Compassionate Boundaries

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Goals

Discuss	Discuss concepts of compassion and empathy from a trauma-informed perspective and the benefits of the intentional use of compassion in your work.
Explore	Explore concepts of interpersonal boundaries with client and consider how, and why, we seek to set limits and maintain healthy boundaries in compassionate and therapeutic ways.
Learn	Learn about the roles we may take as providers and how to create healthy boundaries within ourselves to manage compassion fatigue and burnout.

Q: Why is considering compassion important?

A: Patients prefer compassionate caregivers…

Patients report they prefer when:

…they feel that their provider cares and sees them as a whole person with their own life story rather than a 'problem to be solved'.

…providers are 'attentively present' to the patient in a way that makes them feel that they have their best interest at heart, and they are safe.

…when they feel they meaningfully connect with provider who is competent and capable.

Dalvandi, et al.

Q: How do you think this impacts patient outcomes?

A: Compassion benefits patient/client outcomes.

When patients perceive their providers as compassionate& *kind*, there is improvement in emotional and physical aspects of care including:

treatment adherence
patient disclosure
patient engagement
reduced reported pain levels
lower blood pressure
increased immune function
faster healing

When patients feels secure and attended to, anxiety decreases
→ stress hormones decrease and that's good for healing

Compassionate treatment helps providers…

- Feeling effective in your work.
- Closer relationship with patients.
- More honest communication.
- Satisfying relationships and job satisfaction are protective against stress & burnout. Providers experience less stress and role confusion

* Providers report greater overall job satisfaction
* Providers feel more effective and focused at work
* Providers build positive connections with colleagues and clients
* Providers reconnect with purpose and mission of the work

Let's talk about Compassion….

"Compassion is an empathic understanding of a person's feelings, accompanied by altruism, or a desire to act on that person's behalf."

"Compassion is kindness rooted in an appreciation of other human beings as real people who also suffer. It includes a desire to be helpful".

- Rasmus Hougaard, Jacqueline Carter, and Marissa Afton

Compassion in health care:

"A sensitivity shown in order to understand another person's suffering, combined with a willingness to help and to promote the wellbeing of that person, in order to find a *solution* to their situation".

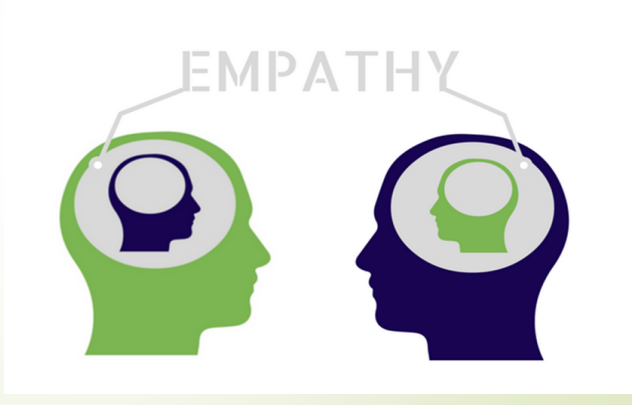
*Perez-Bret, Altisent, Rocafort

Empathy is a part of compassion

Empathy is deeply rooted in our brains and bodies. It evokes in us the desire to understand other people's emotions. It's so rudimentary, it's instinctual.

Cognitive empathy:

Cognitive empathy, also called "perspective taking" or "Theory of Mind" is pre imagining what another person might think, intend, believe, or want. You attempt to put yourself into their perspectives in order to have a better understanding of what is going on in the world of the one you are interacting with.



Emotional empathy:

Emotional empathy is being directly impacted by the feelings of others. You feel what they feel: the good, the less good. You feel like crying when they cry, you feel like jumping of joy when they are joyful.

Social psychology researchers Hodges and Myers describe emotional empathy in 3 parts:

- *Feeling the same emotion as the other person*
- *Feeling our own distress in response to their pain*
- *Feeling compassion toward the other person*

Compassionate empathy & Resilience

While empathy can be all-absorbing and leave one totally empty and depleted, to the point that one loses a sense of one's own boundaries, compassionate empathy encourages us to navigate the space between sharing profound feelings of connection to another person and maintaining one's own personal emotional balance - because the compassion applies to oneself *and* others.

