Compassion Resilience
Health and Human Services Toolkit

Advancing Adult Compassion Resilience
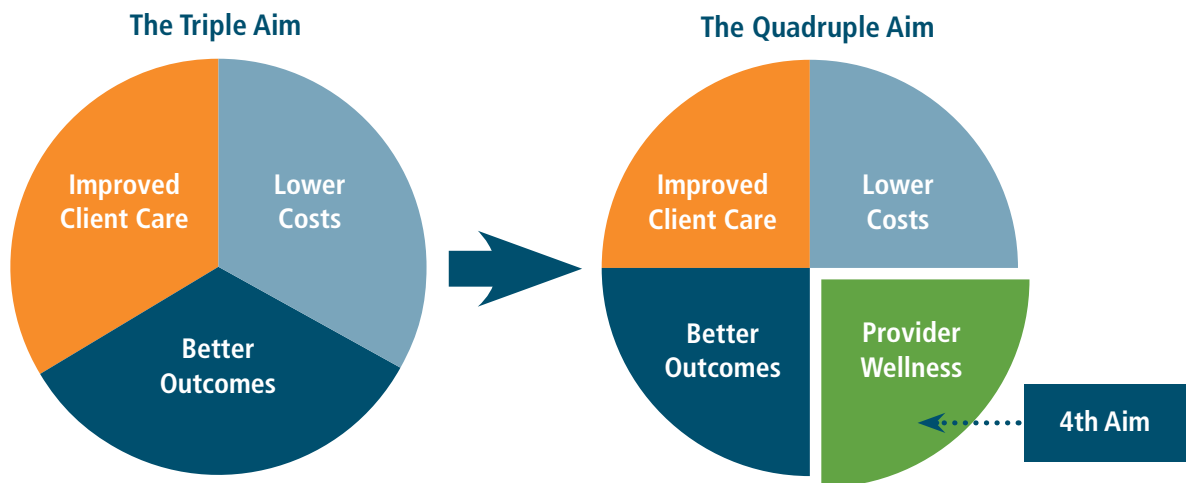## Facilitation Guide

The reality of working in the health care field is that it is both exhilarating and stressful. For health care providers, caring for clients who are suffering can be incredibly rewarding as well as emotionally draining and physically and intellectually demanding. The stress of working in an evolving practice environment with complex technologies, significant time pressures, and regulatory and organizational demands can take its toll on the wellbeing and resilience of health care providers that are so vital to optimal care of clients and career satisfaction. In our efforts to help clients build their physical and emotional health and resilience, we are charged with the examination of our own capacity personally and professionally to model that which we strive to build. The content of this toolkit has been strongly informed by research and best practices related to resilience, positive psychology, compassion fatigue, organizational psychology, and mindfulness.

Note that we use the terms 'client' and 'provider' throughout this toolkit. However, we recognize that you may use different language depending on your work setting and we encourage you to use the language that feels most appropriate for you.

From a Triple to Quadruple Aim

The extent to which our organizational culture and systems support these efforts needs to also be examined. An intentional focus on building providers' resilience is both an individual and organizational responsibility and opportunity. In fact, there is a strong case for provider wellbeing, including compassion and resilience, being identified as a core value and pillar of health care organizations.

What is known as the "Triple Aim" – enhancing client care, improving population health outcomes, and lowering costs – is widely accepted as a compass to optimize the performance of health care systems. Yet the health care workforce reports widespread burnout and dissatisfaction. This has been associated with lower client care satisfaction, reduced health outcomes, and potentially increased costs. Therefore, it is imperative that a forth pillar, provider wellbeing, be added to the current compass. Without promoting the wellbeing and resilience of health care providers, it becomes increasingly more difficult to make positive impacts in the other three pillars.[1]

The Triple Aim: Improved Client Care, Lower Costs, Better Outcomes

The Quadruple Aim: Improved Client Care, Lower Costs, Better Outcomes, Provider Wellness — 4th Aim

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[1] Bodenheimer, T. & Sinsky, C. (2014). *From triple to quadruple aim: Care of the patient requires care of the provider.* Annals of Family Medicine, 12(6), 573-578.

