CRISIS INTERVENTION &
DE-ESCALATION SKILLS

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LEARNING OBJECTIVES

Increase awareness of verbal and nonverbal cues that potentially lead to crisis escalation

Increase awareness of the role of our sympathetic nervous system in how we respond to escalating situations

Improve existing and build new communication skills and techniques while responding to an individual experiencing emotional crisis
Practice ways in which working as a team can prevent crisis escalation

Identify ways in which attendees may incorporate methods of crisis prevention and de-escalation in professional practice

SAFETY IS YOUR #1 PRIORITY – YOU CANNOT EFFECTIVELY INTERVENE IN A CRISIS SITUATION IF YOU ARE NOT SAFE
WHO IS HERE TODAY?

Name
Employer
Position
Population(s) served
Previous crisis intervention training?
WHAT IS A CRISIS?

Not one universal definition

- What is your PROFESSIONAL definition of crisis?
- What is your PERSONAL definition of crisis?
ULTIMATELY, THERE ARE MANY DIFFERENT DEFINITIONS OF CRISIS EXPERIENCE... LET'S EXAMINE THEM IN MORE DETAIL
People are in a state of crisis when they face an obstacle to important life goals

- For a time, this obstacle appears insurmountable by the use of customary methods of problem solving
- A period of disorganization ensues during which many attempts at solution are made

Crisis results from impediments to life goals that people believe they cannot overcome through customary choices and behaviors.

*Crisis Intervention Strategies (7th ed.)*,
Richard K. James & Burl E. Gillaland, 2013
Crisis is a crisis because the individual knows no response to deal with a situation.

Crisis Intervention Strategies (7th ed.),
Richard K. James & Burl E. Gillaland, 2013
Crisis is a **personal difficulty** or situation that **immobilizes** people and prevents them from **consciously controlling** their lives.

- Does any one of these definitions ring true to you?
- How about parts of several different ones?

*Crisis Intervention Strategies (7th ed.),
Richard K. James & Burl E. Gillaland, 2013*
AN ADDITIONAL CONSIDERATION

• TRAUMA INFORMED CARE
Trauma Informed Care

- Prevalence of trauma experience (ACE Study) [Adverse Childhood Experiences]
  - 58% report at least one traumatic event
  - 90% of mental health consumers have experienced trauma
- Scientific evidence and cultural awareness
- Evidence of effectiveness of trauma informed services
- Trauma informed care provides hope and emphasis on recovery
What is trauma?

Trauma refers to extreme stress (e.g., threat to life, bodily integrity or sanity) that overwhelms a person’s ability to cope.

The individual’s subjective experience determines whether or not an event is traumatic.

Traumatic events result in a feeling of vulnerability, helplessness and fearfulness.

Traumatic events often interfere with relationships and fundamental beliefs about oneself, others and one’s place in the world.

(Giller, 1999; Herman, 1992)
Trauma Comes in Many Forms

- Abuse or Assault (sexual, physical, emotional, psychological)
- Neglect
- Domestic violence
- Witnessed violence
- Deprivation due to extreme poverty
- Repeated abandonment or sudden loss
- Natural disasters
- Traumatic brain injuries
- War experiences
- Military sexual trauma (50% of women in the military...some sources cite higher %)
Sanctuary Trauma

The overt and covert traumatic events that occur in various settings such as:

- mental health/substance abuse services
- medical
- educational
- religious
- workplace

These events are distressing, frightening, or humiliating
Immediate Impact

Fight / Flight / Freeze

- Fight: resist
- Flight: run away
- Freeze: stay still
Simple Trauma

Seeing, feeling, hearing, smelling something that reminds us of past trauma
Activates the alarm system
The response is as if there is current danger
Thinking brain automatically shuts off
Past and present danger become confused

Complex Trauma

All of the above
More reminders of past danger
Brain is more sensitive to danger
Interactions with others often serve as triggers
Acting Out vs. Acting In

- External defense
  - Anger
  - Violence towards others
  - Truancy
  - Criminal acts

- Internal defense
  - Denial, repression
  - Substance use
  - Eating Disorders
  - Violence to self
  - Dissociation
Impact of Trauma on World View

- The world is an unsafe place to live in
- Other people are unsafe and cannot be trusted
- My own thoughts and feelings are unsafe
- I expect crisis, danger and loss
- I have no self-worth and no abilities

How will this world view impact your ability to connect and engage with an individual in crisis?
Re-Experiencing Symptoms

• Experience the same mental, physical or emotional experiences of the trauma
• Flashbacks
• Trauma survivors can be triggered to the trauma by sights, sounds, smells or feelings
CRISIS

Crisis is a state of disorganization in which people face frustration of important life goals or profound disruption of their life cycles and methods of coping with stressors.

