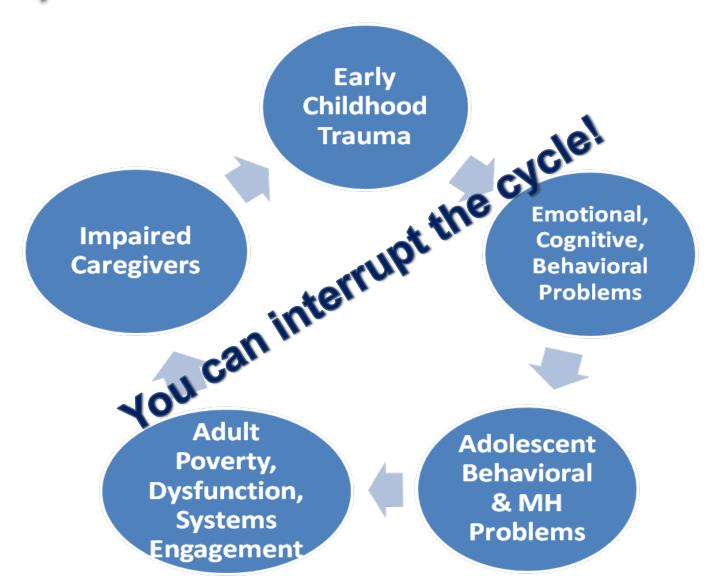
Brain Stem

Survival instinct

Am I safe?



The Cycle of Trauma





Compassion Fatigue

- Gradual lessening of compassion over time
- Avoid trying to understand what people face
- Become less effective in our work
- Life satisfaction decreases



Important Reminder

Compassion fatigue is a NORMAL response to ABNORMAL circumstances.

3 Stages of Action to Reduce Compassion Fatigue

- Stage 1: Knowledge—Acquisition of information and skills
- Stage 2: Recognition—Identification of risk and exposures
- Stage 3: Responding—Application of skills
 Accomplished with supervision, peer support and action

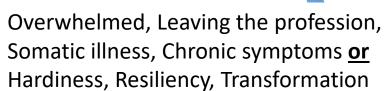
Compassion Fatigue's Path

Leave Profession



Compassion Resilience

Renewal vs Pathology

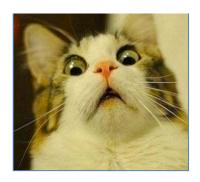




Zealot We are committed, involved, and available, Ready to problem solve and to make a difference, We are willing to go the extra mile and often do so without prompting

Anger and cynicism, Diminished creativity, Sadness, Feeling helpless or hopeless

Wit



A sense Inability to embrace complexity, ever dc Chronic exhaustion, Physical sense c illness, Difficulty empathizing, Hyper-\ Feeling numb to other's pain, Sleeple Absenteeism persecution ntry, PhD 2012)



Where's the Stigma in Healthcare?

Nursing staff in emergency departments, inpatient psychiatric settings, and intensive care units in particular, were found to hold blaming/hostile attitudes (when patients were post suicide attempt, suicidal or in psychiatric crises).

(Anderson & Standen 2007, Patterson et al. 2007, Thornicroft 2007)

Structural Drivers of Compassion Fatigue?





Compassion Fatigue

- How are you doing?
- Professional Quality of Life Scale (ProQOL)
 - Compassion Satisfaction
 - Burnout
 - Secondary Trauma Stress

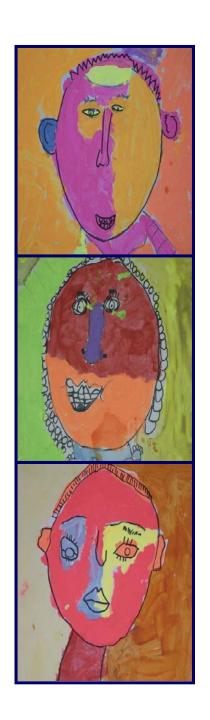
How does compassion fatigue show up?

- In you?
- What population or with whom are you most challenged to approach with compassion?
- Where do you see it in your organization?