Empathy alone can potentially become very lopsided, especially when compulsive caregiving is involved.

Compassioante Empathy holds within it an understanding that there is a balance to be found: being willing to feel with, understand, and help others, AND ALSO being willing to care for and protect oneself emotionally, and maintain our own well-being so that we can be effective for others and ourselves.

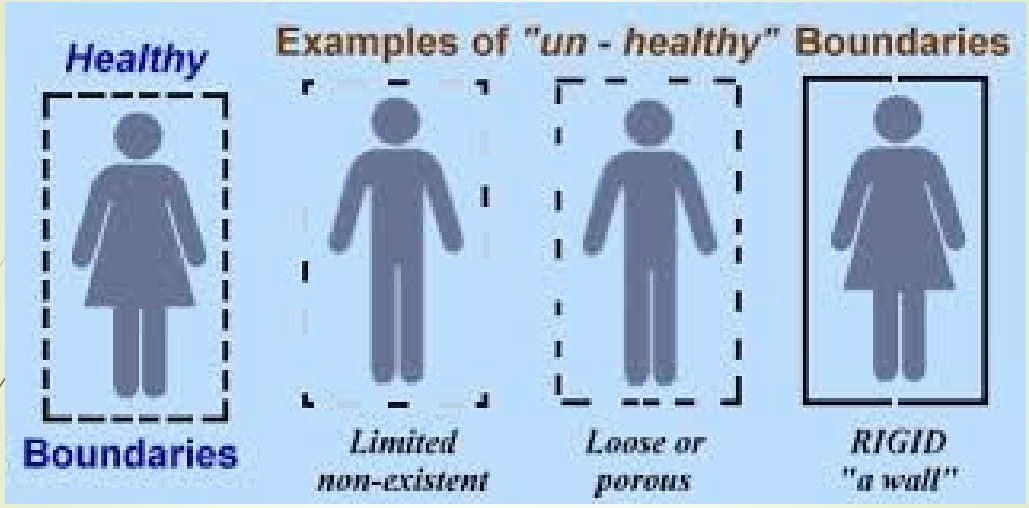
ACTIVITY 1

- CONCERNS?
- HELP?
- WELL-BEING?
- SOLUTION?

Compassionate Boundaries are professional and personal.

Professional boundaries are "physical, mental, and emotional guidelines that ensure staff work within the limits of their roles and scope of practice".

We sometimes think of boundaries as separating us from patients….but I like to think of them as being in the service of building and maintaining healthy and safe interpersonal relationships.



TYPES OF BOUNDARIES

Impact of Past trauma on Boundaries

ALL BEHAVIOR IS IN THE SERVICE OF SELF-PROTECTION

RIGID:

LOOSE:

NON-EXISTANT:

HEALTHY:

- **From a trauma-informed lens, compassionate and empathic boundaries keep the provider-patient relationship safe and focused on the patient's well-being**

Social workers with "balanced", healthy boundaries, "are authentic and caring, while maintaining clear boundaries. They use their authority appropriately: remaining aware of their position of power, they take care to neither exploit their clients' vulnerabilities nor infringe on their rights. They use professional judgment and self-reflection skills in their assessments and make decisions that are professionally responsible and accountable to other professionals. Note that every professional has some susceptibility to behaving outside of the ideal 'balanced' range, depending on her/his situation".- Davidson, 2007

From a **trauma-informed lens**, these boundaries keep the provider-patient relationship safe and focused on the patient's well-being.

We recognize that while a person might act and relate in ways that are challenging, we can step back and work to UNDERSTAND rather than react from a place of anger, blame, anxiety. QTIP!!

Boundary crossings vs. violations

- Benign and even helpful breaks in the frame
- Usually occur in isolation
- Minor and attenuated
- Discussable
- Ultimately cause no harm to patient, clinician, or treatment

CROSSINGS

- Exploitive breaks in the frame
- Usually repetitive
- Egregious and often extreme e.g. sexual
- Clinician discourages discussion
- Typically cause harm to patient, clinician or treatment

VIOLATIONS

ACTIVITY 2:

Always OK | Sometimes OK | Never OK

WHO is responsible for setting and maintaining boundaries?