- The term “crisis” usually refers to a person’s feelings of fear, shock, and distress about the disruption, not to the disruption itself.

Crisis Intervention Strategies (7th ed.),
Richard K. James & Burl E. Gillaland, 2013
Crisis develops in four distinct stages:

1. A critical situation occurs in which a determination is made as to whether a person’s normal coping mechanisms will suffice.
2. Increased tension and disorganization surrounding the event escalates beyond the person’s coping ability.
3. A demand for additional resources to resolve the event is needed (counseling).
4. Referral may be required to resolve major personality disorganization.

Crisis Intervention Strategies (7th ed.),
Richard K. James & Burl E. Gilliland, 2013
IN SUMMARY

Crisis is a perception or experiencing of an event or situation as an intolerable difficulty that exceeds the person’s current resources and coping mechanisms.

- Without relief, crises have the potential to cause severe affective, behavioral, and cognitive malfunctioning.

Crisis Intervention Strategies (7th ed.),
Richard K. James & Burl E. Gillaland, 2013
CHARACTERISTICS OF CRISIS

You may have seen the Chinese symbol for crisis...

- It represents danger because it can overwhelm the individual to the extent that serious pathology, including homicide and suicide, may result.
- It represents opportunity because the pain it induces impels the person to seek help.
- Does anyone have a story about a crisis that resulted in an opportunity?
THE WORLD’S ONLY MONUMENT TO A HORRIBLE DESTRUCTIVE PEST IS IN ENTERPRISE, ALABAMA

https://www.google.com/search?q=boll+weevil+monument&hl=en&biw=1093&bih=498&prmd=imvns&tbm=isch&tbo=u&source=univ&q=X&ei=gu9zTpfnBQsAKunt2LBQ&sqi=2&ved=0CCkQsAQ&gws_rd=ssl
IT’S COMPLICATED

Crisis is complex and difficult to understand
Defies cause-and-effect description

Crisis workers find themselves intervening directly in a variety of areas, including in the community

- When large numbers of people are affected at the same time by a crisis, the entire ecological system of the environment may need intervention
- Hurricanes, floods, mass shootings

Crisis Intervention Strategies (7th ed.),
Richard K. James & Burl E. Gillaland, 2013
Crisis causes disequilibrium…
Disequilibrium involves anxiety…
Anxiety results in discomfort…
Discomfort provides an opportunity for change.

- However, anxiety might need to reach a boiling point before the person may admit the problem is out of control

*Crisis Intervention Strategies (7th ed.),
Richard K. James & Burl E. Gillaland, 2013*
A counterintuitive point:

- Crisis results when a flashpoint is reached (quick)
- Quick fixes are rarely available
  - Consider that many of the problems of persons in severe crisis stem from problems that have been around a long time. Perhaps a quick fix was attempted and it didn’t work…it may have caused more harm

*Crisis Intervention Strategies (7th ed.),* Richard K. James & Burl E. Gillaland, 2013
THE CHOICES WE MAKE

Can we agree that life itself is a series of challenges that we confront...or not

- In the realm of crisis, not to choose is a choice—usually a negative or destructive one
- Choosing to do something contains the seeds of growth, allows an opportunity to set goals and formulate a plan to begin to overcome the problem

Crisis Intervention Strategies (7th ed.),
Richard K. James & Burl E. Gilliland, 2013
Crisis is universal...no one is immune, given the right set of circumstances

- What one person can overcome, another cannot
- Consider development of PTSD — we cannot say there is a cause-and-effect relationship between the experience of trauma and the development of PTSD because not everyone who experiences trauma develops it
TRANSCRISIS STATES

How long does crisis last?
- Crises have typically been seen as time limited (maximum of 6-8 weeks)
  - Recent thinking is that the effects of the original crisis may extend a good deal beyond that time
  - It may last a lifetime

Even if a person believes that they have coped with a crisis event, it is possible that something may trigger the impact of the crisis to reoccur.

- For example, if an adult who has unresolved anger toward a deceased parent and transfers that anger, either consciously or unconsciously, to other authority figures, we consider them to be in a transcrisis state.
Transcrisis is not the same as PTSD

- PTSD is an identifiable anxiety disorder caused by an extremely traumatic event and has specific criteria that must be present in order for a dx to be made
- While someone with PTSD may experience a transcrisis state, it can also happen to “normal people”

- The key differentiation of a transcrisis state is that no matter the cause, the state is residual and recurrent and always present to some degree

People in a transcrisis state may be capable of functioning at some minimal level, but they are always at risk of having a small, added stressor send them into crisis.

