

Compassion in Action

Section 1



In this toolkit we will explore ways to maintain a compassionate presence in our interactions with clients, their families and our colleagues. The rationale for this work, as described in the [introduction](#), highlights the importance of compassion and resilience within the health care field and points to the many positive outcomes for clients, providers, and organizations as a whole. Our first focus in the toolkit is to ask: What is compassion, what does it look like in action, and what does compassion require of us?

Simply put, Compassion is concern for the well-being of others. It includes both the awareness of others' distress coupled with a desire to alleviate it. At the same time that we desire to alleviate another's distress, we also are confronted with the reality that we cannot always "fix" another person's pain or suffering. Throughout this toolkit we will explore our professional role in alleviating client, colleague, and other's distress while maintaining our own well-being. In other words, we will focus on growing our compassion resilience.



[Distribute this document to all participants to explore prior to the following application activities.](#)



Key Activity
[Compassionate Action Steps – Scenarios for Discussion](#)

Wellness Practice
[An Invitation to Explore Resistance](#)

Circle Agenda
[Introduction to Staff Circles Agenda](#)

This is a great place to start if your team is not used to receiving training in a circle format. Even if your team is used to circles, there are components of this agenda that would be helpful to include in your first Compassion Resilience circle, such as setting group agreements.

[Staff Circle Agenda, Section One](#)

This document arranges the core content in section one into a 45-60 minute agenda. It is one of many ways to facilitate the content in this section. Please make revisions to fit the needs and time restrictions of your group.

Core Content Visual to Display in Common Staff Areas
[Compassionate Action Steps – Use this Visual and Display in Staff Break Areas](#)

Posting this visual in common staff areas will serve as a reminder of content covered to staff and perhaps serve as a future conversation starter for deeper reflection among staff members.

Supplementary Activities/Handouts
[Tips for Moving from Empathy to Engaging the Person in Discerning Best Action Moving Towards Stigma Free Healthcare](#)

[Discussion Guide for Stigma Free Healthcare](#)



[For links specifically for leadership and additional resources, please visit the Toolkit online.](#)



In this toolkit we will explore ways to maintain a compassionate presence in our interactions with clients, their families, and our colleagues. The rationale for this work, as described in the first circle ([Compassion Resilience](#)) on the **health and human services** toolkit home page, highlights the importance of compassion and resilience within the health care field and points to the many positive outcomes for clients, providers, and organizations as a whole. Our first focus in the toolkit is to ask: What is compassion, what does it look like in action, and what does compassion require of us?

Simply put, **Compassion** is concern for the well-being of others. It includes both the awareness of others' distress coupled with a desire to alleviate it. At the same time that we desire to alleviate another's distress, we also are confronted with the reality that we cannot always "fix" another person's pain or suffering. Throughout this toolkit we will explore our professional role in alleviating client, colleague, and other's distress while maintaining our own well-being. In other words, we will focus on growing our compassion resilience.



Compassionate Action Steps

(These steps are from the combined works of Monica Worline, *Awakening Compassion at Work*, 2017, and Beth Lown, *The Schwartz Center for Compassionate Healthcare*, 2014.)

While many of us practice compassion on a regular basis, it can be challenging to show compassion in complex situations. Having a common language can help us support each other to act with compassion with teammates and those we serve. You will notice that each of these steps requires a level of self-awareness. Any time two humans interact, each show up with their personal and cultural histories that can impact interactions. Authenticity is more important than perfection. Compassionate action takes practice and often occurs over multiple interactions. If you feel you miss a step, take time to reconnect with this person to provide the support you missed.

1. Notice – Be present in the moment and able to recognize signs of distress.

This may seem like an obvious and simple step. In our fast-paced, task-oriented lives it is probable that we walk by pain all the time without recognizing it. Noticing requires that our minds be present to our environment and the people with whom we share it. Being present is an intentional act. We can consciously decide when we bring intentional awareness to our surroundings and the people within. And, sometimes, the people raise up in such a way that we are brought into the present without an act of intention.

2. Self-check – Be aware of your emotional resonance and initial cognitive appraisal.

Once you become aware of someone else's distress, the compassionate next step is to turn inward! We do this to assess how our biases, past training, role models, and

experiences are coloring our emotions and judgements related to the other person's current experience of pain. Appraisals are natural and often not accurate or complete. This moment of turning inward allows us to set aside our initial ideas and emotions in order to gather helpful information. You may find you cannot set aside your initial appraisals or are not able to be fully present with the person. The more compassionate act may be to let the person know you are not able to offer the support you would like to give in this moment and suggest another time to connect.

