





Rooted in Compassion: Self-Care for the Child Abuse Professional

Mandy O'Hara, MD, MPH, FAAP
 Child Abuse Pediatrician
 Columbia University Medical Center
 New York Presbyterian Hospital
 New York, NY

Disclosures

I have no financial relationships with any commercial interests.




Learning Objectives

Participants will...

- Define secondary traumatic stress, compassion fatigue, and trauma stewardship and mastery, and apply these terms to their own practices
- Explore their unique identity and purpose in their work, as well as their risks and reactions to secondary traumatic stress
- Learn ways for targeted self-care in the face of child abuse work
- Develop an understanding of compassion in all aspects of child abuse work, and how a compassion-based framework fosters job satisfaction, self-care, and patient care.




Self Compassion

Compassion SatisfactionCompassion Fatigue

My identity...My mission in this work...What grounds me...

COLUMBIA
COLUMBIA UNIVERSITY
DEPARTMENT OF PEDIATRICS

NewYork-Presbyterian KIPS
Morgan Stanley Children's Hospital

Compassion

Definition

- Compassion
- Wanting to help someone who is suffering
- Look at a situation from our point of view
- Sympathy
- Same, but without desire to help
- Empathy
- Look at a situation from another's point of view
- Inclusive of suffering and also other emotional states

Neurobiology

- Pathways that evolved to foster social connection
- Higher "top down" neuroprocessing
- Mirror neurons
- Release of oxytocin
- Similar to meditation
- Can be learned through training

L. Stevens & C.C. Woodruff, 2018, *The Neuroscience of Empathy, Compassion, and Self-Compassion*

COLUMBIA
COLUMBIA UNIVERSITY
DEPARTMENT OF PEDIATRICS

NewYork-Presbyterian KIPS
Morgan Stanley Children's Hospital

Compassion in

Relationships

- Patient
- Family
- Offender
- Work environment
- Work undertakings
- Community
- Self

Communications

- Patients and families
- Colleagues
- Courtroom
- Media
- Self Talk

COLUMBIA
COLUMBIA UNIVERSITY
DEPARTMENT OF PEDIATRICS

NewYork-Presbyterian KIPS
Morgan Stanley Children's Hospital

Professional Quality of Life



ProQOL.org, Maslach and Leiter, 2008.

Traumatic Experiences in One's Work

- A **deeply distressing** or disturbing experience
- May or may not impact physical safety
- May or may not lead to PTSD
- The kind of experience that is hard to shake off and sticks with you
- Associated with **feelings of helplessness or hopelessness**

Traumatic Experiences in Child Maltreatment Work

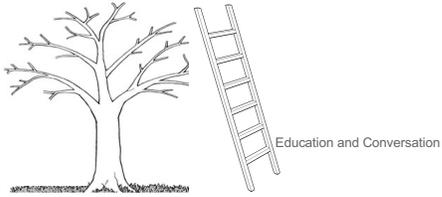
- Witness to violent act
- Violent act toward oneself
- Can be verbal or physical
- Neighborhood exposures to extreme suffering
- Court testimony

Primary

- Witness to another's traumatic suffering
- Review of pictures and videos
- Record review
- Debriefing venues, peer review
- Ubiquitous, affects everyone involved

Secondary

Step 1: Education and Conversation



 COLUMBIA
COLUMBIA UNIVERSITY
DEPARTMENT OF PEDIATRICS

 NewYork-Presbyterian KIPS
Morgan Stanley Children's Hospital

Secondary Traumatic Stress Risk Factors

- Empathy level
- Excessive "other-care" orientation
- Exposure severity
- High trauma caseload
- Unpredictability
- Lack of supervisory support
- Escape-avoidance coping style
- One's own trauma history
- Personal stressors

 COLUMBIA
COLUMBIA UNIVERSITY
DEPARTMENT OF PEDIATRICS

 NewYork-Presbyterian KIPS
Morgan Stanley Children's Hospital

Symptoms

Secondary Traumatic Stress

- Helpless
- Stressed
- "Drowning", too much
- Exposure criterion for PTSD

Compassion Fatigue

- Hopeless
- Exhausted and numb
- Dried up, not enough
- "Caring Burnout"

