**Pastoral Compassion Fatigue**

**Compassion Fatigue**

Compassion fatigue is defined as a natural consequence and by-product of caring for, listening to and helping those traumatized or learning about and hearing stories of those traumatized.

**Who is Vulnerable?**

\* Those of us who have empathy and are exposed to a number of people with problems, exposed to trauma or who are traumatized.  
\* Trauma workers include police, emergency workers, therapists and pastors.  
\* We who have experienced trauma and trauma that remains unresolved. (The hurts and wounds of being a pastor)  
\* Those of us who view ourselves as saviors or rescuers.

Many of you may be facing the most difficult role of your life as a caregiver/minister.   You may find yourself in the midst of the most horrible disaster imaginable. Even though it is hard to imagine, God knew beforehand that you will be facing this disaster and He will provide the strength and energy to get you through!

Our concerns as a provider for caregivers and ministers are to provide information and care for you and your family, to ensure that you remain as a pastor without the stress, burnout, or fatigue that can come over time or through a natural disaster. As the largest provider of care for pastors, we are here for you!!! Don’t be afraid to call on us.

Listed below is an outline for your convenience. Please take time to read and share this with your family and staff. Even through tragedy, God’s love and provision will prevail if one is sensible and provide the necessary safeguards to ensure success. God is using you in such a time as this!

***Acute Episodic Trauma*** is a life threatening event that occurs to individuals or to an important other, over which they have no control, and is often the result of a natural disaster. The stress people feel can last up to one month without meeting the criteria for post-traumatic stress disorder (PTSD). (Phelps, 2005)

***Post-Traumatic Stress Disorder (PTSD)*** is exposure to a traumatic event during which one feels fear, helplessness, or horror. Afterward, victims re-experience the event through memories and nightmares. In children, it may be expressed by disorganized or agitated behavior. They often avoid the thoughts, feelings, activities, and places that may recall the trauma. As symptoms increase, they may have difficulty in falling asleep, displaying irritability or outbursts of anger, difficulty in concentrating, hypervigilance (overly watching or avoiding danger), and displaying exaggerated startled responses. (Barlow, Durand, 2005 & DSM IV)

***Traumatic experiences*** shake the foundations of our beliefs about safety and shatter our assumptions of trust. Because they are so far outside what we would expect, these events provoke reactions that are unusual and disturbing, they are typical and expectable. These are normal responses to abnormal events. (Baldwin, 2009)

While the immediate role for a caregiver is to provide support and services for the basic needs and safety of others, a caregiver also provides:

1. Active listening
2. A calm and safe place for others to share
3. Building empathy
4. Hope and spiritual comfort.

As a caregiver, one has to be careful that one manages his/her own feelings and behavior. This provides a calm and safe setting, and teaches others to handle stress now and in the future.

Another issue for caregivers is to avoid ***Secondary Trauma.*** Secondary trauma is also known as vicarious traumatization (Pearlam & Saakvitne, 1995) and compassion fatigue (Figley, 1995).

The people who work with trauma victims, such as counselors, rescue workers, social workers, ministers, etc., can experience PTSD-like symptoms experienced by direct victims in a disaster.

Expect this, if you work with or are exposed to the stories of many disaster/trauma victims, and take steps to protect yourself at the first sign of trouble.   Basically, there are three risk factors for secondary traumatization:

1. Exposure to the stories (or images) of multiple disaster victims.
2. Your empathic sensitivity to their suffering, and
3. Any unresolved emotional issues that relate (affectively or symbolically) to the suffering seen.

Aside from using whatever [**stress reduction**](http://www.trauma-pages.com/s/strmantd.php) or [**stress management**](http://www.isma.org.uk/help.htm) measures work best for you, there is little an emergency or disaster worker can do about the first two risk factors, but it does help reduce the risk for vicarious traumatization if you know your own personal vulnerabilities and unresolved upsetting issues. Those are the cases best referred to your colleagues, when possible. Beth Stamm has created a wonderful website particularly on [**Secondary Traumatization**](http://www.isu.edu/%7Ebhstamm/TS.htm) that discusses these issues in much greater detail, and Laurie Anne Pearlman has compiled a [selected bibliography](http://www.isu.edu/%7Ebhstamm/ts/vt.htm) of important references in the areas of vicarious and indirect trauma.