3. Seek understanding – Listen for the person's feelings and strength.

Once you have suspended your initial appraisals, seek to understand what it might be like to experience the situation from the other person's perspective. As you listen (rather than speak!), you will need to remain in a place of

Developed in partnership with:



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curiosity. As you gain understanding of their perspective, you do not need to feel agreement. Your goal is to gain some understanding of how they see and experience the distress. If you are having difficulty, challenge yourself to move towards a more generous interpretation of the other's perspective and behavior.

4. Cultivate empathy – Genuine concern based on what you have come to understand.

While we can never fully understand another's experience, empathy allows us a glimpse of their emotion within the experience. It is based on what resonates in you to what the other person is feeling. It is important to remember that even when we resonate emotionally, we cannot fully comprehend the other's experience. Empathy leads to a growing desire and intention to help. There may be times when you do not resonate to the emotion of another, and yet you can continue to offer compassion.

The goal of being compassionate towards others' suffering might lead us to believe that we need to first figure out if what someone is feeling deserves the label of suffering. This process could put us in a place of judgment rather than openness and curiosity. As we step out of judgment, we become more open to understanding another's feelings and connecting to a place within ourselves when we may have experienced similar feelings. Connecting to a similar feeling does not necessarily mean connecting to a similar experience that led to the feeling.

Many have found [the following 3 minute video clip](#) from Brené Brown to be a helpful and fun explanation of empathy in real-life terms.



[Click to watch](#)

5. Discern best action – Co-plan with the person to figure out what would be helpful to them.

This step often requires us to go back to step number two – a self-check. Once we resonate with the other's feeling, it may be second nature, particularly for those of us who are natural 'helpers,' to jump to suggesting what worked for us in the past when we had a similar feeling or experience. It may be difficult for us not to simply 'tell' someone who is hurting how to take care of it. Each of us experience pain and challenge in our own unique way, so an approach to addressing it that would work for us, might not work for someone else. If invited to share your suggestions and experiences, you can offer ideas for them to consider if they are in the process of thinking through their options. Some useful questions for us to ask another person when we are discerning how to be helpful is, "How can I be helpful to you in this moment?" or "What have you found helpful in the past when you have experienced something like this?" This helps us set aside our tendency to offer wisdom and instead lets them know you are there to walk this journey of discovering what might work with them.

6. Take action – Be aware that intention alone is not compassionate action.

Once you have done the work of steps 1-5, you act on what you and the person have decided is the compassionate action that you CAN take and that the PERSON BELIEVES will be helpful to them.

The ability to be present and aware of ourselves, others, and the environment, allows us to take in and more fully experience our day-to-day lives. It gives us more complete data to make decisions and select responses that best represent our values and priorities. Awareness of self, others, and the environment or context of a situation are foundational to being able to act with compassion. During those times that we have difficult emotions related to the people we serve, our team, or our organization, noticing our emotions with non-judgmental self-compassion can profoundly impact whether we experience compassion fatigue or are able to move towards positive connections. Many of the self-care practices included in each informational handout can assist in building our awareness.

Compassion in Action

Section 1

SELF-CARE



STRATEGIES

Throughout the toolkit, we will practice strategies to support compassion resilience from the four sectors of the Wellness Compass.

[Self-Care Strategies MIND: An Invitation to Explore Resistance](#)



WHAT'S NEXT

Section 2: What Are We Talking About? Wellness, Compassion Fatigue, and Compassion Resilience

Compassionate Action Steps – Scenarios for Discussion

(Combined from works of Monica Worline, *Awakening Compassion at Work*, 2017 and Beth Lown, *The Schwartz Center for Compassionate Healthcare*, 2014)

Instructions: Working in pairs, take one scenario and discuss your answers to the questions on the following page.



Scenario One:

A co-worker has been late to work several times and is in danger of disciplinary action. You are aware that she is struggling with anxiety, but fears ridicule based on some staff comments about clients who struggle to come to appointments on time. She comes to you one morning upset by the harsh look she got from the office manager when she was 5 minutes late. She says, "Can you believe what a micromanager she is?!"



Scenario Two:

A staff person is showing signs of substance abuse. His work performance is slipping but prior to this he has been an excellent employee. As the head nurse, you are this person's manager and have a growing frustration with his lowered engagement with patients, families, and colleagues. He comes to you to tell you that yesterday he failed to check a patient's wristband and provided the wrong medication. He reports that the patient did not experience any adverse effects and he did everything after that to follow hospital policies when a medication error occurs. He says that he is coming to you just to be sure you knew and to verify that he did everything needed to follow-up.



Scenario Three:

You work at a pediatric oncology clinic and the parent of one of your clients has shared with you that she has lost her job along with her family's health insurance and will likely be withdrawing her child from care because she can no longer afford to pay for treatment. While the child's health has progressed, additional treatment would make long-term remission more likely. The mother is very upset.



