

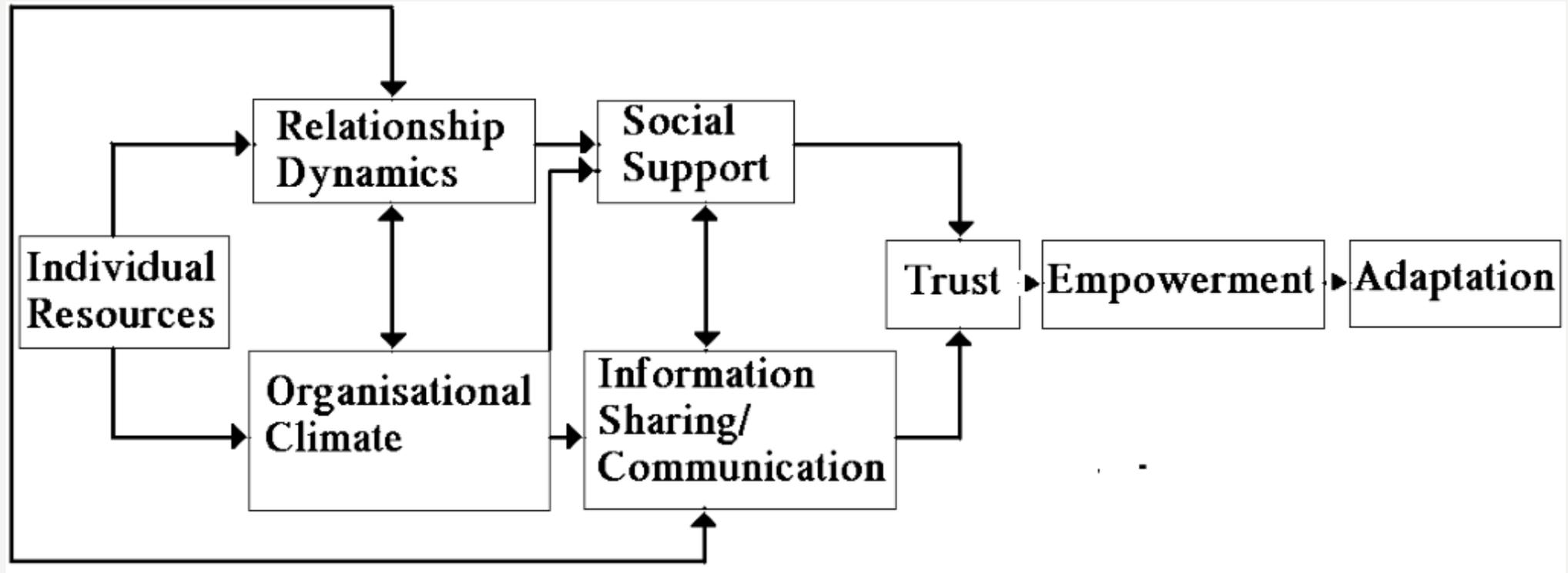
**REINTEGRATING OUR UTAS
COMMUNITY: GOING
BEYOND R U OK?**