- For the psychology folks in the room...what dx does this remind you of?
  - And what is the best way to “control” that dx?

*Crisis Intervention Strategies (7th ed.),
Richard K. James & Burl E. Gillaland, 2013*
THEREFORE...

When we assess individuals in crisis, we need to focus not only on the current clinical/diagnostic state of the individual, but also—and as importantly—on the repetitious cycle of problems and the historical precursors that may have caused (triggered) the crisis to arise.

- Reinforces the need for trauma informed care

*Crisis Intervention Strategies (7th ed.),* Richard K. James & Burl E. Gillaland, 2013
Awareness of transcrisis state can also offer important information about the kind and degree of therapeutic intervention to provide

- What caused the event?
- How long has it been going on?
- What patterns can you find?

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Richard K. James & Burl E. Gillaland, 2013*
TRANSOCRISIS POINTS

Transcrisis points are benchmarks that are crucial to progressive states of positive therapeutic growth.

Often characterized by approach-avoidance behavior in regards to seeking help and making changes.

Transcrisis points create the same sense of disequilibrium as the experience of crisis.

Therefore, crisis workers must work with not only the original crisis, but with each transcrisis point that arises

- Workers can be shocked, confused, and overwhelmed by the suddenness of which these transcrisis points can occur

*Crisis Intervention Strategies (7th ed.),* Richard K. James & Burl E. Gillaland, 2013
ROLE OF THE PROFESSIONAL

Teach and model emotional regulation and de-escalation skills

This requires that we understand what happens to US in a crisis situation
BREAK!

Lunch
Crisis intervention models

• Equilibrium model
• Cognitive model
• Psychosocial transition model
• Developmental-Ecological model
• Contextual-Ecological model
  • You have explanations of each in your handout
Eclectic crisis intervention theory

• Involves intentionally and systematically selecting and integrating valid concepts and strategies from ALL available approaches

• Operates from a task orientation
  – Major tasks are:
    1. Identify valid elements in all systems and integrate them into an internally consistent whole
    2. To consider all pertinent theories, methods, and standards for evaluating clinical data
    3. Identify with no specific theory, keep an open mind, and continuously experiment with strategies that produce successful results
• Using an eclectic approach means not being bound by and locked into any one theoretical approach

• Eclecticism performed well is equal parts skill and intuition
  – Must pay attention to feelings as much as to cognition about the situation
Characteristics of effective crisis workers

- It is necessary for crisis workers to have both technical skill and theoretical knowledge, plus
  - Life experiences
  - Poise
  - Creativity and flexibility
  - Energy and resiliency
  - Quick mental reflexes
  - The ability to be nonjudgmental
Life experiences

Sometimes people choose to engage in crisis intervention work because they have experienced the same kind of crises; they use their experiential background as a resource.

- Consider working with Veterans who experience PTSD…
  - Does a practitioner with personal experience as a veteran or with PTSD have an edge? Yes.
    - Develops rapport quicker
    - Serves as a role model for recovery
Poise

- Must remain calm, no matter what the worker is confronted with
- Creating a stable and predictable environment provides a model for the client that is conducive to restoring equilibrium
Creativity and flexibility

- Major assets when confronted with seemingly unsolvable problems
- Depends to a large measure on how well the worker has nurtured their own creativity over the course of their lives by taking risks and practicing divergent thinking
Energy and resiliency

While professional training can provide guidelines and principles for performance, it cannot provide the energy needed to perform crisis work.

Resiliency = “bounce back” potential...this is tough work that is often not immediately successful.

What’s going to bring you back tomorrow?
Quick mental reflexes

- Time is a critical factor in crisis work
- Little time to reflect or mull over options
- A worker who cannot think fast and accurately will find crisis work very frustrating
Nonjudgmental

- It may seem to you that the situation experienced by an individual hardly reaches to the level of crisis

- However, we must maintain the ability to suspend judgment...what the individual is experiencing is real and true to them

  - Remember...we must not judge anyone’s pain as being more or less than someone else’s
  - It is what it is
Plus...