Scenario Four:

You are a case manager at a community mental health center and are having lunch with a co-worker. She begins to express her frustrations about being assigned a new client, explaining how she already doesn't have enough time in her day to provide care for her current clients. She proceeds to divulge the difficulties she is having handling the stress of the work and her feelings of hopelessness in being able to help her clients.

Compassionate Action Steps – Scenarios for Discussion (continued)



Questions:

- 1. Notice** – Be present in the moment and able to recognize signs of distress.
 - a) What times or situations in your day are you most likely to have things get in the way of you being present?
 - b) Consider the scenario as happening in such a time. What can you do to be more present in these times?
- 2. Self-check** – Be aware of your biases (What am I connecting to from my past?) and thoughts about this person or situation. Appraisals are natural and dependent on your frame of reference from your experience, socialization and “training.” These are often inaccurate or incomplete.
 - a) What emotions arise for you in relation to this scenario?
 - b) What might your initial judgments be? What might your “old tapes” play back to you?
- 3. Seek to understand** – Suspend appraisals. Listen with curiosity to understand the concerns/distress from the other’s perspective. Listen for feelings and any insights or strengths that the person shares.
 - a) How might you invite the person to share information with you? What strategies do you use to encourage them to open up with you?
 - b) What are three possible insights or strengths you might hear if you listen long enough?
- 4. Cultivate empathy** – Develop genuine concern based on the feelings you resonate with your own experience of such feelings. This can lead to a growing desire and intention to help. There may be times when you do not resonate to the emotion of another, and yet you can continue to offer compassion.
 - a) What situations do you find most difficult for you to tap into your genuine empathy? What feelings might you be able to relate to even if you cannot relate to the situation?
- 5. Discern best action** – Work with the person to figure out what would be helpful to them rather than what you think would be helpful or was helpful to you in past, similar circumstances.
 - a) Compare your ideas for what you think the person “should” do with those of your partner. Note differences and the problems that might arise if your solutions were applied to your partner. Discuss how you might guide the person to their own solutions. Review [Moving from Establishing Empathy to Engaging the Person in Discerning Best Action](#) handout for additional ideas.
- 6. Take action** – Be aware that intention alone is not compassionate action.
 - a) What typically gets in your way of taking compassionate action?
 - b) What can you do to minimize those barriers?

Moving from Establishing Empathy to Engaging the Person in Discerning Best Action



1. Focus on the moment and what's manageable:

- a) "What seems like the next best step for you to do?"
- b) "What feels doable right now?"
- c) "How can I/we be helpful to you, right now?"

2. Listen for and reconnect them to their strengths to open their minds to solutions:

- a) "I heard your frustration and anger clearly. I also got a glimpse of your strength. You seem to have some ideas about what you'd like to do about this."
- b) "When you can't see your own strengths, who do you trust to help you to see them?"

3. Focus on the recent past, when the challenge was not a barrier for them:

- a) "I noticed recently that you were able to (feel or act in a certain way). What was different about that time?"
- b) "Sounds like this has come up for you in the past. Is there anything about how you dealt with it then that would be helpful to remember now?"
- c) "When you felt this in the past, what was one of your strengths that allowed you to deal with it?"

4. Change perspective and focus on desire to change:

- a) "What do you see as the benefits of dealing with this challenge?" "What might be the ramifications if you do not?"
- b) "If you could operate with a clear head and light heart right now, what do you imagine you would do?"

5. Recognize when the person feels stuck and assist them to think about what it would take to become unstuck: (If you want to offer suggestions, be sure to ask for permission first.)

- a) "You seem stuck right now. Do you need some time before you can think about next steps?"
- b) "Who is 'on your team' that you trust to offer suggestions?"
- c) "You seem a bit stuck when it comes to ideas for what to do next. Would you like me to offer some options to get your own ideas flowing?"
- d) "We both have seen others (other organizations) face similar challenges, would it be helpful to talk about what we remember worked for them?"

6. Change expectations > change attitude:

- a) "I/we need you to _____ because of _____; and I also realize that sometimes things get in the way of meeting expectations. When you're unable to _____, I need you to let me know as soon as possible so we can work to reduce the impact."

Self-Care Strategies MIND: An Invitation to Explore Resistance

When we wish that our current reality is different than it is, we experience resistance. The truth is that often what we resist persists. We may experience resistance as we explore compassion resilience in the workplace. Valid questions from staff that include the role of personal sharing at work, the risks of saying too much, and the fear of being judged or evaluated can be addressed openly. Depending on your social location and how power is used in your setting, there may be identifiable resistance that is both self-protective and a reaction to oppressive dynamics in the workplace. Historical acts of resistance have been the gateway for awareness and change, and this perspective can be elevated as part of our shared story, rather than deferred as an individual's "resistance." If one has felt othered or marginalized, what is the motivation to engage in this work? Is collegial support accessible to all staff? Is vulnerability an acceptable pathway for learning and support?