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What is Compassion Resilience?

Resilience in the health care field is a relatively recent area of investigation which provides a way of understanding what enables health care providers to persist in the face of challenges and offers a complementary perspective to studies of stress, burnout, and attrition. Resilience is the ability to recover and continue on in the face of adversity without being overwhelmed or acting in dysfunctional ways. Compassion is the combination of the consciousness of others' distress and a desire to alleviate it, and is a basic quality needed to be able to meet clients' needs. Compassion resilience, then, is "the ability to maintain our physical, emotional, and mental wellbeing while responding compassionately to people who are suffering."[1]

For those in the health care field, this may be understood as:

1. *The ability to maintain our physical, emotional, and mental wellbeing (using energy productively) while compassionately caring for those who are suffering,*

2. *Identifying and addressing the barriers to caregivers/families and colleagues being able to effectively partner on behalf of clients, and*

3. *Identifying, preventing, and minimizing compassion fatigue within ourselves.*

Think of this resilience as a reservoir of wellbeing that we can draw upon on difficult days and in difficult situations. It is a dynamic process or outcome that is the result of interaction over time between a person and their environment. Resilience enables health care providers to have longer, more satisfying careers, and has been shown to increase quality of care while reducing errors, burnout, and attrition.[2,3] This toolkit will explore the protective factors that build and maintain compassion resilience.

Why Build Resilience in Providers in Health Care Agencies?

A focus on compassion resilience will guide all staff back to the core set of values and the drive for a sense of purpose that drew them to work in health care in the first place. It will do so by supporting the development of a strong set of skills to manage expectations, set professional and personal boundaries, build effective collegial relationships, and practice real-time and ongoing self-care. A focus on relational trust between providers, clients, families, colleagues, and administration will encourage a culture of wellness, personal resilience, and exploration of new ideas that promote high quality care. Health care providers aren't the only ones who benefit from a focus on resilience. Administrators, supervisors, client services staff, para-professionals, and others who form the health care community contribute to the decisive elements that influence an agency that is thriving. For a deeper introduction on the particular interests of leaders and administrators in promoting and improving compassion and resilience in the work environment, see Toolkit Addendum: An Introduction for Leaders.

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[1] WISE. (2017). *Compassion resilience: A path to wellness.*

[2] Finkelstien, C. (2017). *Improving physician resiliency.*

[3] Epstein, R., & Krasner, M. (2013). *Physician resilience: What It means, why it matters, and how to promote it.* Academic Medicine, 88, 301-303.

This toolkit offers information, activities, and resources for health care leadership and staff to understand, recognize, and minimize the experience of compassion fatigue and to increase compassion resilience perspectives and skills. The authors of the toolkit are a collaborative team made up of mostly educators, administrative leaders, and community mental health workers.

With a keen eye on practicality, the toolkit is designed for flexible implementation by facilitators within their organization. We typically recommend the toolkit be implemented over a two-year timeframe. Each of the twelve sections can be briefly implemented in a thirty-minute session (with individual reflection and application resources) or more time can be dedicated for in-depth learning experiences. The toolkit was initially piloted on those in the education field, whose input strongly suggested that the implementation plans include a process that provides safe places for "real talk" among staff about toolkit concepts. Small group staff

conversations and a plan for two-way communication between the staff groups and administrative team are key strategies for implementation. A team of leaders and the appointed facilitator(s) will need to make decisions about the time that the administrative team and staff will dedicate to the toolkit activities, and topics that might be a higher priority. With that direction, the facilitator selects activities to match the needs, characteristics, and dedicated focus of the group.

The Section Segments Key describes the consistent segments included in each topical section. The sections include material that can be shared with an individual, small group, and/or the whole staff. Distribution of the information and reflection activities can be by email, handouts, or presentation style. Due to the many links to online content, digital distribution for most segments is best. Small and large group activities are provided to guide the staff to apply the information to their personal and collective practices.