- Tenacity
- Ability to delay gratification
- Courage
- Optimism
- Reality orientation
- Calmness under duress
- Objectivity
- Strong & positive self-concept
- Abiding faith in human nature
The ideal crisis worker is one who has experienced life, has learned and grown from those experiences, and supports those experiences in his/her work by thorough training, knowledge, and supervision.
BREAK!

10 minutes
CRISIS DE-ESCALATION SKILLS

Impact of the Sympathetic Nervous System (SNS)
Principles of crisis interaction
Communication do’s and don’t’s
“Mike’s 10 Commandments of De-Escalation”

* Adapted from The Art of De-Escalation by Lt. Michael S. Woody (Ret), 2005
SYMPATHETIC NERVOUS SYSTEM

Under stress, the SNS will:

- Increase your heart rate
- Increase your motor control and physical strength
- Decrease your fine and complex motor skills
- The brain constricts our perception to the most dominant and most reliable of our senses, our sight
- As we perceive an increased threat, our stress level increases, causing our own performance to decline

*Train to Win*, Wes Doss, 2003
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<th>Individual</th>
<th>Comprehension</th>
<th>Comprehension</th>
<th>Professional</th>
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<td>25%</td>
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<td>75%</td>
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<td>Anxious</td>
<td>75%</td>
<td>100%</td>
<td>Empathetic</td>
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<tr>
<td>Calm</td>
<td>100%</td>
<td>100%</td>
<td>Supportive</td>
</tr>
</tbody>
</table>

*Train to Win, Wes Doss, 2003*
PRINCIPLES OF CRISIS INTERACTION

1. Approach in a non-threatening manner

2. Give the individual time to vent, explain, or complain, and give yourself time to assess

3. Using calm tones, give supportive, confident, and empathic statements

4. Establish trust and rapport; don’t rush the initial interaction
5. Be aware of the individuals’ and your own posture (non-verbal communication) at all times

6. Refocus the person to the problem at hand

7. Ask about medications and information about treating professionals

8. Take a few minutes to re-establish rapport as needed

9. Begin to give options and bring the interaction to a conclusion

REMEMBER: YOUR GOAL IS TO HELP THE INDIVIDUAL RETURN TO THEIR PRE-CRISIS STATE
**COMMUNICATION DO’S AND DON’T’S**

**Don’t deny the possibility of violence when early signs of agitation are noticed**

* Don’t underestimate information provided by collateral sources
* Don’t engage in behaviors that can be interpreted as aggressive
* Don’t make promises you can’t keep
* Don’t allow your own feelings of fear, anger, or hostility to interfere with self-control and a professional demeanor
* Don’t argue, give orders, or disagree unless absolutely necessary
* Don’t be placating by giving in and agreeing to all the real and imagined ills of the person
* Don’t become condescending by using cynical, sarcastic, or satirical remarks
* Don’t let your own importance be acted out in a know-it-all manner
* Don’t raise your voice, put on a sharp edge, or use threats to gain compliance
* Don’t mumble, speak hesitantly, or use a tone so low that you cannot be understood
* Don’t argue over small points – pick your battles!
* Don’t attempt to reason with anyone under the influence of a mind-altering substance
* Don’t allow a crowd to congregate
* Don’t corner or be cornered – give the person expanded space
* Don’t ask “why?”
* Don’t deny the opportunity for the person to “save face”
* Don’t rush, be rushed, or lose your own cool
DE-ESCALATION TECHNIQUES

~ Remain calm – you are a role model
   If you lose your cool, the situation will escalate

~ Isolate the individual – crowds can become cheerleaders who escalate the crisis response
   You will be more effective 1:1

~ Keep it simple – be clear and direct in your message
~ Watch your body language – be aware of your space, posture, and gestures
   Make sure your nonverbal behavior is consistent with your verbal message

~ Use silence – this is one of the most effective verbal intervention techniques
   Silence on your part allows the individual to clarify and restate

~ Use reflective questioning – paraphrase and restate comments
   By repeating or reflecting the person’s statement in the form of a question, you’ll help the individual gain insight

~ Watch your paraverbal communication – any two identical statements can have completely opposite meanings, depending on how the tone, volume and cadence of your voice are altered
   Make sure the words you use are consistent with voice inflection to avoid a double message
MIKE’S 10 COMMANDMENTS OF DE-ESCALATION

1. Your safety comes first
2. Keep therapeutic spacing
3. Speak in tones that fit the situation
4. Use non-threatening posture
5. Personalize the conversation (use first names, with permission unless you know the individual well)
6. Ask how you can help
7. Don’t be afraid to set firm yet calm limits
8. Never validate hallucinations
9. Don’t internalize negative comments
10. Never forget that people may be dealing with trauma or disease that they did nothing to inherit
Compassion Fatigue

Adapted from a presentation
By Martha Teater, LFMT, LCAS, LPC
June 10, 2011
“The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet.”