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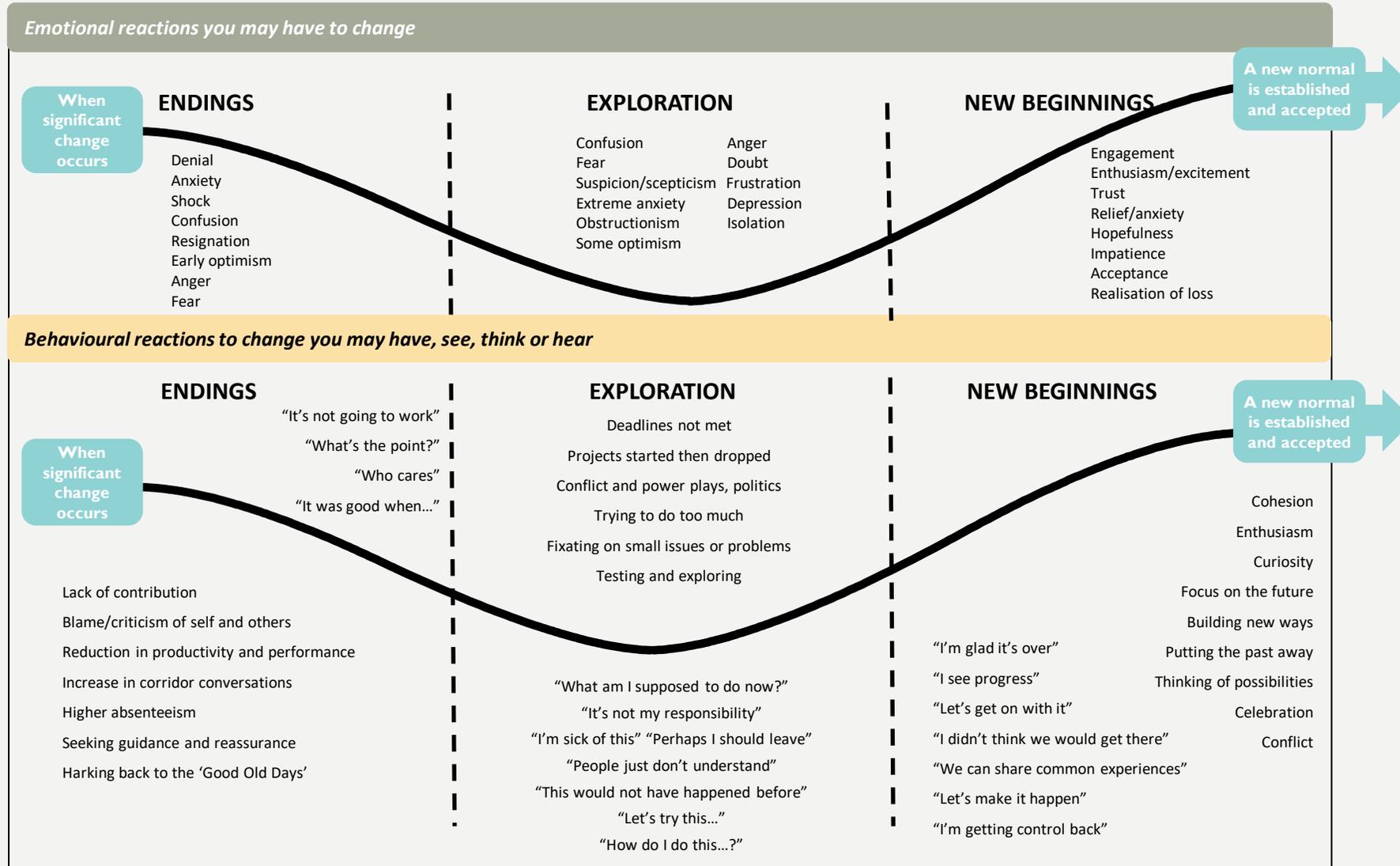
TUESDAY, 8 SEPTEMBER 2020

A MODEL OF ADAPTATION FOLLOWING ISOLATION



THE TRANSITION OR CHANGE CURVE

During significant change, people go through three main phases of personal transition and a range of emotional reactions as they move along the transition or change curve.



PEOPLE REACT TO CHANGE DIFFERENTLY, AND NOT EVERYONE MOVES THROUGH THE TRANSITION CURVE AT THE SAME PACE

Here are some points to bear in mind when you consider how you react to significant change:

- Everyone reacts individually to change
- People will exhibit different emotions depending upon the nature and number of changes impacting them at the same time (both professional and personal)
- Not every person will experience every phase of the transition or change curve
- People travel along the curve at their own speed
- People are on the curve at different times – there is no right or wrong sequence
- Some people repeat sections of the curve to best handle a transition
- It is common for people to reach “exploration” and revert back to “endings” before they get to “new beginnings”
- It is perfectly natural for people to experience a real mixture of emotions during a transition
- If you can't see the way to the top at the bottom of the curve, it's important to reach out and ask for help.

FACTORS CURRENTLY IMPACTING RESILIENCE AND ADAPTATION IN OUR UTAS COMMUNITY

- Intolerance of uncertainty
 - University community is certain
- Exhaustion
 - Compassion satisfaction
 - Compassion fatigue
 - Burnout
- Feeling overwhelmed
 - Tensions between competing demands

FACTORS CURRENTLY IMPACTING RESILIENCE AND ADAPTATION IN OUR UTAS COMMUNITY

- Concerns about underachievement/perceived value
 - Associated grief and loss
- Exacerbation of mental distress
- Feeling disconnected
 - From others
 - From tasks

FACILITATING "R U OK?" DISCUSSIONS

- Watch this short video [Alec's guide to asking RUOK? at work](#) (1:17 mins)
- It explains the four key steps for checking in on the wellbeing of someone that we are concerned about:
 - Ask
 - Listen
 - Encourage action
 - Check in again

FACILITATING "R U OK?" DISCUSSIONS

General principles:

- Speak in short, clear sentences
- Use empathy
 - You are feeling x because of y
 - Validate rather than agree (be careful of “you’re right’ phrases)
- Be comfortable with silence
- Assist staff to regulate emotional responses by modelling deep, slow breathing, a lower tone of voice and evenly paced speech

FACILITATING “R U OK?” DISCUSSIONS

- Think about whether you are “okay” to ask whether others are okay
- Schedule enough time in an appropriate location – it could go longer than a “quick chat”, and both parties will need recovery time
- Try to listen rather than problem-solve (at least initially)
 - Listen without assumptions and agendas
 - Be prepared to be declined
 - Clarify staff expectations
 - “How can we support you in managing this?”
- Use open ended vs closed questions
 - Rather than simply “R U OK?”,
 - “What’s been going well for you? What challenges have you been managing?”
 - “I’ve noticed you’ve been working really long hours lately – what’s been going on for you?”