We can develop strengths in the areas of compassionate action and resilience. Just as the way to develop our bodies after years of inactivity is through gradually introducing exercise, cultivating compassion resilience is no different. And, just as the introduction of exercise inevitably leaves us feeling the soreness of our first steps, sometimes our steps towards becoming more compassion resilient can be uncomfortable and bring up feelings of resistance. The good news is that this resistance can decrease as we incorporate what we learn and life satisfaction increases.

Some of us have learned to associate relationships in the workplace with the arrival of punishment, rejection, or compassion fatigue. After experiences of harsh treatment at the hands of leaders or colleagues during our careers, we can come to associate closeness or support at work with a pending threat. There also may be historical or personal trauma that influences one's willingness to engage in the activities that support compassion resilience. The following reflective questions can be considered when resistance to the toolkit arises:

1. What does support look like for me with the personal identity that I have?
2. What do I stand to lose if I engage in the work of the toolkit?
3. How can my workplace acknowledge and support the differential impact that may occur for certain individuals (i.e., a new staff member, the only person of color on the staff, a person in acute grief, or an out gay staff member)?

We may associate times that we have offered compassion without boundaries and became fatigued or burnt out. This can lead to some difficult feelings, and it certainly can lead to resistance to the idea of compassion and compassion resilience. When we notice "resistance" to compassion – in others or even in ourselves – we are watching a natural process of responding to expectations of threat. We can remember that it is not our fault that we experience such resistance. It may be helpful to remember that compassion becomes increasingly available to us as we become available to it at our own pace. Throughout the toolkit, we will learn new ways to protect ourselves from the type of compassionate action that drains our well-being.



¹ Weng, H., Fox, A., Shackman, A., Stodola, d.,...Davidson, R. (2013). *Compassion training alters altruism and neural responses to suffering. Psychological Science, 1-10.*

Self-Care Strategies: MIND (continued)

Reflections:

- What reactions did you have when you heard that your school will be focusing on building compassion resilience over the next few years?
- What experiences from your past do you think informed how you reacted to this news? What is healthy for me to resist?
- How might accepting your resistance as being “what is for now,” allow you to engage in the work of compassion resilience? In evaluating the pros and cons, where do you land?
- Consider the role of how participation with boundaries that align with your personal identity may be useful.
- If you felt “all in” when this experience was introduced, how might that be detrimental along the way? What do you need to sustain your openness? Consider how you might communicate this to the toolkit facilitator(s).
- What will help you to shift from resistance to openness about this experience? What additional support might you benefit from? Consider how you might communicate this to the toolkit facilitator(s).

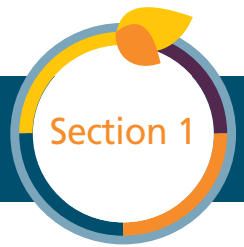
Staff Support



Circle Agenda

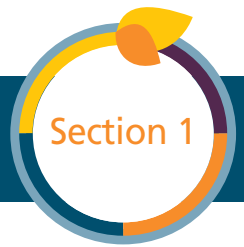
Circle Topic	CR Session 1A: Setting the Scene for the Support Circle Process
<p>Planning</p>	<p>Hold a meeting with leadership to prepare for this section and invite the leader(s) to consider the following</p> <ul style="list-style-type: none"> • Whether they as a leader are participating by supporting the facilitators without joining the group or plan to fully participate. Support them in sharing with the group their interest in the work, some personal learning they have already gained from it, and how they will be engaged with the group. Example: Regular touch base with facilitators so they can be responsive to the group’s ideas and needs, regular participation with open mind to learn and improve their leadership, drop-in when requested, etc. <p>For the full leadership preparation document, please visit this page.</p> <p>Review Creating Psychological Safety and Supporting Trust Within the Group document in the Facilitator Guide.</p>
<p>Purpose of Circle/ Learning Objectives</p>	<p>Identify participant values and develop circle shared agreements to guide the staff support circle process throughout the CR experience.</p>
<p>Materials/ Preparation/Time</p>	<p>Time: 45-50 min</p> <p>Materials:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Circle kit (includes a variety of talking pieces, mat, or fabric to place in the middle of the circle and a center piece) <input type="checkbox"/> Blank paper for shared agreements <input type="checkbox"/> Note cards <input type="checkbox"/> Markers/pens <p>Set-up: Up to 15 chairs arranged in a circle without furniture in the middle.</p> <p>To consider: Understanding Your Social Location as a Facilitator – Active Bystander Intervention: Training and Facilitation Guide.</p>