 COLUMBIA
COLUMBIA UNIVERSITY
DEPARTMENT OF PEDIATRICS

 NewYork-Presbyterian KIPS
Morgan Stanley Children's Hospital

Symptoms

Secondary Traumatic Stress

- Anger or sadness
- Fear, guilt, minimizing
- Physical ailments
- Hypervigilance
- Inability to embrace complexity
- Sleep difficulty, exhaustion
- Avoidance

Compassion Fatigue

- Apathy or sadness
- Bottled up emotions, outbursts
- Persistent physical ailments
- Cynical altered world view
- Difficulty concentrating
- Recurring nightmares, flashbacks
- Isolation

Step 2: Know Yourself



Know Yourself
Education and Conversation

Take Time with Your Own Thoughts, Feelings, Beliefs



Know Your Empathy Score Toronto Empathy Questionnaire

<https://psychologytools.com/test/toronto-empathy-questionnaire>

Item	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. When someone else is feeling sad, I usually get sad too.	<input type="radio"/>				
2. Other people's feelings have a great effect on my mood.	<input type="radio"/>				
3. I might see an emotion being masked (disguised).	<input type="radio"/>				
4. I cannot understand the emotion of people who are happy.	<input type="radio"/>				
5. I rarely notice when people feel better.	<input type="radio"/>				
6. I have trouble understanding the people who are sad.	<input type="radio"/>				
7. When I have a hard time understanding someone, I try to draw the conclusion for each situation.	<input type="radio"/>				
8. I can tell when others are sad even when they do not say anything.	<input type="radio"/>				
9. I find that my feelings are often people's feelings.	<input type="radio"/>				
10. I can tell how someone else feels just by looking at their face.	<input type="radio"/>				
11. I have trouble understanding the people who are nervous.	<input type="radio"/>				
12. I can tell easily interested in how other people feel.	<input type="radio"/>				
13. I get angry when I think that other people are in pain.	<input type="radio"/>				
14. When I see someone feeling sad or angry, I do not feel very much pity for them.	<input type="radio"/>				
15. I think it is only for people to cry out of happiness.	<input type="radio"/>				
16. When I see someone being happy, I usually do not feel happy too.	<input type="radio"/>				

COLUMBIA
COLUMBIA UNIVERSITY
DEPARTMENT OF PEDIATRICS

NewYork-Presbyterian KIPs
Morgan Stanley Children's Hospital

Understand Your Stress Response

- Headaches
- GI symptoms
- Muscle tension
- Hypertension
- Cold/flu episodes
- Fatigue
- Sleep disturbances
- Irritability
- Mental health symptoms (anxiety, depression)
- Hypervigilance
- Dissociation
- Inability to focus
- Overworking

COLUMBIA
COLUMBIA UNIVERSITY
DEPARTMENT OF PEDIATRICS

NewYork-Presbyterian KIPs
Morgan Stanley Children's Hospital

Know Yourself

- Stay aware of your stress response
- Learn your triggers
- Acknowledge your symptoms of STS
- Be proactive
- Many examples in the literature involve the discovery of STS or CF after something bad happens — either a medical error or impaired health

COLUMBIA
COLUMBIA UNIVERSITY
DEPARTMENT OF PEDIATRICS

NewYork-Presbyterian KIPs
Morgan Stanley Children's Hospital

Trauma Stewardship – A Daily Practice



Trauma Stewardship: An everyday guide to caring for self while caring for others, 2009, Laurel van der Merck Lipsky.

Understanding Triggers and Making it a Choice

- You have a choice to ...
- Recognize your own experiences and choose how they inform your identity, strengths, and challenges
- Seek help
- Choose how your experiences may inform your contribution to this work
- Be kind to yourself and not minimize your own experiences
- Be proactive when anticipating a trigger in the workplace
- Call on objectivity in the face of a known trigger
- Trauma Mastery
- Post-Traumatic Growth
- Resiliency
- Transformation
- Contribution

Reflect on Your Workplace

- What are the organizational contributors to your well-being?
 - Positive
 - Negative
- "The Biggies"
 - Caseload or work volume
 - Collegial and Professional Support
 - Empathic attunement
 - Keeping in check
 - Professional hope and atmosphere
 - Professional health behaviors (diet, sleep, life balance)
- Is there one thing I can change?
- Is there one negative contributor that I can buffer with other steps?