- It is the duty of the professional to act in the best interest of the client, and to present as calm, open, and competent.
- The professional is ultimately responsible for managing boundary issues and their own self-care.
- Clients may not be aware of the need for boundaries or be able to defend themselves against boundary violations.

Self-Reflection is the Key to Self-Care and Healthy Boundaries

Boundaries between myself and my work:

Boundaries within myself that I use to approach my work:

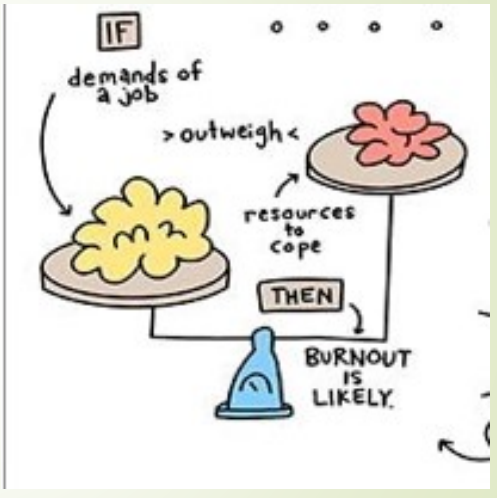
Make time for yourself to do what you enjoy

Warning Signs of Compassion Fatigue in Staff

Developed by Christina Clarke, MS, HS-BCP, Coordinator of Continuing Medical Education and faculty, Wake Forest School of Medicine, Northwest AHEC

Burnout

- Emotional Exhaustion (EE): the state of being physically and emotionally exhausted by work stress, which is characterized by low energy, fatigue, depression, hopelessness, and helplessness.
- Depersonalization (DP): the interpersonal aspect of burnout that manifests in unfeeling, cynical, negative behaviors toward others, and detachment from caring and instructions.
- Low Personal Accomplishment (PA): the state of negatively evaluating oneself as being incompetent, unsuccessful, and inadequate; consequently, employees exhibit low levels of contribution to their work.



Attending to our own BOUNDARIES challenges is essential!

The White Knight Rescuer

The Fatigued Avoider

The Burnt-Out Authoritarian

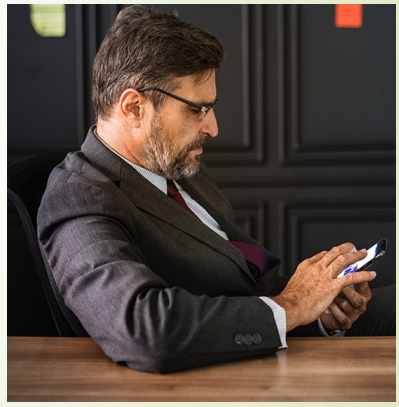
The Compulsive Fixer/ White Knight/ Rescuer

- A fixer thinks or feels that they can prevent other people from experiencing pain or discomfort.
- The needs of others are treated as more important than their own.
- They will persist in helping even when their help is not needed.
- They think they know best about what works and what doesn't for others.
- They want other people to need them, seek this sense of being needed.
- They are overcome with guilt when they are unable to help.
- They exhaust themselves in taking care of other people's needs.
- They feel rejected when their assistance is not wanted.

The Fatigued Avoider

- Struggling with compassion fatigue, vicarious traumatization. So. Much. Suffering.
- Feeling stressed out, disconnected.
- Disinterested, unfocused, not attending to patient/client's unique story or narrative.
- Feeling cynical, blaming the client, avoiding.
- Loss of meaning in the work.
- Under-involvement places provider at risk of violating a boundary through an act of omission (failure to act).

- MedED Web Solutions



The Burnt Out Authoritarian

This might look like a brusque demeanor, making "or else" or threatening statements, defensive attitude, using judgmental language.

This kind of under-involvement places clinician at risk of doing something that threatens client safety/ well-being.