Compassion in Action



Circle Topic	CR Session 1A: Setting the Scene for the Support Circle Process
<p>Welcome/Opening</p>	<p><i>“A deep sense of love and belonging is an irreducible need of all people. We are biologically, cognitively, physically, and spiritually wired to love, to be loved, and to belong. When those needs are not met, we don’t function as we were meant to. We break. We fall apart. We numb. We ache. We hurt others. We get sick.” – Brené Brown</i></p> <p>I want to welcome everyone to this space and all the identities, emotions, and experiences that you bring with you today. Through our compassion resilience work, we will work to create and maintain a space where everyone feels safe to be their authentic self.</p> <p>Our goal is to build trust together through this process. We recognize that trust is a continuum and rarely do people trust others 100%. Each of us in this circle is bringing a different level of trust to this process based on your perceptions of the sincerity, reliability, competence, and care from others, and that is okay. We ask you to bring whatever level of trust feels right to you and encourage you to explore what you need and what you can bring to increase the level of trust in this circle as our time together progresses.</p> <p>Share an introduction of yourself, why you have decided to facilitate these circles, and what this topic means to you.</p>
<p>Check-in or Community-Building Activity</p>	<p>1. (Go-around) Share your name, pronouns if you would like position, and how long you have worked at your school.</p>
<p>Lesson and Guiding Questions</p>	<p>Explain: For anyone new to the restorative circle process, there are a few key structural elements that make a circle restorative:</p> <ul style="list-style-type: none"> • Sitting in circle – Circles are a structured way of bringing people together and are one of the most common forms of restorative practices in organizations. Circles allow for everyone to be seen, represent equality as everyone (including circle keeper) sits in the circle, and represent that community as the circle shape is continuous and unbroken. • Circle keeper’s role – Responsible for emphasizing equality, setting the tone for a safe and respectful community, keeping the flow moving, and introducing prompts/instructions. • Centerpiece – Represents the center of the community, reminds us of our collective nature, and should be comprised of object(s) that are important to circle participants. It also provides a place for participants to rest their eyes. • Shared agreements – Used instead of rules. In the circle process, control is shared and rules are often forced upon an individual/group from a place of authority. Shared agreements are derived from participant’s collective values and needs around safety, and participants agree to uphold the shared agreements created by the group. Therefore, all participants in the circle are accountable to one another.

Compassion in Action



Circle Topic	CR Session 1A: Setting the Scene for the Support Circle Process
<p>Lesson and Guiding Questions</p>	<p>Explain: When a group is using the restorative circle process to meet on a continuous basis, it is important to start by sharing our core values. Core values are foundational to developing a restorative community. It is from our values that we can identify our needs and create shared agreements for the circle process so that everyone’s needs are acknowledged, and a sense of safety is maintained.</p> <p>Pass a note card and marker to each participant. Ask participants to think about a core value they hold and try to model for patients, clients, and co-workers in order to work as your best self. Write this value on your note card.</p> <ol style="list-style-type: none"> 1. (Go-around) In a few sentences share your value, who taught you this value, and why it is important. When you are done, place your note card in the circle in front of you. We are going to go around the circle, giving every participant a chance to share. If you would prefer not to share, please feel free to pass. <p>Once everyone has answered the question, as facilitator, re-read each participant’s value and place the note cards so that they form a circle around the centerpiece.</p> <ol style="list-style-type: none"> 2. (Go-around) Now that we know our group’s core values, what agreements do you need from yourself and others to uphold the values expressed by the group? It is important to try to keep these agreements to a number we can all remember, usually between 4-6. As facilitator, it is important that one of our agreements be confidentiality so that people know what is said here stays here. Anyone who has another agreement to add may share and pass it to the person next to them. If you have nothing to add, please say pass. <p>The facilitator should write each agreement requested on a piece of paper and when complete put the paper in the middle of the circle where all can see it. (After the circle, keep the recorded values and shared agreements developed by the group and display them during consecutive circles.)</p>
<p>Check-out/Check for Understanding</p>	<p>Ask participants if they can follow the agreements created to the best of their ability while in the circle together by showing a fist (0) to five fingers. If anyone shows less than three fingers, more conversation about needs and shared agreements is required.</p>
<p>Closing</p>	<p>Pass a smile.</p>

