



Advancing Adult Compassion Resilience: A Toolkit

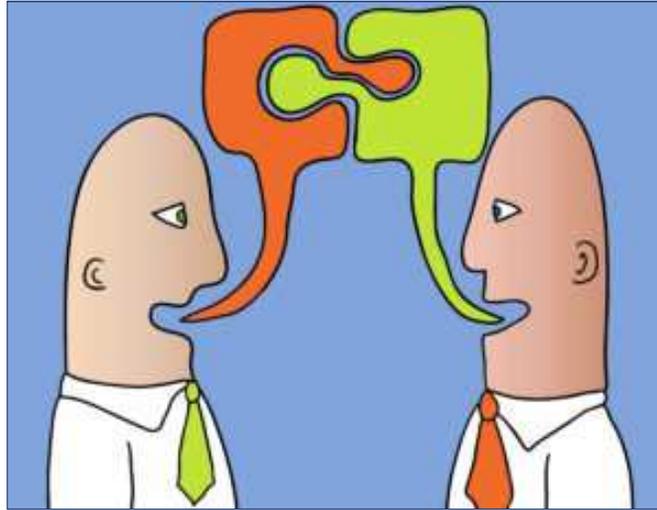
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Goals

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



How we got to this topic...

Focus Group at Care Connections

A stigma-free environment in health care:

1. 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 exist, care providers would readily admit to not knowing and seek advice from someone who does

Care Connections- Reasons for Stigma

1. 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
4. COMPASSION FATIGUE!



What do we believe about human behavior?

Observing the two mindsets:

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

1. Manipulative
2. Just wants attention
3. Not motivated
4. 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

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”

Prochaska and DiClementi

Complications of Trauma

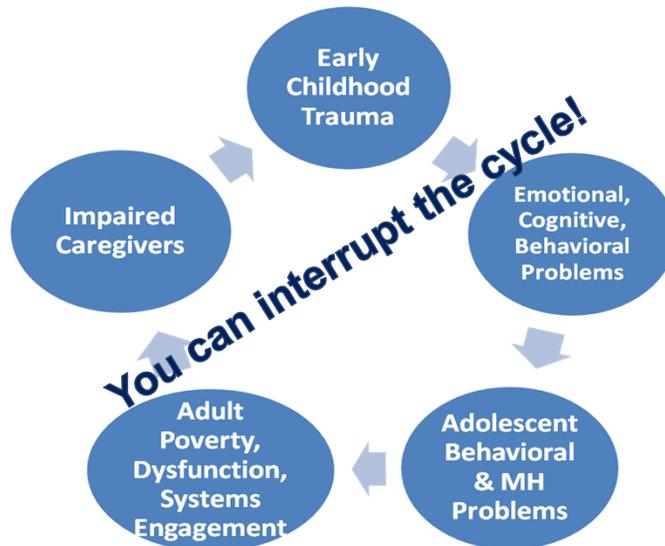
Prefrontal Lobes
Rational thoughts
What can I learn from this?

Limbic
Emotions
Am I loved?

Brain Stem
Survival instinct
Am I safe?



The Cycle of Trauma



Compassion Resilience Outline

Content Sections

1. Compassionate Action
2. What Are We Talking About?
3. Compassion Fatigue Awareness, Connection to Trauma, and Assessment
4. Systemic Drivers of Compassion Fatigue
5. Expectations from Self and Others
6. Compassionate Boundary Setting – Personal and Professional
7. Contract for Positive Staff Culture
8. Strategies – Mind
9. Strategies – Spirit
10. Strategies – Strength
11. Strategies - Heart
12. Compassionate Connections with Parents

Additional Content Areas

Foundational Beliefs about Behavior
Dealing with Significant Staff Disclosure or Crisis
Supporting Change Efforts of Others and Ourselves
Stress throughout the Career Cycle

Section 1: Steps for Compassionate Action

Combined from the works of Monica Worline and Jon Katzenbach, Carolin Oelschlegel, and James Thomas



1. Notice – Be present in the moment and able to recognize signs of distress.
2. Self-check - Be aware of your emotional resonance and initial cognitive appraisal.
3. Seek to understand – Suspend appraisals. Listen for understanding. Move towards generous interpretations of another’s behavior.
4. Cultivate compassion – Genuine concern develops based on what you come to understand. This leads to a growing desire/intention to help.
5. Discern best action – Work with the person to figure out what would actually be helpful to them rather than what you think would be helpful or was helpful to you in past, similar circumstances.
6. Take action – Be aware that intention alone is not compassionate action.