- Remen
What is compassion fatigue?

- **Compassion + Fatigue**
  - Compassion is “a feeling of deep sympathy and sorrow for another who is stricken by misfortune, accompanied by a strong desire to alleviate the suffering.”
  - Fatigue is “weariness from bodily or mental exertion”
  - AKA Vicarious Traumatization or Secondary Traumatic Stress Disorder
Mother Teresa recognized the effects of compassion fatigue and made it mandatory for her nuns to take one year off every 4-5 years to heal from the effects of their caregiving.
Compassion satisfaction

- The pleasure you derive from being able to do your work well
- You may feel positively about
  - Your colleagues
  - Your ability to contribute to the work setting
  - Working toward the greater good of society
  - Helping others through your work
  - “Helper’s High”
Compassion fatigue

- The secondary effects of working with traumatized people
- The trauma you experience as a result of being exposed to someone else’s trauma
- The cost of caring
- Being traumatized by concern
- Bearing the suffering of others
- A disorder of whose who do their work well
- Profound emotional and physical erosion that takes place when helpers are exposed to the suffering of others
- Indirect trauma
- Absorbing the suffering of others
- The cost of doing what we love (or used to love)
- This can also happen when working with clients in chronic despair, anguish, or who are suicidal
Preoccupation

- Can you think of a time you became preoccupied with the trauma of one of your clients?
- What factors caused you to identify with the person or event?
Empathy

“Strength lined with tenderness is an unbeatable combination.”

Maya Angelou
Very caring people have a higher risk of developing compassion fatigue.

Most of us were drawn to this field because of our ability to be empathetic.

Compassion fatigue can cause us to become less empathetic over time.
- High empathy + poor self-care = trouble
- Overidentification with client suffering
- Compassionate connection erodes
- We strive to be fully present for our clients; this emotional involvement has consequences when the client is dealing with trauma
Depersonalization

- Developing a disparaging attitude toward the client; viewing the client as less than human
- 1/3 of workers with compassion fatigue experience high levels of depersonalization
The good news is…

- Compassion fatigue is
  - Predictable
  - Treatable
  - Preventable
What’s the difference between compassion fatigue and burnout?
Burnout

- Compassion fatigue vs burnout
  - Burnout is related to organizational and administrative issues at work
  - With burnout you may feel little control over your work environment
  - Changing jobs may fix burnout, but that isn’t necessarily the case with compassion fatigue
  - Exposure to trauma is a part of CF, not burnout
Symptoms of burnout are similar to depression

- Resent workload, paperwork
- Lack of support from the top
- Limited resources
- Feeling angry, frustrated, hopeless, worn out, inefficient, overwhelmed
- “My work isn’t making a difference”
Risk factors

- Groups at high risk of developing compassion fatigue include
  - Therapists and social workers
  - Doctors, nurses and other healthcare workers
  - Emergency personnel, 911 operators, and first responders
  - Clergy
  - Caregivers
  - Relief and humanitarian workers
  - Journalists
  - Insurance adjusters
- Children’s and adult protective services workers
- Fire fighters
- Law enforcement officers
- Disaster responders
- Juries
- Attorneys
- Animal rescue personnel
- Corrections officers
- Working with people who are dx with PTSD increases your risk
- Unresolved trauma in your own life increases your risk
There is an increased risk of developing CF with

- Nature and intensity of the traumatic events; risk is greater following acts of human cruelty than with impersonal or accidental trauma
- Length of exposure to others’ trauma: as exposure lengthens, risk of CF increases
- Number of other stressors occurring in the helper’s life at the time of the traumatic exposure
- Nature and intensity of past traumatic events: at least 1/3 of helpers have a personal trauma history
- History of psychiatric illness in the helping professional, especially acute stress disorder or PTSD
- Lack of social support; workers with low levels of social support are 4x more likely to experience CF and 2.5x more likely to experience physical illness
- Temperament and personality; habitually negative or anxiety prone helpers react more intensely
There is a **reduced risk** of developing CF with
- Reduced dose or intensity of trauma exposure
- Older age
- Strong social support
- Impersonal trauma, not interpersonal trauma
- Calm temperament, not anxious
Resilience