For many exposed individuals, especially those in the at-risk professions, participation in well-run CISD (**Critical Incident Stress Debriefing**) groups may also help resolve upsetting experiences more quickly, as long as participation is voluntary (not mandatory). Group debriefings may be adequate for most, but brief individual sessions might be needed for 10 - 20% of those suffering the most severe exposures. In fact, one value of debriefing groups is to help identify those workers needing additional attention.

\*\*\*Even the very best of professionals can develop secondary trauma, which can take on some of the same effects of their clients. In other words, those who spend more time with trauma victims will become more likely to become traumatized themselves.   One has to guard of being healthy so that you can bring a healthy service to others.

***12 Safeguards for Caregivers:***

1. Know your limitations.
2. Provide professional help for others—do not try to be everything to everyone (Messiah complex).
3. Form an accountability team to evaluate one’s level of health.
4. Take a break. Many caregivers don’t want to leave but often times cannot help others until they become strengthened themselves.
5. Give yourself permission to fully experience emotional reactions. Do not “bottle up” your feelings.
6. Set realistic goals for yourself, your ministry, and your outreach.
7. Learn and practice time management skills. Achieve a sense of balance in your professional and personal lives.
8. Limit what you share with other family members. Your family may not be as strong and carry the same load.
9. Recognize negative coping skills and replace them with positive skills. It is easy to see and feel everything negative. Results only come from positive coping skills.
10. Do not isolate yourself professionally. It is beneficial to have other support systems around you.
11. Remember your spirit-man. Many ministers neglect time in prayer, reading the word, and in prayer when disasters occur. It is essential to maintain through this difficult time.
12. Debriefing may be necessary to “unload”.

***How Shall I Help Myself and My Family?***There are a number of steps you can take to help restore emotional well being and a sense of control following a disaster or other traumatic experience, including the following:

* Give yourself time to heal. Anticipate that this will be a difficult time in your life. Allow yourself to mourn the losses you have experienced. Try to be patient with changes in your emotional state.
* Ask for support from people who care about you and who will listen and empathize with your situation. But keep in mind that your typical support system may be weakened if those who are close to you also have experienced or witnessed the trauma.
* Communicate your experience in whatever ways feel comfortable to you - such as by talking with family or close friends, or keeping a diary.
* Find out about local support groups that often are available such as for those who have suffered from natural disasters. These can be especially helpful for people with limited personal support systems.
* Try to find groups led by appropriately trained and experienced professionals. Group discussion can help people realize that other individuals in the same circumstances often have similar reactions and emotions.
* Engage in healthy behaviors to enhance your ability to cope with excessive stress. Eat well-balanced meals and get plenty of rest. If you experience ongoing difficulties with sleep, you may be able to find some relief through relaxation techniques.
* Establish or re-establish routines such as eating meals at regular times and following an exercise program. Take some time off from the demands of daily life by pursuing hobbies or other enjoyable activities.
* Avoid major life decisions such as switching careers or jobs, if possible, because these activities tend to be highly stressful.

Pastoral Care, Inc. is here to help assist you in good times and in those times that are challenging. We can provide a place for you and your family to go to rest and “re-load”. We can provide other professional services of legal help, counseling, medical assistance, artisan, and most of all…a safe and confidential place to call for prayer or just to talk with someone. We are here for you!!!

***How Do People Respond Differently Over Time?***

It is important for you to realize that there is not one 'standard' pattern of reaction to the extreme stress of traumatic experiences. Some people respond immediately, while others have delayed reactions - sometimes months or even years later. Some people have adverse effects for a long period of time, while others recover rather quickly.

And reactions can change over time. Some who have suffered from trauma are energized initially by the event to help them with the challenge of coping, only to later become discouraged or depressed.