Organizational Symptoms of Compassion Fatigue

- High absenteeism
- Changes in co-worker relationships
- Inability for teams to work well together
- Inability for staff to complete assigned tasks
- Lack of flexibility of staff
- Unhealthy competition
- Constant changes in organization's policies
- Aggressive behaviors between co-workers or with patients
- Rumor and gossip

Patricia Smith, 2008, *Healthy Caregiving: A guide to recognizing and managing compassion fatigue*.

Organizational Resiliency Model (ORM)

- Evidence-informed program for CAC's, CASAs, and child welfare agencies
- A strategic organizational plan whereby resiliency is weaved into the organizational culture through protocols and policy, training, and supervision
 - Buy-in
 - +/- Funding
 - Starting with the hiring process and ongoing
- Organizational support for individual self-care and community wellness



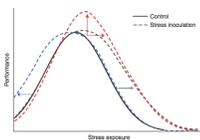
Lessons from the field: An evidence-informed resiliency model for child abuse organizations

Five Key Elements:

1. Self Knowledge and Insight
2. Sense of Hope
3. Healthy Coping
4. Strong Relationships
5. Personal Perspective and Meaning

Compassion Satisfaction

- Resiliency as dynamic and modifiable
- Social support
- Supportive supervision
- Use of evidence based practices->agency
- Workload and workload ratio
- Reflection for meaning and purpose
- Self care activities



Ruani S.J., Murnighan, D.V., Han, M.H., Charney, D.S., & Resnick, E.S. 2012. Neurobiology of resilience. *Nature Neuroscience* 15 (11): 1475-1484.

Unique Purpose

- Every being has a unique purpose in this world – a life path or work that serves the world we live in.
- Understanding and living your life's purpose – serves as both an **anchor** and a **guide**

There will never be a storm
That can wash the path from my feet
The direction from my heart,
The light from my eyes,
Or the purpose from this life.
I know that I am untouchable to the forces
As long as I have a direction, an aim, a goal:
To serve, to love, to give.
Strength lies in the magnification of the secret qualities
Of my own personality, my own character
And though I am only a messenger,
I am me.



A quote by Yoga Master Swami Satyananda Saraswati
Taken from *The Four Desires*, R. Stryker, 2011.



List the 3 roles in which you receive the most value in your work and why:

1. **ROLE**
Why is this important to you?
2. **ROLE**
Why is this important to you?
3. **ROLE**
Why is this important to you?



Write Your Personal Meaning Statement

Intention

- Balance my own self-care in order to show up fully present for my patients, even at times emotionally challenging in the face of abuse
- Apply medical knowledge to the best of my abilities
- Offer compassionate holistic loving care to all involved

Meaning and Purpose

In my working capacity as a child abuse pediatrician, I hope to alter the trajectory of child maltreatment, toward a path of less suffering for all involved (child, parent, offender), ultimately paving the way for opportunity for all to change and heal for a better world.



Defining Moment

- Reflect on a pivotal incident in your career that led to seeing yourself in a new way and informed "joy of practice" and purpose and meaning in your work.
- What happened?
- How did it impact your career? Your life?

Rewards of Practice:

- Made me a better person
- Made me wiser
- Increased my self-awareness
- Appreciation for human relationships
- Increased tolerance for ambiguity
- Increased capacity to enjoy life
- Felt like spiritual service
- Resulted in changes in my value system

Skowholt and Trotter-Mathison, 2016, *The Resilient Practitioner*.

Step 3: Targeted Self-Care

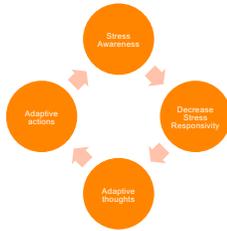


Targeted Self-Care
Know Yourself
Education and Conversation

Targeted Self-Care (Healthy Coping, Resiliency Training)

1. Stress Awareness (Target your specific stressors.)
 - Explore your organizational issues
 - Know your symptoms of STS and possible triggers
 - Know your stress response
2. Decrease stress responsivity
 - Relaxation Response
3. Adaptive Strategies
 - Thoughts and actions (Both of which change how we feel.)

