Creating a Culture of Self-Care
California Student Mental Wellness Conference
March 1, 2018
Agenda/Informational Packet

Outcomes:
- Explore the context and role of self-care within organizations
- Develop an awareness of protective factors and how they provide safety for mental and emotional well-being
- Deepen understanding of compassion satisfaction and the progression of burnout
- Expand awareness of self-care strategies and how they help professionals avoid compassion fatigue
- Add engagement and mindfulness strategies to your toolbox

Facilitators: Erin A. Browder

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Mission and Work
Erin Browder Consulting Services is a full-service coaching and consulting agency dedicated to humanizing work through transformational leadership, developing professional capacity, taking aligned action, and building inclusive climates that support the well-being of all stakeholders, while surpassing expected outcomes. Specializations include trauma-informed organizations, leadership development, instructional design, collaborative practices, healthy workplace climates, employee wellness, professional learning, talent management, and organizational culture.

Wellness Together—Sacramento, CA
March 1, 2018
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**Trauma**

Trauma is an umbrella term used to describe the inability of an individual or community to respond in a healthy way (physically, emotionally and mentally) to acute or chronic stress.

Washington State Office of Superintendent of Public Instruction (OSPI) Compassionate Schools (2009)
http://www.k12.wa.us/CompassionateSchools/Resources.axs

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**Self-Care**

Self-care has been defined by the Department of Health (2015) as: “[t]he care taken by individuals towards their own health and wellbeing: it comprises of the actions they take to lead a healthy lifestyle; to meet their social, emotional and psychological needs; to take care of their long-term condition; and to prevent further illness or accidents”.

Beyond being an aspirational goal, engaging in self-care has been described as an "ethical imperative" (Norcross & Barnett, 2008) and is part of the APA’s Ethics Code (2002).

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**Burnout Continuum**

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**Secondary/Vicarious Trauma**

Secondary/Vicarious Trauma is “the natural consequent behaviors resulting from knowledge about a traumatizing event experienced by a significant other. It is the stress resulting from wanting to help a traumatized or suffering person.”

Charles Figley (1995)

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**Compassion Fatigue**

Compassion Fatigue is the emotional residue or strain of exposure to working with those suffering from the consequences of traumatic events. It differs from burn-out, but can co-exist. Compassion Fatigue can occur due to exposure on one case or can be due to a “cumulative” level of trauma.

Charles Figley (1995)

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**Burnout**

Burnout is “a state of physical, emotional, and mental exhaustion caused by long term involvement in emotionally demanding situations.” Characterized by emotional exhaustion, depersonalization and a reduced feeling of personal accomplishment. Burnout is a condition that begins gradually and becomes progressively worse.

Maslach & Jackson (1981)

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**Compassion**

A feeling of deep sympathy or sorrow for another, accompanied by a strong desire to relieve their suffering.
**Proactive Coping**

Complete the following prompts, with the part of your body you feel the emotion in and a proactive coping strategy.

When I feel______________________, I can  ______________________ ______________________________.

(overwhelmed)                                      (coping/mediating behavior)

When I feel______________________, I can__________________________________________________________.

(anger)                                      (coping/mediating behavior)

**Cultural Humility**

The “ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the [person]”

Hook, Davis, Owen, Worthington and Utsey, 2013

A process where individuals continually engage in self-reflection and self-critique as lifelong learners and reflective practitioners. It is a process where [providers] into the check the power imbalances that exists in the dynamic of provider-patient communication by using patient-focused interviewing and care. It is a process that requires humility to develop and maintain respectful and dynamic partnerships with communities in the context of community-based clinical and advocacy training models.

Tervalon and Murray-Garcia, 1998

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**Critical Self-Reflection**

1) How did my actions/behaviors influence that interaction/situation?

2) How could my actions further support or improve the service quality, work of my colleagues, or advance the mission of my organization?

**Power Imbalances & Organizational Values**

1) How have you learned more about communities through the eyes of those you serve and colleagues?

2) How did you practice “power with” instead of “power over”? 
**Communities as Teachers**

1) How do you tap into community knowledge, resources and/or partnerships to support the highest quality of service?

2) What can you do to improve the quality of relationships between yourself, those you serve and the greater community?

**Staff Self-Care**

Suggestions for practicing professional wellness:

1. **Physical Self-Care:** Exercise/Nutrition/Sleep.Raise serotonin levels
2. **Emotional Self-Care:** Dealing with feelings in a healthy way through journaling/friends/counseling
3. **Psychological Self-Care:** Improving your mind and understanding yourself through reading for pleasure/continuing education
4. **Social Self-Care:** Spending time with family and friends/belonging to groups and communities
5. **Financial Self-Care:** Spending/Saving responsibly
6. **Spiritual Self Care:** prayer, spirituality, meditation, self-reflection, nature

(R. Hull and E. Rossen, 2013)

**Notes**