A number of factors tend to affect the length of time required for recovery, including:

* The degree of intensity and loss. Events that last longer and pose a greater threat, and where loss of life or substantial loss of property is involved often take longer to resolve.
* A person's general ability to cope with emotionally challenging situations. Individuals who have handled other difficult, stressful circumstances well may find it easier to cope with the trauma.
* Other stressful events preceding the traumatic experience. Individuals faced with other emotionally challenging situations, such as serious health problems or family-related difficulties, may have more intense reactions to the new stressful event and need more time to recover.

***Ways Supervisors Can Help Workers Deal with  
                                           Secondary Trauma***

The following is excerpted from Salus (2004): To avoid burnout and to help caseworkers deal effectively with the effects of secondary trauma, supervisors can:

* Assist caseworkers in dealing with the emotional impact of the work by allowing them to share their thoughts and feelings about it.
* Offer ongoing or further support and validation to relieve line workers when a traumatic event occurs. The staff needs to be able to express their feelings and have opportunities to talk about their thoughts. If intrusive thoughts extend beyond the trauma experience, caseworkers need to learn to anticipate and manage them effectively. This also may be helpful when the traumas (e.g., floods or terrorism attacks) are not casework-related and may affect the entire community or the caseworker personally.
* Institute a trauma support group. Meetings should be regularly scheduled (e.g., at the same time twice a month) with the focus on the traumatic stress in caseworkers' lives.
* Initiate supportive activities on the unit level. For example, a practice could be started of co-workers helping with paperwork or assisting with home visits during particularly traumatic periods. Supervisors can establish flexible work schedules, including "mental health days" or days spent in the office not making home visits. Another option is to spend time in certain meetings discussing the personal side of work.
* Provide a religious or spiritual consultant to offer solace and counseling when children of fellow staff members are affected.
* Deliver training to create self-awareness regarding stress and how to manage it, how to understand the effects of trauma, and how to develop coping skills that enable staff to better manage trauma.

**Comparing Compassion Fatigue to Burnout**

**Compassion Fatigue:**

\* Preoccupation with absorbing trauma and emotional stresses of others.  
\* Symptoms similar to burnout, but onset is faster, with better opportunity to recover.  
\* May lead to burnout.

**Burnout:**

\* Subtle, over time and leads one to believe he or she is not meant for this type of work.  
\* Feelings of being ineffective, callous, negative, emotional absence, sarcastic and "stuck".

**Solutions:**

\* Jesus Himself too had a "time out" for prayer, meditation and rest!  
\* We have a tendency to do more, only to accomplish less! Time management is one of our biggest problems - "burning a candle at both ends"!  
\* Be aware of the enemy! Exercise, eat relaxed meals, spend time with your family and friends, and develop outside interests. Before counseling, reflect and reorganize thoughts, spend time in prayer and meditation, and celebrate closures.

Remember...You are the most important person in your life! You cannot help others unless you take care of yourself!! "Love your neighbor as yourself". Lev 19:18; Luke 10:27; Galatians 5:14.

**Self Assessment for Compassion Fatigue**

1. \_\_\_\_\_ Professional concerns commonly intrude on my professional role.  
2. \_\_\_\_\_ My colleagues or church members seem to lack understanding.  
3. \_\_\_\_\_ I find small changes are enormously draining.  
4. \_\_\_\_\_ I can't seem to recover quickly after association with a traumatic event.  
5. \_\_\_\_\_ Association with trauma affects me very deeply.  
6. \_\_\_\_\_ My client's stress affects me deeply.  
7. \_\_\_\_\_ I have lost my sense of hopefulness.  
8. \_\_\_\_\_ I feel vulnerable most of the time.  
9. \_\_\_\_\_ I feel overwhelmed by unfinished business, both personal and church.

Please refer to our section on Stress & Burnout for more information and helps.  It is important to note that even the best of pastors must be careful when dealing with tragedies and people who have suffered them.  If we can help you in any way, please give us a call!

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