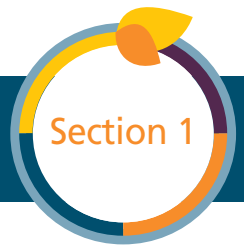
Staff Support



Circle Agenda

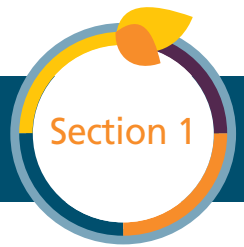
Circle Topic	CR Section 1: Compassion in Action
<p>Planning</p>	<p>If the group has no experience with the circle process, you may want to have your first circle focus on the circle process and developing shared agreements (see agenda 1A).</p> <p>Review facilitator guide for things to consider as you prepare for group facilitation.</p> <p>Send the introduction document from Section 1 in the online toolkit at least 4 days prior to the circle to all participants.</p> <p>Hold a meeting with leadership to prepare for this section and invite the leader(s) to consider the following</p> <ol style="list-style-type: none"> 1. Whether they as a leader are participating by supporting the facilitators without joining the group or plan to fully participate. Support them in sharing with the group their interest in the work, some personal learning they have already gained from it, and how they will be engaged with the group. Example: regular touch base with facilitators so they can be responsive to the group’s ideas and needs, regular participation with open mind to learn and improve their leadership, drop-in when requested, etc. (if this wasn’t covered in preparation for circle agenda 1A). 2. Explore together how the compassionate action steps mirror some previous trainings and how using this common language would impact the team. Encourage leadership to share areas of the steps that are more challenging for them and how they have dealt with that challenge. Example: When someone comes to me as their leader, it is easy for me to think that they want me to solve a problem for them. I remind myself that often people have the answers within them, and it is my role to guide them to their own solutions. <p>For the full leadership preparation document, please visit this page.</p>
<p>Purpose of Circle/ Learning Objectives</p>	<p>Understanding the meaning of compassion, what it looks like in action, and what is required of individuals to show compassion.</p>

Compassion in Action



Circle Topic	CR Section 1: Compassion in Action
<p>Materials/ Preparation/Time</p>	<p>Time: 45-50 minutes</p> <p>Materials:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Circle kit <input type="checkbox"/> Values and shared agreements created in first session <input type="checkbox"/> 4-5 copies of Shared Agreements and Compassionate Action Steps Visual to place in the circle <input type="checkbox"/> Flipchart with the quote printed on it to hang in the room <input type="checkbox"/> Copies of the following for all participants: Compassionate Action Steps Visual handout, Moving from Establishing Empathy to Engaging the Person in Discerning Best Action handout, and if providing the bonus activity – An Invitation to Accept and Let Go of Resistance <p>Set-up: Up to 15 chairs arranged in a circle without furniture in the middle.</p> <p>To consider: Understanding Your Social Location as a Facilitator – Active Bystander Intervention: Training and Facilitation Guide.</p>
<p>Welcome/Check-In (10 minutes)</p>	<p><i>“Our human compassion binds us the one to the other — not in pity or patronizingly, but as human beings who have learned how to turn our common suffering into hope for the future.”</i> – Nelson Mandela</p> <p>(Go-around) Share your name, how you are doing on a scale of 0 (fist) - 5 and a personal value you bring to the group.</p> <p>I want to welcome everyone to this space and all the identities, emotions, and experiences that you bring with you today. Through our compassion resilience work, we will work to create and maintain a space where everyone feels safe to be their authentic self.</p> <p>Our goal is to build trust together through this process. We recognize that trust is a continuum and rarely do people trust others 100%. Each of us in this circle is bringing a different level of trust to this process, and that is okay. We ask you to bring whatever level of trust feels right to you and encourage you to explore ways to increase that level of trust with others as our time together progresses.</p> <p>Introduce self, and the purpose of the work together – to support our ability to be the professional we want to be and experience joy on a daily basis. Review the use of circles for our gatherings (why, equanimity of voice, and how, talking piece, pass or share, popcorn, centerpiece, and agreements – review facilitator guide for more information.</p> <p>(Go-around) Share your name, how you are doing on a scale of 0 (fist) – 5 and a personal value you bring to the group.</p>
<p>Grounding/Wellness Practice (5 minutes)</p>	<p>Today we are talking about compassion. To help us become present in the space we will take a moment to ground ourselves. Please place both feet on the floor, hands comfortably in your lap, and take three slow and deep breaths. Think of one thing that you have on your mind that you’d be able to set aside in order to be present with us today.</p> <p>If you would like to consider a different grounding practice, please review the mindfulness appendix.</p>

