

Caring Safely

Module 9-3

Individual Compassion Fatigue Risk and Resiliency Factors

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In This Module

- Individual risk and resiliency factors
- How you can begin to address them as a supervisor.
- Incorporating Caring Safely Principles into supervision.

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Resilience

Resilience is not: a judgement on an individual (e.g.: some people are or are not resilient).

Resilience is:

Our capacity to cope with stress and serious challenges.

Our ability to tolerate future negative events

Dependent on the overall context (internally and externally)

Individual Risk and Resiliency Factors

How can you support staff in developing/using these skills?

Are you already doing it?

Do you have the ability to control it or influence it?

What can you realistically begin to address?

Module 9-2 we discussed a model for change and provided techniques for how to approach change. This about this model when supporting people in developing these resiliency factors.

Employee Recognition

Factor:	Risk Factors	Resiliency Factors	Strategies
Understanding of compassion fatigue and how it impacts helping professionals.	<p>No awareness can lead the service provider to personalize and blame themselves for their experience – “should be able to handle this”.</p> <p>No strategies to protect from unconscious empathy and negative worldview.</p> <p>No understanding of how to change their experience.</p>	<p>Understanding of compassion fatigue, compassion satisfaction, vicarious trauma, vicarious posttraumatic growth, burnout, empathy.</p> <p>Understanding of compassion fatigue trajectory.</p> <p>Understanding of signs and symptoms and which ones they may be experiencing and a way to assess it.</p>	<p>Normalizing the concepts of compassion fatigue and addressing them in clinical supervision.</p> <p>Staff education on concepts and phases.</p> <p>ProQOL</p>

Social Supports/ Isolation

Factor:	Risk Factors	Resiliency Factors	Strategies
<p>Staff not able to connect with peers or able to connect but not engaging.</p> <p>Geographical Isolation</p>	<p>No one to connect with who can normalize their experience.</p> <p>No one to get ideas from or validation from.</p> <p>Feeling alone or isolated – not part of a team.</p>	<p>Regular opportunities to connect with colleagues and peers.</p> <p>Informal Debriefing</p> <p>Normalizes their experiences that people outside of the field don't understand.</p> <p>Learn skills/Ideas.</p> <p>Feel part of a team – responsibility pie.</p>	<p>Work with managers/leadership to develop peer support programs:</p> <p>Buddy Groups.</p> <p>Peer consultation/supervision.</p> <p>Face-to-face connection.</p> <p>Give structure or framework for program.</p>

Time off

Factor:	Risk Factors	Resiliency Factors	Strategies
Employees not taking vacation.	Long periods of stress.	Periods of time away from work and exposure to trauma and pain/suffering.	Use Compassion Fatigue portion of clinical supervision to explore:
Employees not using sick time.	Long periods of regular exposure to trauma or pain/suffering	Relaxation and nourishment to heal the body.	Plans for time away or barriers for taking vacation.
Employees not using medical leave time.	Not taking sick time can lead to increasing complex health conditions.	Taking sick time when needed.	Barriers to taking sick time (personal and organizational).
	Not attending to medical appointments can lead to illness.	Attending regular medical appointments for preventative health care needs.	

Workplace Boundaries

Factor:	Risk Factors	Resiliency Factors	Strategies
Regularly Working through lunch/break or past working hours.	Not taking time to nourish self throughout day.	Regular nourishment during the day (think wellness gauge).	Use compassion fatigue section of clinical supervision to explore:
Checking email/phone outside of work hours.	Not enough energy after work to nourish.	Engaging in self-care outside of work hours.	Reasons for working through lunch/breaks (personal/organizational)
	Stress being triggered outside of workday.	Periods of rest and relaxation.	Reasons for checking email/phone after hours.
	Thinking about service user outside of work.	Able to say “no” and keep boundaries set.	Brainstorm experiments for behavior change.
		Improved work quality and confidence in choices.	