Section 2: Key Concepts

Compassion Fatigue

- Secondary trauma and burnout
- Gradual lessening of compassion over time
- Avoid trying to understand what people face
- Become less effective in our roles
- Life satisfaction decreases



Building Our Compassion Resilience

- The power to return to a position of empathy, strength, and hope after the daily/hourly witnessing of the challenges people face.
- To be able to feel optimistic in an imperfect world

Self-Compassion

- Extending kindness to ourselves in instances of perceived inadequacy, failure, or our own general suffering.



<http://self-compassion.org> Kristin Neff



Section 3: Compassion Fatigue

- A deeper look at the experience of compassion fatigue
- Explore ways to assess ourselves

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Compassion Fatigue's Path





Important Reminder

Compassion fatigue is a NORMAL response to overwhelming circumstances.

A Break for our SPIRIT

When do you feel most alive, most like yourself? What are you doing?
What or with whom are you surrounded?



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

ACS-NYU Children's Trauma Training Institute



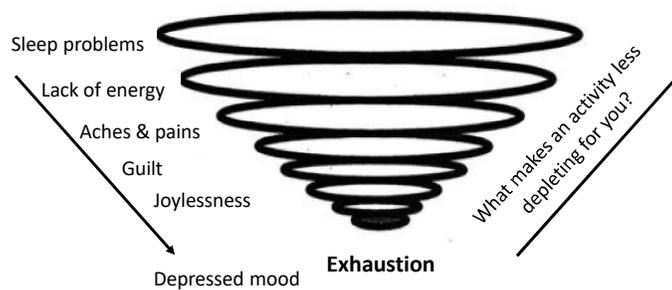
Compassion Fatigue

- 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?

STRENGTH



- What are different ways your colleagues approach an activity that is typically depleting for you but not for them?



Section 4: System Drivers of Compassion Fatigue



Strategies to Build Compassion Resilience:

1. Realistic expectations of yourself and others – What is enough and what can I hope for? Exposure to recovery!
2. Compassionate boundary setting
3. Culture of connection with colleagues, others in community, and clients' natural supports
4. Self-care strategies – Mind, Spirit, Strength and Heart



Building Our Compassion Resilience

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Section 5: Expectations

- What positive role do expectations play?
- What impact has your unrealistic self-expectations had on your well-being?
- What has the impact been of others' unrealistic expectations of your capacity?
- How do you assess if expectations are being set at a helpful aspirational level?

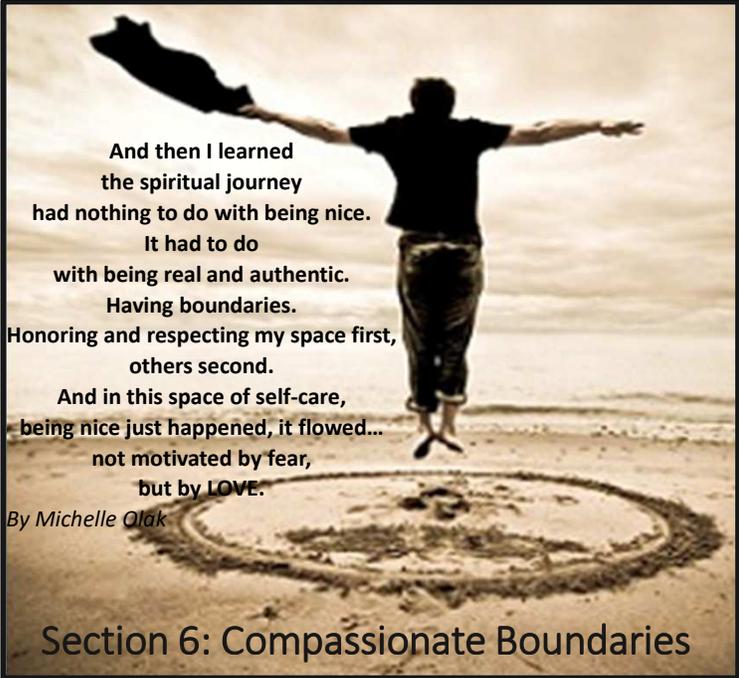
Stigma in Healthcare?