Compassion in Action



Circle Topic	CR Section 1: Compassion in Action
<p>Guiding Questions (25 minutes) – <i>continued</i></p>	<p>Explain: Compassion is defined in the toolkit as, “The awareness of someone else’s pain coupled with the desire to help in alleviating it.”</p> <ol style="list-style-type: none"> (Paired conversation) Share an example of a time that you saw someone else’s pain in the work environment and had the desire to alleviate it. Please focus on the example and your desire and not what you did or didn’t do to alleviate it. <p>Our focus today is on putting that desire into action.</p> <p>Review the six compassionate action steps using the visual from the CR Toolkit (set in the middle of the circle as a visual reference).</p> <p>Select one of the scenarios from the toolkit activity Compassionate Action Steps – Scenarios for Discussion, write one yourself or ask for an example from pair conversation. Read the scenario to the group and then ask to consider the questions on the handout silently. (Or do this without the handout and simply ask the questions related to each step.) Depending on the size of the group, facilitator could also break participants into smaller groups and each group could focus on one scenario.</p> <ol style="list-style-type: none"> (Open mic) Share what you initially thought or felt when the scenario was read. (Step 2 – Self-check) Explain that when we listen for understanding, we are listening for two key things: the feelings the person is experiencing and any signs of the person’s strengths and/or ideas they already have for their next best steps. (Step 3 – Seek to Understand) (Open mic) What is an example of a way you can relate to the feelings of the person in the scenario from your experience of that same feeling? Remind the circle that empathy is not relating to the same situation, but to the same feeling. (Step 4 – Cultivate Empathy) (Go-around) Avoiding giving advice is tough for most of us. Please answer one of these questions: What have you found to be helpful when you want to support someone to find their own solutions or ask for what they need from you? What have you found to be barriers? (Step 5 – Discern Best Action) (Go-around) Distribute Moving from Establishing Empathy to Engaging the Person in Best Action handout. Give time to read and reflect. Ask: Which tip offered a solution to one of our barriers or offers you a new approach? <p>Remind participants that throughout our time together we will also be learning new ways to protect ourselves from the type of compassionate action that drains our well-being and how to maintain consistency in our compassion.</p>
<p>Putting it into Practice (5 minutes)</p>	<p>(Pair share) Reflecting back on the question at the beginning of the circle (share an example of a time that you saw someone else’s pain in the work environment and had the desire to alleviate it), what compassionate action steps did you use/not use when you acted on your desire to alleviate pain?</p>

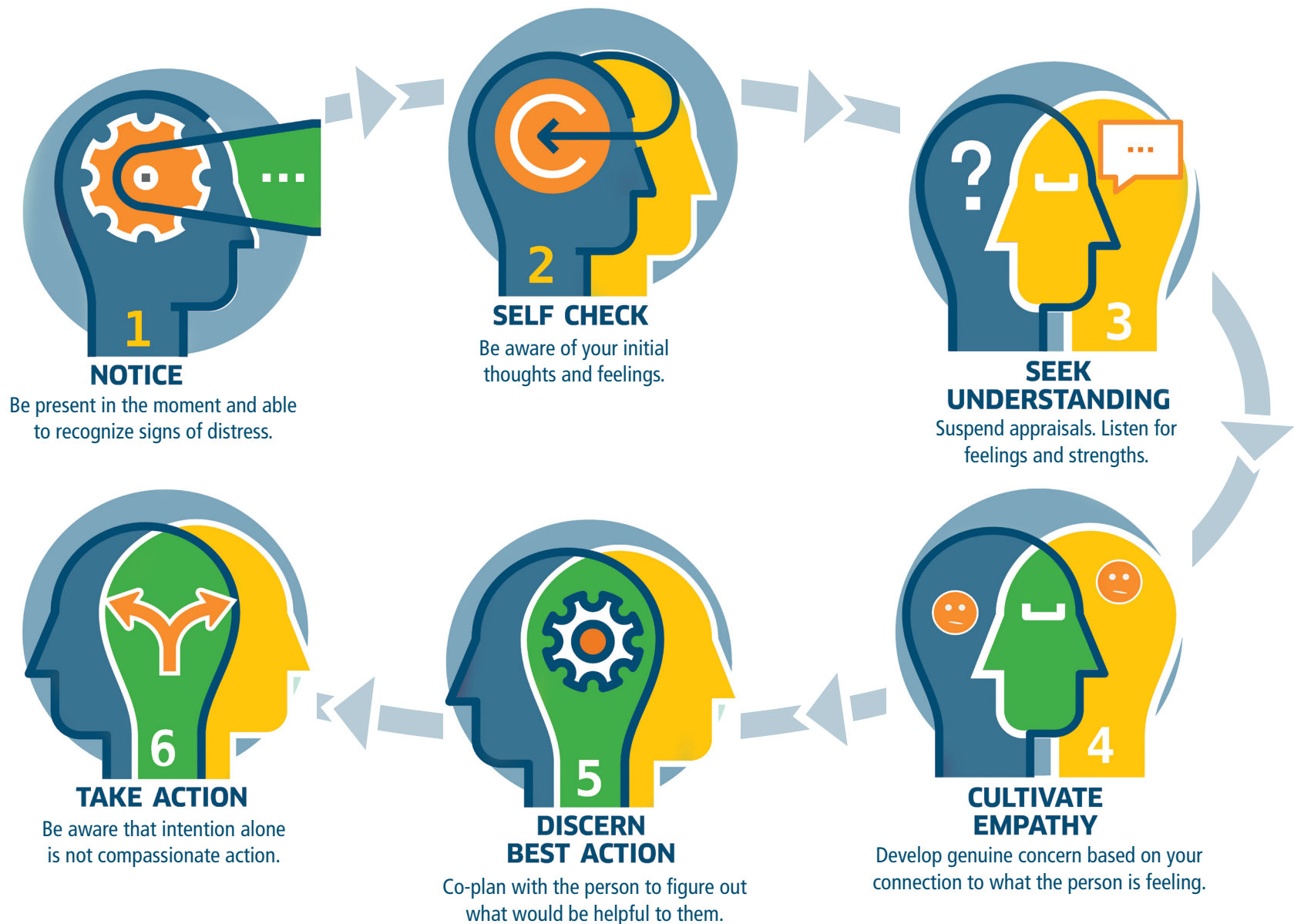
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Closing (5 minutes)	<p>The compassionate action steps require a strong awareness of self and others. Throughout the toolkit we will look at practices that help us develop this awareness. Our initial grounding activity was a short introduction to one practice that allows us to be more present, which helps us to be more aware of ourselves and others.</p> <p>(Go-around) What is something you became aware of about yourself or others in this experience today?</p> <p>Bonus Activity: Handout for reflection between sessions An Invitation to Accept and Let Go of Resistance.</p>