Targeted Self-Care



Decrease Stress Responsivity

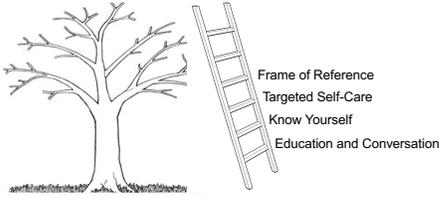
- Relaxation Response
 - Physiologic state that is the opposite of stress
 - Many methods
 - Relaxed passive focused attention that turns off the "inner dialogue"
 - Two steps
 - Focused repetition of sound, word, prayer, or movement
 - When thoughts come up, passively disregard and come back to the focus
- Identify what method/methods are most beneficial for you
- Achieve an ongoing practice
- Rewire the brain, genomic changes (8 weeks of daily RR)

Relaxation Response Methods

- Meditation
 - Single point focus (breath, word, sound, senses, walking)
 - Body scan
 - Guided imagery
 - Metta (loving kindness)
- Breath awareness
- Mindful awareness
- Yoga
- Tai chi



Step 4: Frame of Reference



Frame of Reference

- Process oriented, not outcome oriented
- One important piece of a big picture
- Explore a broader world view (macro) while at the same time acknowledge the little ways you make a difference (micro)
- Cognitive reappraisal
 - Notice your negative thoughts and reframe
 - Create a personal mantra
- Target feelings of helplessness. You can always do something.

Examples of Cognitive Distortions and Adaptive Feelings

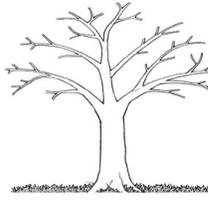
Distortion/Underlying Belief

All or Nothing	• Black & white thinking • Overgeneralization
Mental Filter	• Negative focus when overall picture has positive aspects
Minimization or Magnification	• Discount the importance of something • Blow something out of proportion
Shouldn't or Can't	• Scolding or self defeating attitude
Perfectionism	• Hold to an unrealistic standard

Adaptive Feeling/Underlying Belief

Acceptance	• Allowing what is • Creating positive meaning
Wisdom	• Change in attitude • Growth
Non-attachment	• Do one's best without fear of the result
Compassion	• To deeply understand another

Step 5: Compassion in Action



Compassion in Action
Frame of Reference
Targeted Self-Care
Know Yourself, Self Reflection
Education and Conversation

 COLUMBIA
COLUMBIA UNIVERSITY
DEPARTMENT OF PEDIATRICS

 NewYork-Presbyterian KIPS
Morgan Stanley Children's Hospital

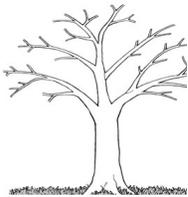
Compassion in Action

- Practice trauma-informed care
- Trauma stewardship
- Fierce compassion
 - Actions taken with a positive intention to protect others
 - Compassion for your enemy, being both firm and kind
- Ahimsa – a yoga virtue to live in non-violence
 - Those who do not live in non-violence, live in “moral abyss”
 - Rather than “hating” the enemy, practice Ahimsa in action, thought, and word
 - “Contagious”

 COLUMBIA
COLUMBIA UNIVERSITY
DEPARTMENT OF PEDIATRICS

 NewYork-Presbyterian KIPS
Morgan Stanley Children's Hospital

Step 6: Compassionate Communication



Compassionate Communication
Compassion in Action
Frame of Reference
Targeted Self-Care
Know Yourself
Education and Conversation

 COLUMBIA
COLUMBIA UNIVERSITY
DEPARTMENT OF PEDIATRICS

 NewYork-Presbyterian KIPS
Morgan Stanley Children's Hospital

Compassionate Communication

- An approach to language involving talking, gestures, and listening
- Can be applied to patients, families, colleagues, and media
- Not from a standpoint of right versus wrong, or "all good" or "all bad"
- Language that discourages static generalizations
- Understand one's unmet needs and parts, then you can have compassion for them
- Use both the left brain (decision making, EBM) and right brain (compassion and empathy)
- Try to separate the action (which is bad) from the person (who may have vulnerabilities and unmet human needs that led to the action)
- Value judgments (child abuse is bad), not moral judgments (blocks compassion)