Supporting individuals and workplace culture: A toolkit for health and human services | Appendix | Implementation Guidance

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Review the following two examples of how health care agencies may choose to implement the toolkit and the role of the toolkit facilitators:

Example #1

After two years of professional development on trauma-informed care, the human resources manager began to notice both an increase in staff desire to better understand client behavior and satisfaction and that they were receiving more requests for support from providers than they have in the past. They talked with the organization's administrative team about the Compassion Resilience Toolkit and came to an agreement that the toolkit would be implemented over the next two years with implementation leadership from the human resources staff. One of the organization's administrators stepped up to consult with the facilitator team and to lead any activities that are specific to administrative leadership. The human resources manager chose to conduct two department-wide sessions for 2 hours, aligning them with pre-existing competency-focused gatherings throughout the year. This offered the opportunity to explore four of the twelve sections in depth and to do some fun experiential self-care activities. The other eight sections would be implemented over the two years in the smaller teams that already existed in each department, with a human resources staff person doing the facilitation. They set aside 30 minutes at their regular team meetings to discuss the implementation of the toolkit and any unique needs of staff within the different departments. They began by working through the appendix sections on Supporting Change Efforts, Dealing with a Significant Staff Disclosure, and Stress throughout the Career Cycle in order to best support staff (and themselves!) over the next two years.

These examples show how health care agencies may choose to implement the toolkit and the role of the toolkit facilitators.

Example #2

The leadership team of a community-based mental health clinic chose to focus the coming year on staff wellness. They had noticed some of the veteran case managers had lost some energy and the newer case managers were not benefiting from the strong role modeling the veteran case managers had offered in the past. They also noted that the number of client complaints had increased by 20% in the past five years. After reviewing the toolkit outline and discussing their hunches about sections that might need a "deeper dive," they chose to implement six specific sections with a brief approach – email the information sections ahead of staff meetings and dedicate fifteen minutes to conduct one staff-wide activity during the meeting. They selected the other six sections to be implemented in professional learning communities (PLC) over the year. Staff would self-select a team to meet with for ninety minutes six times during the year. The two staff people who stepped forward to provide leadership to the toolkit implementation shared responsibilities. One person prepared for the six staff meetings by emailing the information sections and corresponding resource links included in each section and recruited someone to lead the staff-wide activity at each meeting. The other toolkit implementation leader recruited PLC facilitators and met with them to share the toolkit sections they would be exploring and to explain how to select activities from the six sections for their PLC.

Outline

Information, activities, and reflections for leadership and staff to understand, assess, and build their capacity for consistently compassionate interactions with clients, families, and colleagues.

Preface

    i. Introduction
   ii. Rationale for the Compassion Resilience Focus and Approach – Leadership and Staff
  iii. Implementation Guidance for Leaders and Toolkit Facilitators

Content Sections

1. Compassion in Action
2. Wellness, Compassion Fatigue, Resilience, and Self-Compassion
3. Compassion Fatigue Awareness, Connection to Trauma, and Assessments
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 Engagement with Families and Other Caregivers

Appendix

a. An Introduction for Leaders
b. Foundational Beliefs about Behavior
c. Dealing with Significant Staff Disclosure or Crisis
d. Supporting Change Efforts of Others and Ourselves
e. Stress throughout the Career Cycle

INTRODUCTION	Provides a paragraph summary of content in the toolkit.
INFORMATION	Delves more deeply into the concepts presented in each section of the toolkit. Information is presented in various formats such as narrative, slides, links to videos, etc. The information can be shared with staff individually through email or handouts or to a small or large group of staff in presentation style by an agency's leader or the toolkit facilitator.
SELF-CARE STRATEGIES	Rather than wait until later sections of the toolkit to encounter strategies for self-care that support compassion resilience, each section offers an activity related to the wellness compass. Experience the benefits of these strategies and prepare for the four sections that explore them more fully.
WHAT'S NEXT	Introduces the next section of the toolkit.
APPLICATIONS	Offer activities to engage individuals, small groups or whole staff in making the content relevant to their experience in your agency. Activities are targeted towards either agency leadership or staff.
LINKS	Internet links that are woven into the content are pulled out and listed for easy access. Links to other related resources are also listed.

Application activities can be:

INDIVIDUAL   SMALL GROUP   LARGE GROUP