Solutions to Compassion Fatigue:

- Expose yourself to recovery/resilience and build your own
- Compassionate Boundaries: understand your role and your limitations (professional and personal)
- 3. Connect with colleagues and others in the community
- 4. Self-care





Resilience

- The ability to recover from tough challenges and traumatic events
- To be able to feel optimistic in an imperfect world



Reflective Questions

- What is my belief about the potential for positive outcomes for people facing complex challenges?
- What level of hope do I project in my conversations with clients and peers?

The 7Cs

Support the move from avoidance, apathy, and anger to resilience

- 1. Get to know people with non-judgmental curiosity
- 2. Form positive **connections** with people you serve
- Build trust through consistency (compassionate boundaries)
- 4. Build **competence** to meet diverse expectations (minimize confusion during transitions)
- 5. Support sense of **control** in others
- 6. Engage in co-planning to arrive at self-directed decisions
- 7. Show how "the world" is a better place with them in it contribution



Building Our Compassion Resilience

- The power to return to a position of empathy, strength, and hope after the daily witnessing of the challenges people face in our community.
- Applying the 7 Cs to me

- 1. Curiosity self-awareness How does being curious about my responses to others impact my CR? What practices might enhance my self-awareness?
- 2. Connection What type of interactions increase/support my CR? Are these interactions typical of my primary relationships?
- 3. Competence What steps have I already taken to build my CR? What are potential next steps for me to take?
- **4. Control** What do I have (some) control over that supports my CR? Where do I want to expand my influence and where do I want to let go?

Stress Reduction Kit

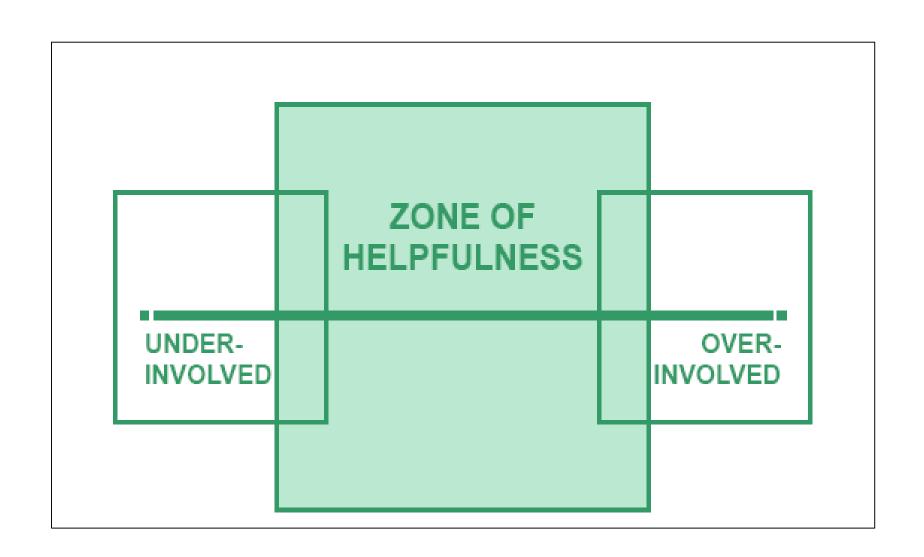


Directions:

- 1. Place kit on FIRM surface.
- Follow directions in circle of kit.
- 3. Repeat step 2 as necessary, or until unconscious.
- 4. If unconscious, cease stress reduction activity.

- 5. Consistency What is most likely to get in the way of my consistency in what is already working for me and what I'd like to add? How can I anticipate that? How do I get back on track?
- 6. Contribution What are the strengths I bring to increasing CR in myself, my workplace, and my family?
- 7. Co-planning With whom and how can I debrief, find support and be held accountable for my plan?