Compassionate Communication

- With colleagues and supervisors
- Debriefing
 - Critical
 - Low Impact
 - Immediate
 - Delayed
 - On Demand
 - On Routine
- Low-Impact Debriefing
 - Fair warning
 - Consent
 - Low impact disclosure

Positive Psychology

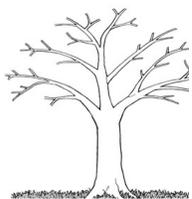
Optimism



Humor



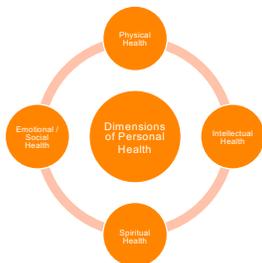
Self Compassion



- Compassionate Communication
- Compassion in Action
- Frame of Reference
- Targeted Self-Care
- Know Yourself
- Education and Conversation

Self Compassion

- Think broadly about your health
- What's in good shape?
- What needs a tune-up?
- What needs major attention?



Skovvold & Tietler-Melanson, 2016, *The Resilient Practitioner*.

Self Compassion

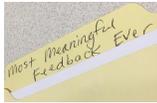
- "Assertive Self-Care"
 - Monitor and nourish
 - How full is your cup?
 - "Disequilibrium periods" – acknowledge and do more
- "The Good Enough Practitioner"
 - Avoid maladaptive perfectionism, which is impossible. There will always be more work to do, and giving 100% all the time leads to exhaustion, burnout, and loss of creativity and growth.

Self Compassion

- Go all out...for yourself, for this work, for these children
- Go easy...just showing up and making this choice is remarkable
- Honor crying or showing emotion
- The work is your choice—stay self-aware

Self Compassion

- Choose how you begin and end the workday (something positive, a ritual for separation)
- Keep a folder of positive feedback and micro-affirmations
- Design positive self-talk
- Choose "Renewal Pursuits" with novelty to stimulate and energize
- Do something...even in ritual or thought...avoid feelings of helplessness



Give Yourself Permission to Pause

- "Two feet," breath in; "One breath," breath out
- Look out a window or at a picture with depth
- Place reminders
- Drink a glass of water
- Relaxation Response
- Do something slow and quiet everyday

Think Energetically

- Recharge your battery
- Job engagement (the opposite of burnout) is an energetic state
- Energetic boundaries
- Well wishes, compassionate thoughts toward another increases happiness (neuroscience) and supports agency and may impact others

Compassion for All

Loving Kindness Meditation

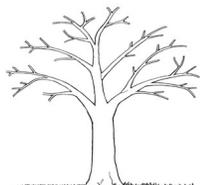
- Friend
(maybe the abused child)
- Someone of conflict
(maybe the perpetrator)
- Everyone
- Yourself

May you be happy

May you be well

May you be safe

May you be at peace



Being rooted in compassion

in all dimensions of one's scope of child abuse practice
brings greater satisfaction, lessens suffering, and
buffers that which we cannot control.

Some Resources

- L. Van Dermoot Lipsky, 2009, *Trauma Stewardship: An everyday guide to caring for self while caring for others.*
- T.M. Skovholt & M. Trotter-Mathison, 2016, *The Resilient Practitioner: Burnout and compassion fatigue prevention and self-care strategies for the helping professions.*
- L. Stevens & C.C. Woodruff, 2018, *The Neuroscience of Empathy, Compassion, and Self-Compassion.*
- NCTSN Secondary Traumatic Stress Resources
<https://www.nctsn.org/trauma-informed-care/secondary-traumatic-stress>
- Relaxation Response Resources
<https://www.integration.samhsa.gov/resource/relaxation-response>
<https://youtu.be/nBCsFu0FRo8>

Email contact for Dr. O'Hara: Mo2470@cumc.columbia.edu
