

Walking in Balance

Honoring our own Humanness

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Alternative Titles?

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Conversations about Resilience (for clients AND providers)

- Many definitions
 - The ability to overcome challenges and “risk factors”
 - “Bouncing back” from adversity
 - Applies to multiple “types” of health (physical, psychological, etc.)
 - Applies to individuals, couples, families, and communities

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What is (and isn't) it?

- Resilience is **NOT** about innate or inborn strengths, fierce independence, or rugged individualism
- Resilience **IS** an interactive and systemic phenomenon between our individual selves (e.g., psychology), others (e.g., relationships), and the environments (e.g., work) that we inhabit

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Why is Attention to this in Health Care so important?

- Burnout and Compassion fatigue are prevalent across
 - all practitioner groups
 - all healthcare levels
 - all healthcare worlds

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Why is Attention to this in Health Care so important?

- Burnout and Compassion fatigue are prevalent across multiple systems levels
 - Biological / physical
 - Psychological / emotional
 - Social / relational
 - Spiritual
- *And the statistics are alarming...*

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Understanding (and responding to) the Problem...

- General Systems Theory(ies)
- Biopsychosocial Model(s)
- Medicine Wheel Model(s)
- Stress Model(s) (e.g., ABCX, Double-ABCX)
- Bronfenbrenner's Ecological Systems Theory(ies)

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Why are we at Risk?

- Individual Factors (biopsych)
- Relational Factors (social)
- Institutional Factors (social)
- Spiritual Factors (faith/relig/spiritual)
- Other Factors (broadly defined)

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Why are we at Risk?

- Individual Factors
 - We do not tend to practice what we preach
 - We feel fear, shame, and stigma if/when we struggle
 - We are often reluctant / resistant to seeking help
 - We under-report symptoms of hurting (broadly defined) to others – but sometimes obsess about them to ourselves

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Why are we at Risk?

- Individual Factors, *continued...*
 - Our high capacities for empathy are paradoxically correlated with burnout and/or compassion fatigue (i.e., blessing + curse)
 - Our lives are already over-scheduled with self-imposed pressures
 - Our personal selves (and oftentimes spouses and families) are lower-priorities vis-à-vis work

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Why are we at Risk?

- Relational Factors
 - Social isolation (any/all “mental health”; care system = “machine”, etc.)
 - Electronic devices (24/7 access; EMRs; work emails; schedules / calendars; social-media, etc.)
 - Interpersonal contact with colleagues / friends = superficial / neglectful
 - Interpersonal contact with colleagues / friends = competitive (vs. collaborative) and inequitable

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Why are we at Risk?

- Relational Factors, *continued...*
 - Interpersonal contact with partners / family = superficial (“how was your day?”, “fine...”) and/or neglectful
 - Interpersonal contact with partners / family = 2nd place to all-things-work
 - Interpersonal contact with partners / family = 2nd place to all-things-electronic
 - Interpersonal contact (all types) = focused on negative foci

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Why are we at Risk?

■ Institutional Factors

- Care is a "service" for consumers (e.g., patients) that is governed by payers (e.g., insurance companies)
- Promotion of "help" is often perceived as intrusive
- Culture of fear (e.g., administrative reprimands, litigious consumers)
- Unpredictable, unresponsive, and/or unprofessional communication with administration and/or colleagues

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Why are we at Risk?

■ Institutional Factors, *continued...*

- Charting, documentation, paperwork, and other administrative tasks
- Pressure to do only what is "evidence-based", and/or to justify all facets of care practice(s)
- Treatment plans (per se + inequities across disciplines + disconnections to clinical processes)
- Professional (personal?) worth tied to RVUs and/or other nonclinical data

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Why are we at Risk?

■ Spiritual Factors

- Disconnections between faith teachings and work/life experiences
- Sense that other faith followers have rosy-perspectives of "real world"
- Unanswered prayers (over and over again)
- Work-experiences set stage for crises of faith

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Why are we at Risk?

- Other Factors (broadly defined)
 - Sense of being under-valued / unappreciated (everywhere)
 - Anger with no place to go
 - Fears and worries with no place to go
 - Midlife sequelae (e.g., curvilinear marital patterns, sandwich generation, child(ren) development)
 - Etc...