When we feel exhausted, ineffective, disempowered, unsupported, we may seek increased control in the form of compliance and asserting a power dynamic to seek that control with patients.

ACTIVITY 3:
RED light, YELLOW light, GREEN light

I need a break, or I might do harm when….

I am starting to struggle when…

I am managing quite well at work when I am…

10 Questions to consider…

1. Is this interaction in the client's best interest?
2. Who's needs are being served in this interaction?
3. Will this have an impact on how I deliver services in the future?
4. How would this interaction/ boundary be viewed by the client's family or significant other?
5. How would I feel telling a colleague/ supervisor about this interaction?

6. Am I treating this client differently/ more or less "special" than others? Why?

7. Am I taking advantage of this client?

8. Does this action benefit me or the client?

9. Am I comfortable documenting this decision/ behavior in client file?

10. Does this meet the standards in my Professional Code of Ethics

- Setting compassionate boundaries in Difficult Situations:

Setting TI, Compassionate Boundaries

1. Know what you want to say "Yes" to.
2. Be proactive. Structure offers safety.
3. Just say it! Use simple and direct language.
4. Reinforce IN THE MOMENT.
5. Give relevant explanations and offer shared solutions.
6. Back up your boundary with action.

Be Honest AND SAFE

Avoid	Give	Explain	Commit
Avoid promising an unachievable solution, which could make matters worse.	Give a range of realistic choices so the person can select what they believe will help them solve their situation.	Explain what will be done, by whom and when.	Commit to a realistic timeframe for the agreed course of action.

STEPS to a compassionate approach

S: Slow down, use a soft voice, facial expression, body language

T: Take a step back and breathe- this can feel intense (respond v. react)

E: Empathy statement so client/patient feels understood

P: Practice Self Regulation with client/ patient (step into this room, etc)

S: Stay connected- touch base and check in

ACTIVITY 4: EXAMAPLES AND DISCUSSION

You are working with a 36-year-old male patient as a case manager at a community mental health center. He reports having a tooth abscess and is also starting to withdraw from heroin. You are trying to support the patient in the Emergency Department; however he states that he cannot tolerate the dental pain, and his discomfort related to withdrawal is increasing rapidly. As he speaks to you, his voice is getting louder and his body is more restless. You are not able to do much until he sees the doctor, and noting the business at the ED, his wait time may be quite a bit longer.

How might you conceptualize his behavior and approach setting boundaries?

Over-involved, loose:

Under-involved, rigid:

Therapeutic involvement, balanced:

Margaret is a long-time client of yours. She has started taking a sewing class and making heated "rice bags" to sell. They are quite lovely. She asks you if she can sell the bags to the office staff, and that employees at her doctor's office bought them from her, for $10 per bag.

What are some things to consider?

Over-involved, loose:

Under-involved, rigid:

Therapeutic involvement, balanced:

- Jessica is a 32-year-old woman , admitted for a blood infection related to injection drug use. Her behaviors have been challenging for staff; she presents as irritable and easily angered, has tried to abscond, and has used illicit drugs while on the unit. You want to support her, however she can often be disrespectful and disruptive to other patients. On one occasion, Jessica raises her voice and yells that you are treating her unfairly after you give her the news that her boyfriend will no longer be able to visit after he brought drugs on the unit.

A. Demand that Jessica lower her voice or you will call security, and leave the room stating 'you cannot speak to me that way". Avoid her for the rest of the week, being as minimally involved as possible.

B. Validate that this situation is difficult and offer to let her call her boyfriend later on in the afternoon. Reassure her that as long as she is able to stay calm, she can speak with him by phone once per day, as becoming angry is not good for her healing. Check in on her before your shift ends. Talk about her case in supervision.

C. Let her know that you have a boyfriend in recovery and understand the challenges, note that he once was hospitalized with the same condition as Jessica. Offer to call her boyfriend and have him meet you in the parking lot, pass along a letter that she wrote to him.