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)

Expectations: Remind ourselves of the resilience in our clients and colleagues

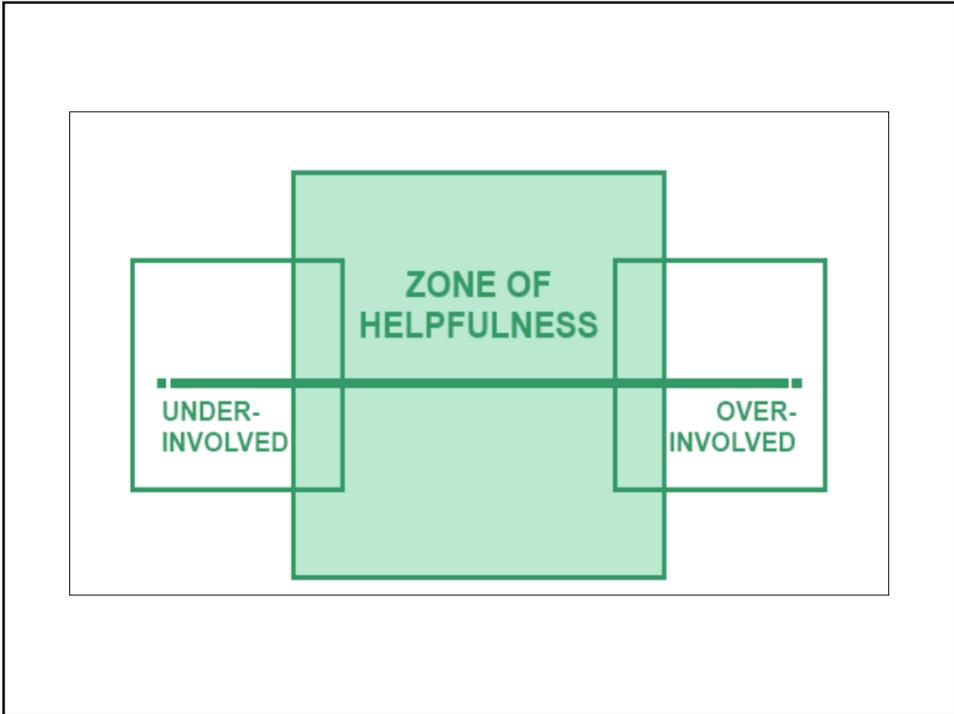




And then I learned
the spiritual journey
had nothing to do with being nice.
It had to do
with being real and authentic.
Having boundaries.
Honoring and respecting my space first,
others second.
And in this space of self-care,
being nice just happened, it flowed...
not motivated by fear,
but by LOVE.

By Michelle Olak

Section 6: Compassionate Boundaries



Tips for Setting Compassionate Boundaries

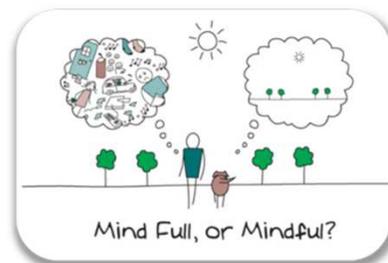
1. Know what you want to say “Yes” to in your life (values and priorities).
2. Be proactive. Have “meetings” to discuss boundaries. Structure offers safety for both sides.
3. Just say it! Don’t make them guess. Use simple and direct language.
4. Reinforce by pointing out the violations or near violations *IN THE MOMENT*.
5. Give explanations that are specific, relevant to the other person, and offer shared solutions.
6. Back up your boundary with action. If you give in, you invite people to ignore your needs.

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



NOW



LATER

Breaking Down Boundaries and Setting New Ones in Our Personal Lives

Section 7: Staff Culture - Connect with colleagues and others in the community

- Do we have a staff culture agreement?
- 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?



Collegial Support and Supervision

- 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?