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Burnout vs. Compassion Fatigue

- Is it at work (only)?
- Is it everywhere?
- Key questions:
 - *How am I when I am at work vs. at home (or anywhere else)?*
 - *What is my capacity(ies) to care?*

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When We Hurt...

- Bio/Physical Symptoms
- Psychological Symptoms
- Social (Institutional, Relational) Symptoms
- Spiritual Symptoms

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Physical Symptoms

- Insomnia
- Exhaustion / Fatigue
- Headaches
- GI distress
- Alcohol / Drug abuse
- Loss of Appetite
- Other...

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Psychological Symptoms

- Irritability / Outbursts
- Depression / Anxiety
- Poor concentration
- Capacity for empathy isolates to the work first (i.e., our family and friends are "the first to go"), and then...
- Overall capacity for empathy declines
- Other...

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Institutional Symptoms

- Poor work performance (charting, communication, reliability, efficiency, effectiveness, etc.)
- Irritability with co-workers / superiors
- Increased ethical violations
- Other...

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Relational Symptoms

- Increased marital and/or family conflict
- Increased marital and/or family distance (i.e., neglect)
- Increased social isolation (from friends, faith community, etc.)
- Other...

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Spiritual Symptoms

- Crises of Faith
 - Anger toward Higher Power
 - Disconnection from Higher Power
 - Apathy regarding Higher Power
- Disgust / Disdain / Pity / Envy for others
 - (i.e., for those who have not lost their faith)

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Promoting Resilience

- Attending to our whole selves
 - Bio/Physical Selves
 - Psychological Selves
 - Social Selves
 - Spiritual Selves
- Doing this across both preparative and reparative foci

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Resilience in our Physical Selves

- Practicing good sleep hygiene
- Being assertive about self-care
- Taking breaks by self and with others
- Eating (healthy) and drinking (water)
- Exercising
- Relaxation sequences
- Creature comforts
- Other...

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“Sleep Hygiene” = Psychology 101

- Remembering that sleep is essential for all other things in human functioning
- Biological, Psychological / Emotional, Relational / Social, Institutional / Work, and other arenas of health and well-being
- Sleep hygiene = Behaviorism 101

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Resilience in our Psychological Selves

- Self-time (e.g., having it – literally – on our “to do” lists)
- Recognizing / honoring our own humanness
- Not minimizing or catastrophizing our symptoms
- Pursuing interests outside of work
- Seeking help if/when we need it
- Other...

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Resilience in our Institutional Selves

- Discussing / negotiating expectations before and during work-sequences
- Promoting / facilitating peer- and group- support, enrichment, and/or processing sequences
- Strategically (re)prioritizing and/or (re)sequencing work tasks
- Resisting perfectionism
- Other...

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Resilience in our Relational Selves

- Establishing, maintaining, and/or re-engaging with support(ive) social systems (broadly defined)
- Partners / family
- Friends / colleagues
- Professional organizations
- Community / Faith organizations
- Other...

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Resilience in our Spiritual Selves

- Personal reflections / processes
- Interpersonal reflections / processes

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Resources and Tools for Self-Care

- Books (lay- and professional-)
- Articles (lay- and professional-)
- Websites (myriad)
- Apps / Toolkits (growing)
- Formal Assays / Inventories
- Internet groups (other)
- Other...

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First Responder Toolkit
<https://firstrespondertoolkit.com>



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What is your Resilience Quotient (RQ)?

- How intentional are you about your own health and well-being?
- Rocks, Gravel, Sand
- Starfish Story

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How intentional are you being?

- If it's not intentional, it won't last
- Be careful about human tendency to "do the opposite" when wanting to change
- Remember that behavior change(s) usually take several weeks to "stick"
- Critical evaluation of to-do lists
- There is more to life than work

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Closing Thoughts

- There is no panacea
- Whatever you do, it must be YOURS
- Make it public (at least parts of it)
- Share it (at least some of it)
- Don't catastrophize slips or set-backs
- If you fall down 9 times, get up 10 times
- Enjoy the journey

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