You are a social worker in an SUD intensive outpatient treatment program. You have worked closely with a client who was in your program for long periods of time, on multiple occasions. During his most recent session, you learn that he has received a 3-year prison sentence related to a crime that he committed 2 years ago. At his last appointment, he brings you a bouquet of flowers and asks if you can visit him in prison, as he has no family in the area.

What are your thoughts?

A. You inform him that you are not allowed any contact with people not in the program and wish him well. Additionally you are not able to accept gifts and he will have to take the flowers out with him.

B. You accept the flowers, bring them home and put them in a vase. You visit him weekly.

C: You thank him for the flowers and let him know that while you cannot accept the flowers for yourself, you will happily share them with his team. You place them in a vase at the nurses station. You let him know that he can write to his team at the health center, and you respond with brief and encouraging notes as a group.

What would you do?

You are working in the special care nursery at a community hospital. You are caring for a baby who is being monitored as she withdraws from opiates. Throughout the pregnancy, her mother used heroin, methamphetamine, and tobacco. You are feeling frustrated, as the infant's mother frequently and inconsistently comes and goes from the unit. When she is present, she is attentive with the baby but does not stay long, and she is often argumentative with staff. She has complained about several providers being disrespectful. She does not think her baby needs to be in the hospital any longer, even though the providers are determining that she needs to stay. The baby's father comes in sporadically, often seems distracted and sleeps throughout his visit. Upon discharge, the baby will be placed in a foster home. Your shift is starting and you already feel exhausted and frustrated.

How might you prepare yourself as you approach this shift?

Over-involved, loose:

Under-involved, rigid:

Therapeutic involvement, balanced:

Why are Trauma-Informed Professional Boundaries so important?

As professionals, we want to "do no harm" especially working with marginalized groups (avoid inadvertently taking advantage of, re-traumatizing, re-enacting traumatic relationships)

We want to ensure that both client rights and privacy are protected and providers feel safe and supported.

We want to promote choice & flexibility for both patients and providers when possible.

We want to model HEALTHY interactions- we are the adults in the room.

Most importantly, we want to enjoy our work and have a long and rewarding career!

TRICKS OF THE TRADE

- Realize that you cannot fix everything: Interaction vs. Outcome
- Step back from your initial emotional reactions when you need to and use skills of self-reflection to respond.
- Have some sort of "spiritual" practice, mantras, centering technique to build compassionate resilience.
- Keep in mind the meaning and privilege working in this field.
- Remember that trauma-informed boundaries ARE ultimately compassionate and sometimes really hard.
- Have a balanced life & claim the time for it.
- **Entrust your colleagues, Supervisors, therapists, friends- get support when needed, talk about the challenges and frustrations, and consider SOLUTIONS!!!**

- The International Journal of Person Centered Medicine

Compulsive Fixer- Rescuer Self Assessment/ Professional Boundaries Self Assessment tool

http://centervideo.forest.usf.edu/video/center/profboundaries/Boundaries%20Quiz%20EDITED.pdf

https://gahomevisiting.org/sites/default/files/compulsive_fixer_and_or_rescuer_self_assessment.pdf

https://www.nso.com/Learning/Artifacts/Articles/Don-t-cross-the-line-respecting-professional-boundaries

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The Importance and Extent of Providing Compassionate Nursing Care from The Viewpoint of Patients Hospitalized in Educational Hospitals in Kermanshah - Iran 2017Asghar Dalvandi,[1] Aliakbar Vaisi-Raygani,[1,*] Kian Nourozi,[1] Abbas Ebadi,[2] and Mahdi Rahgozar[3]

Jennings BM. Work Stress and Burnout Among Nurses: Role of the Work Environment and Working Conditions. In: Hughes RG, editor. Patient Safety and Quality: An Evidence-Based Handbook for Nurses. Rockville (MD): Agency for Healthcare Research and Quality (US); 2008 Apr. Chapter 26. Available from: https://www.ncbi.nlm.nih.gov/books/NBK2668/

Nurses' Burnout: The Influence of Leader Empowering Behaviors, Work Conditions, and Demographic Traits. Rola H. Mudallal, PhD, RN,[1] Wafa'a M. Othman, MSN,[1] and Nahid F. Al Hassan, MSN[2]