Compassionate Action Steps

Section 1



Moving Towards Stigma-Free Healthcare

Video Discussion Guide (Click on Dana's photo below to watch the 11.5 minute video)

Participant story summaries.



DANA:

Labeled as crazy for seeking help, yet her school counselor said she was strong. Started self-medicating. Psychiatric hospital worker comment – “I’m at work dealing with a bunch of crazy people.” While in a general medical facility:

- Staff was encouraging.
- It felt like her second home.
- The recovery stories from people who provided her care, helped Dana feel hope.

MACKENZIE:

Her dad commented that the stigma was in him and his wife more than the providers. Mackenzie had 6 or 7 therapists before she found the right one. She started to grow with the right therapist. Comments from psychotherapist (Mary):

- We should see the patient/client as the expert.
- We need to recognize our biases.
- We can be proven totally wrong!

Educate people instead of getting angry at them for not understanding your illness.



MARY:

A doctor's first comment in their first meeting was on the number of meds she took. It seemed that the same doctor was uncomfortable with Mary because she was so open. Understanding and peace can come from the right doctor. The orthopedic doctor's comments (Dr. Joel):

- Less stigma because of his past contact with people with mental illness.
- Had a mother who worked in the mental health field.
- Believes mental health and physical health are linked.
- To overcome apprehension to talk about mental health, learn about the person.



ELLIE:

Ellie and Dr. Chris, her neurologist, began their relationship when Ellie was in her 20s. She came to him with severe symptoms of Tourette's syndrome; he listened and respected her priorities of which symptoms troubled her most. Ellie gained the most help from peers:

- Dr. Chris sees importance of neurologists and psychiatrists working together.
- He was “fired” by parent who felt he separated neurological symptoms from mental well-being.
- We cannot be led by what makes society uncomfortable!



Moving Towards Stigma-Free Healthcare

Video Discussion Guide

Discussion questions related to the Steps for Compassionate Action:

- 1. Step 1 – Notice:** How does the stigma a provider might hold impact the ability of the provider to deliver the best care possible in both physical and mental health challenges? (How might it keep a provider from being present to notice psychological and/or physical pain?)
- 2. Step 1 – Self-check:** What “gut” reactions did you have to each of the four people sharing their story? What biases did you notice in yourself?
- 3. What can you do when you notice internal bias to avoid expressing it?** How might you expose yourself to experiences that will alter such biases? How do you monitor and uncover your own bias?
- 4. Step 3 – Seek to understand:** What does a person with a mental health challenge hear from you in your first encounter – skepticism about prior care, diagnosis before relationship, respect for patient’s wisdom...?
- 5. Step 4 – Cultivate empathy:** What stigma did the people in the video encounter in prior contact with service providers? What were the people’s experiences and/or concerns around their current health? What feeling can you relate to from your own life experiences?
- 6. What level of hope do they have around their illness?** Can you share realistic hope? Do you know enough about recovery to share hope? What are your past experiences with mental illness and recovery?
- 7. Step 5 – Discern best action:** How can you tell when a listening ear, psycho-education (education about the illness and recovery), and/or advice is appropriate?
- 8. How do you avoid diagnostic overshadowing in order to make an accurate diagnosis?** (Diagnostic over- shadowing refers to the process of over-attributing a patient’s symptoms to a particular condition, resulting in key co-occurring conditions being undiagnosed and untreated.)
- 9. How can you reconnect with your reasons for being in your profession?**
- 10. How did your rotations in training** (college, med school and/or residency) impact your beliefs and approaches to people with mental illness?
- 11. As a professional, how do you make decisions about if and how to disclose your own experiences with mental health challenges?**
- 12. How can you act as an agent of change to reduce stigma in the environment in which you work?**