Job Role/Description

Factor:	Risk Factors	Resiliency Factors	Strategies
Lack of clarity around job role/description	Lack of confidence in what is expected can cause stress.	Clear about role and responsibilities.	Can review job roles with team.
Lack of regular evaluations with feedback.	Taking on additional (unnecessary) responsibilities which adds to workload and boundary issues.	Clear about other's responsibilities and who they can turn to for support on team.	Use responsibility pies with team or in supervision.
Lack of understanding of expectations.	Sudden "big problem" from not having clarity leads to high stress and lack of trust.	Understand goals and how performance is monitored.	Review polices and procedures for risk/crisis.
Lack of SOP (standard operating procedures)	Crisis or risk without clear plan to address including support from team.	Trusting relationship with management/supervisors. Knowing SOPs	Annual review with feedback with year round open door.

Workplace Stressors

Factor:	Risk Factors	Resiliency Factors	Strategies
Change in management/ leadership/ supervisors	Additional stress from: Uncertain who is in charge, who to turn to for support, who makes what decisions.	Stress management strategies/resiliency strategies.	Using clinical supervision: to screen for potential safety issues and plans for support.
High staff turnover	Working with colleagues who are new and inexperienced.	Having someone in management/supervision who is trusted.	to review workplace boundaries so they have time for nourishment during day.
Frequent change to programming.	New programing changes take energy and time.	Being part of program development or changes.	Ergonomic assessment.
Lack of infrastructure - space/technology/ tools.	The physical pain or safety issues with infrastructure.	Having a healthy/safe work environment. Good training for new staff.	Practicing emergency preparedness. Mentoring programs for new staff.

Workload

Factor:	Risk Factors	Resiliency Factors	Strategies
The workload (type/amount) requires more resources (time/skills/training/supplies/space) than are available.	<p>Workload demands not achievable during regular working hours.</p> <p>Perfectionist tendencies that add to time required.</p> <p>Lack of training/skills for role or services provided.</p> <p>Hesitancy to seek supervision or consultation for support.</p> <p>Hesitancy to use other resources in responsibility pie.</p>	<p>Having recommended workload (patients, students, clients, cases, committees).</p> <p>Ability to correct perfectionist tendencies.</p> <p>Having training and practice in skills needed.</p> <p>Seeking support, team, consultation as needed.</p>	<p>Brainstorm ways to "work smarter, not harder" with team – create a pilot project.</p> <p>Use supervision: to review annual learning and development plan.</p> <p>to review practice and procedures – ways to improve efficiency or 80% rule for perfectionism.</p> <p>Bring in training in key areas.</p>

Population Needs

Factor:	Risk Factors	Resiliency Factors	Strategies
<p>High needs/risk population</p> <p>Complex factors - lack of financial resources.</p> <p>Lack of access to services (not available or parents not providing).</p>	<p>Multiple needs means coordinating services, which takes more time and people, which impacts workload and boundaries.</p> <p>Lack of services increases risk – high stress for service provider.</p>	<p>Being part of a team - not the only person responsible for a service user.</p> <p>Debriefing - informally and formally.</p> <p>Having peer consultation/supervision.</p> <p>Individual supervision and/or consultation.</p> <p>Awareness of community resources.</p> <p>Ability to grieve for the pain service users experience because of system deficiencies.</p>	<p>Taking team based approach within organization – identify who can support services users and in what way.</p> <p>Reviewing responsibilities pies.</p> <p>Reviewing SOPs for risk.</p> <p>Being available for debriefing.</p> <p>Providing regular supervision.</p> <p>Being available for emergency consultations.</p>

Trauma Exposure

Factor:	Risk Factors	Resiliency Factors	Strategies
Working with: people who have experienced trauma. people who have severe mental illness. people who are aggressive. vulnerable people who rely on care from others.	Regular exposure to graphic details of trauma and the pain experienced. Regular unconscious empathy for pain and suffering. Directly experiencing trauma. Directly experiencing verbal abuse. Witnessing neglect. Personal histories of trauma and/or loss.	Reduce amount of exposure to trauma. Clinical work with something else - part workload with no trauma. Workshare – less than full time. Regular time off. Skills for conscious empathy. Regular opportunity for clinical supervision/debriefing. Resiliency skills/emotional regulation.	Advocating with management for resiliency factors. Open door/phone for emergency debriefing. Direct trauma – strategy to process – will review next. Strategies from Module Five. Positive Events/Gratitude.

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