FACILITATING "R U OK?" DISCUSSIONS

- Use of self-disclosure where appropriate
 - Modelling vulnerability and coping
- Share responsibility, increases available support network
 - Who can your staff go to if they're not okay?
 - Cascading conversations – avoids single point accountability

WHAT HAPPENS IF PEOPLE ARE NOT OKAY?

- Acknowledge and validate staff experiences
 - Validation vs reinforcement
 - It's okay to not be okay; a normal reaction to an abnormal environment
- Determine the type of support/s needed
 - Employee Assistance Program
 - Mental Health Care Plans
- Give permission to engage in health-promoting activities through our own actions
 - Walk the walk
- Communicate “what happens next”
 - In this context your role is not counsellor but facilitator
 - Also organise “check ins”

COMMON BARRIERS TO DISCLOSURE

- Readiness to change/window of tolerance
- Not wanting to “burden” others
 - Concern for manager wellbeing
- Feeling unsafe
 - Fear of being overwhelmed
 - Paranoia
- Lack of trust
 - That there won’t be negative consequences
- Lack of insight/language to articulate difficulties
 - Particularly if using defensive/avoidant coping strategies

WHAT TO DO IF SOMEONE ISN'T READY TO TALK

- Don't be afraid to ask again, but don't harass
- If they deny they have a problem, don't criticise them. Acknowledge they're not ready to talk
- Avoid a confrontation
- Tell them you're still concerned about changes in their behaviour and you care about them. Ask if you can check in with them again next week if you're still concerned.
- If you're worried about them, reach out to someone else close to that person to see if they have noticed the changes you have or whether they have concerns. You can encourage them to also check in.

HOW TO MANAGE INTOLERANCE OF UNCERTAINTY

- Uncertainty is inevitable, flexibility is key
- Need to help staff let go of what is out of their control and direct their efforts to things that are in their control
 - Energy vs distress relationship (locus of control and externalisation)
 - Role of routines useful here
 - Role of acceptance
- What can we provide some predictability around?
 - Units offered
 - Working arrangements
 - Support resources
 - Staff meetings and lectures
 - Key dates

HOW TO HELP STAFF FEELING OVERWHELMED

An important start can be to prioritise tasks:

1. Putting things to-do on a list frees your mind. But always question what is worth doing first.
2. Try limiting yourself to no more than eight tasks per quadrant. Before adding another one, complete the most important one first. Remember: It is not about collecting but finishing tasks.
3. Always maintain only one list for both business and private tasks. That way you will never be able to complain about not having done anything for your family or yourself at the end of the day.
4. Do not let you or others distract you. Do not let others define your priority. Plan in the morning, then work on your stuff. And in the end, enjoy the feeling of completion.
5. Finally, try not to procrastinate – Not even by over-managing your to-dos.

① Do First

First focus
on important tasks
to be done the same day.

② Schedule

Important, but
not-so-urgent stuff
should be scheduled.

③ Delegate

What's urgent,
but less important,
delegate to others.

④ Don't Do

What's neither urgent
nor important,
don't do at all.

MANAGING EXHAUSTION, COMPASSION FATIGUE AND BURNOUT

- Work collaboratively
 - Cascading conversations principles
- Make time to rest, relax and re-energise
 - Exercise
 - Make time for solitude
- Engage in positive self-talk
- Nurture out-of-work activities
- Cultivate both humour and curiosity
- Have realistic expectations for yourself and your colleagues

FOSTERING RESILIENCE AND EMPOWERMENT

- Create a psychologically safe work environment through trust, information sharing, social support
 - Destigmatise mental ill-health
 - Encourage leave taking
- Incentivise engagement in positive health behaviours*
 - E.g. finishing work on time, take a lunch break, having a weekend off – works on reinforcement principles on multiple levels, take photos of where you have been and post these. Through this process these strategies become both secondary and primary reinforcers.
 - Can also build in to outlook calendar
- Encourage cognitive flexibility, self-complexity, growth mindsets and self-compassion

FOSTERING RESILIENCE AND EMPOWERMENT

- Clear and consistent communication strategies
- Involvement in decision-making
 - Primarily around strategies to support themselves
- Flexible working conditions that facilitate achievement of core operational goals
- Encourage engagement in social activities
- Access to support at work