Tips for Setting Compassionate Boundaries

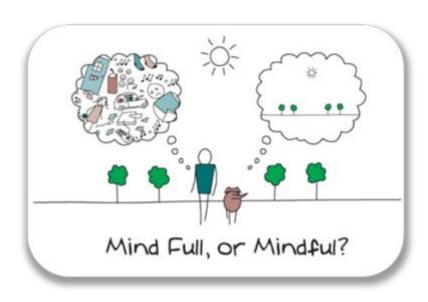
- Know what you want to say "Yes" to in your life (values and priorities).
- 2. Have "meetings" to discuss boundaries. Structure is the safety net of chaos.
- 3. Just say it! Don't make them guess. Reinforce by pointing out the violations or near violations IN THE MOMENT.
- 4. Give explanations that are based on your values, specific, relevant to the other person, and offer shared solutions.

Breaking Down Boundaries and Setting New Ones in Our Personal Lives

Creating Boundaries Between Experiences

- Notice and attend to your own bodily responses and experiences
- Make adjustments when transitioning between clients (mind and body)
- Process responses to clients





LATER

Collegial Support and Supervision

- Who assists you to navigate client relationships?
- Where is your forum for processing intense, sometimes extreme behaviors you encounter?
- Does your organization have a structure for confidential and effective identification and management of CF...
- That is not crisis-driven?
- Who encourages your self-compassion?

Connect with colleagues and others in the community

- What are my limitations (my role, skills, current capacity, etc.) to meet the person's expressed desires/perceived needs?
- What organizations or colleagues can offer services that I cannot?
- What is my level of belief in the capacity of others on "my team?"
- What do I need to do to increase my knowledge of and belief in the capacity of others?

Care for Self



Out of Balance? 1. Avoid Your first clue

2. New perspective

3. Adjust lifestyle Physical Emotional

How do you think about your behavior?

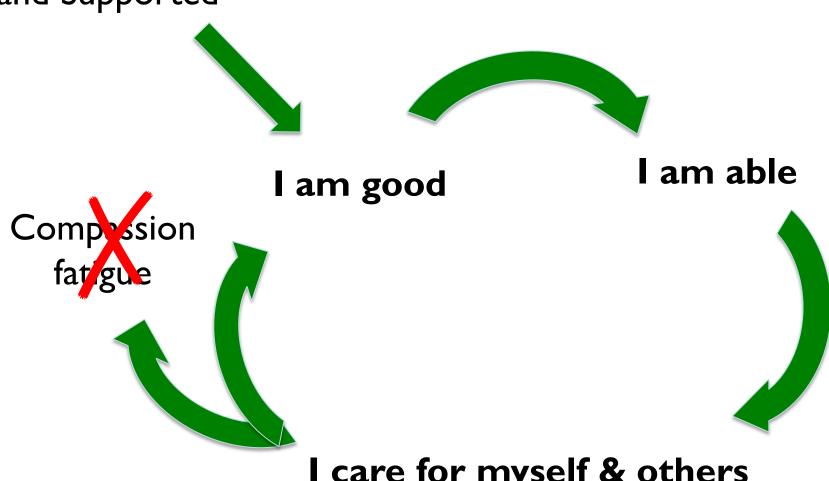


A matter of motivation

A matter of ability and supports

Reversing Shame and Blame

When I am Known, Included and Supported



I care for myself & others

Next Steps Building My and My Organization's Capacity for Compassion Resilience

- Knowledge How is this information shared with colleagues?
- Recognition Use of ProQOL and/or STS Scale on a regular basis?
- Response
 - How do I regularly expose myself and my colleagues to resilience of those we serve? How does resilience apply to my compassion towards others?
 - What boundaries need to be discussed, re-assessed, reinforced, revised?
 - What do I need to know about organizational and community resources?
 - What can I say no to in order to say yes to what will sustain my self-care balance? What would meaningful support of self-care look like in my organization?

Group Activity: Self-Care on All 3 Levels

	Daily	Weekly	Monthly
Personal			
Professional			
Organizational			

Thank-you for the relationships you build and the strategies you implement that improve the present and future lives of children, adults, parents and staff.

WISEwisconsin.org

Resilience clips found at: RogersInHealth.org