A Break for our HEART

Commonalities

Step 1: "Just like me, this person is seeking happiness in his/her life."

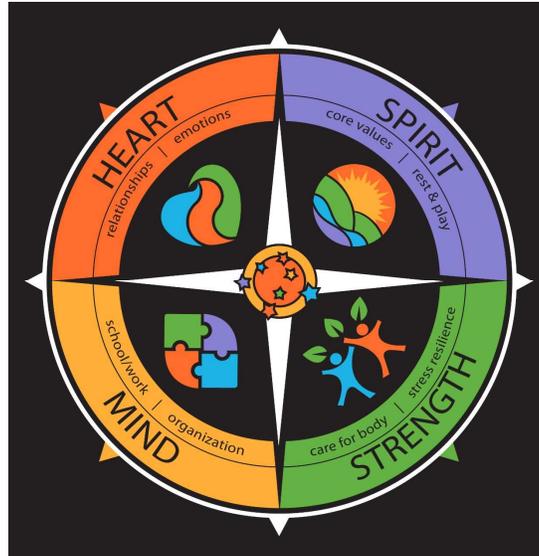
Step 2: "Just like me, this person is trying to avoid suffering in his/her life."

Step 3: "Just like me, this person has known sadness, loneliness and despair."

Step 4: "Just like me, this person is seeking to fill his/her needs."

Step 5: "Just like me, this person is learning about life."

Sections 8-11: Care for Self



HEART

- **Relationships:** create and maintain healthy connections with others in your life
- **Emotions:** express your emotions and receive others' emotions in a healthy way

MIND

- **Work:** get the most out of educational, volunteer, and employment opportunities
- **Organization:** manage time, priorities, money, and belongings

SPIRIT

- **Core Values:** develop a personal value system that supports your sense of meaning and purpose
- **Rest & Play:** balance work and play to renew yourself

STRENGTH

- **Stress Resilience:** deal positively with the challenges of life
- **Care for My Body:** build healthy habits around your physical well-being, and to end unhealthy habits

Out of Balance?

1. Say no to someone or something

Your first clue

2. New perspective

3. Adjust lifestyle

Physical

Emotional

How do you think about your behavior?



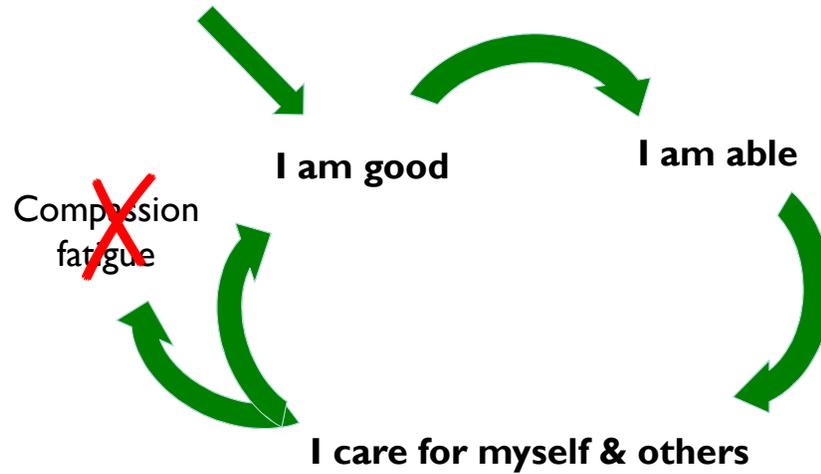
A matter of motivation

A matter of ability and supports



Reversing Shame and Blame

When I am Known, Included
and Supported



A Break for our STRENGTH

Pausing

The Breathe Video <https://www.youtube.com/watch?v=RVA2N6tX2cg>

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 Self-Care Assessment on a regular basis?
- Response –
 - What expectations need clarified and modified?
 - How do I regularly expose myself and my colleagues to resilience of those we serve?
 - 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 that which sustains my self-care balance? What would meaningful support of self-care look like in my organization?

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.

Compassionresiliencetoolkit.org

WISEwisconsin.org

[Resilience clips found at: RogersInHealth.org](http://ResilienceclipsfoundatRogersInHealth.org)