- The power or ability to return to the original form or position after being bent, compressed, or stretched
- Elasticity
- Ability to recover readily from illness, depression, or adversity
- Resourcefulness
Social support may offer the best protection in highly stressful environments
- Compassion with detachment
- Ability to be in touch with one’s feelings
- Vision, goals
- Desire to help others
- Emotional toughness or hardiness
- Humor
- Optimism
- Hope
- Experience with overcoming stress
- Flexibility and adaptability
- Healthy self-esteem
- Spirituality; the exception would be for people with a very rigid belief system
- Willingness to seek meaning in stressful events
- Ability to use cognitive coping skills, not just emotional ones
- Repeated exposure to minimal or moderate stressors can build resilience
- Moderately stressful early experiences strengthen socio-emotional and biological resistance to subsequent stressors
ProQOL – Professional Quality of Life Scale

ProQOL looks at compassion fatigue, compassion satisfaction, secondary trauma, and burnout

Developed by Beth Hudnall-Stam, Iowa State University

- Widely used
- Well validated
- Online or paper
- Group or individual
- Tested on over 3,000 people
- In use for over 20 years
- Free
- Website has 1,000+ bibliography entries
Let’s take a few minutes to complete the screening tool

- How did you fare?

- If your scores indicate that you are living with compassion fatigue or burnout, take steps to access care: EAP, supervisor, co-worker
ProQOL Scoring

- Better scores were from people who have been in the field longer
  - They could have developed more resiliency
  - Workers with greater trauma exposure and compassion fatigue symptoms may have left the field earlier
Other scoring facts

- People over age 35 had better scores
- Non-whites had slightly worse scores
- Females had slightly worse scores
- Scores were slightly better with higher income
- Working with traumatized children leads to worse scores
- Teachers have high compassion satisfaction
Work impact

- “Not giving these workers help can undermine not only an organization but its long-term mission. If we don’t do something about compassion fatigue, we are going to lose people.”
  - Charles Figley
Work environments may experience the following if compassion fatigue is not addressed:

- Greater staff turnover
- Increased tardiness and absenteeism
- More worker’s comp claims
- Friction with supervisors and coworkers
- Negativity toward management
- Decreased morale among staff
- Increased use of health insurance
- Lack of a future vision in employees or administration
- More ethical violations
Responsive workplaces can
- Promote usage of EAP
- Provide staff with training on wellness
- Provide health insurance that covers counseling
- Monitor workloads
- Avoid isolation; use teamwork
Eight Laws Governing a Healthy Workplace

- [http://www.compassionfatigue.org/pages/eight-laws.html#workplace](http://www.compassionfatigue.org/pages/eight-laws.html#workplace)

1. Employer provides a respite for staff following any traumatic event
2. Employer provides continuing education for staff
3. Employer provides acceptable benefits to aid staff in practicing beneficial self-care
4. Employer provides management and staff with tools to accomplish their tasks

5. Employers direct management to monitor workloads

6. Employers provide positive, team-building activities to promote strong social relationships between colleagues

7. Employers encourage “open door” policies to promote good communication between workers

8. Employers have grief processes in place when traumatic events occur onsite

Compassion Fatigue Awareness Project, 2003
Transitioning from work to home

- Be intentional and deliberate with your transition home
- Say your goodbyes to other staff
- Take off your name tag
- Use your time going home to begin thinking of home and what your evening may be like
- Try not to take work home; if you must, contain it to a certain time and place at home
Resilience and Self-Care

- A-B-C of Resilience
  - Awareness
  - Balance
  - Connection
    - Self-care is absolutely critical to manage compassion fatigue and the stress that results
    - No one else can do this for you
    - The goal is to move from vicarious trauma to victorious transformation
Standards of Self-Care

- Green Cross Academy of Traumatology guidelines suggest making a formal, tangible commitment: written, public, specific, and measurable promises of self-care
  - [http://www.greencross.org/](http://www.greencross.org/)
- Set deadlines and goals around self-care
- What have you done in the past to feel refreshed, renewed, and recharged?
- Plan for DAILY stress relief
- Think of stress relief as encompassing physical, emotional, social, and spiritual aspects
- Ask, “What do I need?”
- Stimulate all 5 senses: seeing, hearing, touching, tasting, and smelling
- “Be where you are;” develop an awareness of your surroundings
Before we close...

Are there any population-specific considerations you’d like to share?

- Juveniles
- Elderly
- Veterans
- Survivors of trauma
- Persons living with mental illness
- Persons living with cognitive impairment
- Cultural considerations
QUESTIONS? COMMENTS? CONCERNS?
THANK YOU!

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