Compassion Resilience

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Why do we do what we do?
How do we do what we do well?
How do we let go of what we cannot do?
How do we do well with others on a daily (consistent) basis?

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:
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 exit, 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?

How do you think about behavior?

A matter of motivation

OR

A matter of ability and supports
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 it out

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

- self esteem
  I am not good.
- sense of efficacy
  I am not able.

Avoidance, anger and apathy
So, why try!

*Feelings of Shame*

Public stigma- false ideas, beliefs and harmful behaviors

- self esteem
  I am not good.
- sense of efficacy
  I am not able.

Avoidance, anger and apathy
So, why try!

*Internalized 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 and Self-Compassion

- Concern for the wellbeing of others. It requires the consciousness of others’ distress coupled with a desire to alleviate it.
- Extending kindness to ourselves in instances of perceived inadequacy, failure, or our own general suffering.

Compassion Fatigue

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

*What about your “role” challenges your ability to show up with a high level of compassion?*

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

ACS-NYU Children’s Trauma Training Institute

School Toolkit Outline

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Appendix

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

Compassion Fatigue’s Path

- Zealot
- Overwhelmed, Leaving the profession, Somatic illness, Chronic symptoms, Hardiness, Resilience, Transformation
- 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
- We

We are ready to embrace complexity, even if chronic exhaustion, Physical illness, Difficulty empathizing,Hyper-r- Feeling numb to other’s pain, Sleep/Abstain from pursuit
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)

System Drivers of Compassion Fatigue?

3 Stages of Action to Reduce Compassion Fatigue

- Stage 1: Knowledge
- Stage 2: Recognition
- Stage 3: Responding

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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?

Stress Reduction Kit

**Bang Head Here**

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

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Resilience

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

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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.
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?

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?

Expectations: Remind ourselves of the resilience in our clients and colleagues
1. 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

Connect with colleagues, others in the community, and clients’ natural supports
- 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

- 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?

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. Avoid
Your first clue
2. New perspective
3. Adjust lifestyle
Physical      Emotional

How do you think about your behavior?

A matter of motivation

OR

A matter of ability and supports

Reversing Shame and Blame
When I am Known, Included and Supported

I am good     I am able

✗

Compassion fatigue

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 expectations need clarified and modified?
  - 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.

WISEwisconsin.org

Resilience clips found at: RogersInHealth.org