

SECTION FIVE

EMOTIONAL AND SPIRITUAL CARE FOR

the Caregiver

Summary

Providing spiritual care in disaster can be an overwhelming experience. The burdens of caring for others in this context can lead to compassion fatigue. Understanding important strategies for self-care is essential for spiritual care providers. Disaster response agencies have a responsibility to model healthy work and life habits to care for their own staff in time of disaster.



Emotional and Spiritual Care for the Caregiver

THE ROLE OF DISASTER SPIRITUAL CARE PROVIDER is challenging even to well-trained and seasoned professionals. All the more so, persons unaccustomed to trauma can be overwhelmed when thrust into a role of caring for large numbers of people facing sudden loss, upheaval and chaos. This can take a great toll on the caregivers' own emotional, psychological and spiritual health.

People in crisis often turn to spiritual and religious resources for comfort and support. A report in *The Journal of Nervous and Mental Disease* (Roberts et al., 2003) cites evidence to show that 1) 90% of Americans turned to religion as a coping response after the terrorist attacks on September 11th in New York City (Schuster et al., 2001); 2) many people use spiritual resources in coping with problems that cause psychological trauma (Backus et al., 1995; Smith et al., 2000; Weinrich et al., 1990); and

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PASTOR BETH DROVE THE DUSTY ROAD BACK TO TOWN FROM ALAN AND HELEN'S FARM. She'd worked such long hours these last weeks. Many of her parishioners had suffered in one way or another. The funerals she had conducted now seemed distant and surreal, but the pain was still fresh. Nothing in her training or experience had prepared her for what had happened.

She was compelled to stop when she passed the warehouse Rev. Adams was using for a church office. Jim hadn't shown up at the ministerial alliance yesterday. Responding to the disaster had brought many of the religious leaders much closer, and it wasn't like Jim to miss a meeting.

She found him screaming at the copy machine and for a moment she mistook him for someone else. His eyes were red and puffy and his hands were shaking as he tried to dislodge a paper jam. "This *&*%\$ machine is no good!" he spat.



3) clergy are recognized for their role in helping address front-line mental health issues (Larson et al., 1988; Mannon and Crawford, 1996; Mobley et al., 1985).

Among the faith resources sought during times of stress and trauma are many thousands of community faith leaders, chaplains, faith group practitioners and lay spiritual care providers. Charles Figley, Ph.D. points out that they are among a variety of care providers who are at risk of compassion fatigue:

These individuals can experience frequent, repetitive, and cumulative exposure to trauma and high levels of extreme stress. Many front-line health and religious professionals suffer from secondary psychological trauma or compassion fatigue (Figley, 1995, 2002).

In the following excerpts from an interview in a respected online publication, Figley defines compassion fatigue and highlights the risks

“Jim, come sit down for a minute. Let me fix that. I missed you at the meeting yesterday. Is everything alright?”

They sat at a desk littered with empty paper cups obtained from multiple disaster response agencies. “I haven’t slept well for weeks,” admitted Jim, adding that he was running on adrenaline and caffeine. “Every time I nod off I relive the night of the storm. The roof of my house was torn off, and I was so afraid for my family. And now I’ve spent so much time listening to other people’s stories of loss that I don’t know where they end and I begin.”

Pastor Beth nodded, having had some of the same dreams. “Jim, I think you need to take some time off! I know that you feel incredible demands from your church and the community, but it would be good for your church and the community if you took some time to take care of YOU. I’m wondering if it wouldn’t also be a good idea to stop in and see the disaster mental health counselors at the Community Center. I’ve encouraged a number of my parishioners to see them.”



often encountered by those—including clergy—who provide care in the wake of disasters and other traumatic events:

Compassion fatigue is a state experienced by those helping people in distress; it is an extreme state of tension and preoccupation with the suffering of those being helped to the degree that it is traumatizing for the helper. . . The helper, in contrast to the person(s) being helped, is traumatized or suffers through the helper's own efforts to empathize and be compassionate. Often, this leads to poor self-care and extreme self-sacrifice in the process of helping. Together, this leads to compassion fatigue and symptoms similar to posttraumatic stress disorder (PTSD)...Helping other people—whether you're a volunteer or a medical doctor—requires empathy and compassion. You have to see the world through an individual patient's perspective, and compassion in that you not only understand their world view, but you're motivated to assist them. . .

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"I'm not crazy!" Jim exclaimed. "There's nothing wrong with me... I just need to get some sleep!"

"Of course you're not crazy, Jim," said Pastor Beth. "What you're going through is commonly experienced by many people after disasters. I've been to see the counselors myself, and found it really helpful to share with a trained professional the feelings and stresses I've been having."

"What kind of example is that," Jim sighed. "A minister that can't handle his own feelings?"

"Actually, Jim," Beth said, "I think it sets a wonderful example. It shows we recognize that everyone must take good care of him- or herself in the midst of this difficult time. We're all affected by disaster, and we all need help from one another."

"I'll think about it. Thanks, Beth, for your concern. And for fixing that copier!"

The main thing with regard to self-care is that those who are selfless and compassionate have an Achilles heel—they don't pay enough attention to themselves. So we have to save them from themselves. I'm a psychologist working at a college of social work, and one of the reasons I'm here is because there's a calling among social workers to help mankind, and to help the less fortunate. The people who are drawn to that are extraordinarily vulnerable to compassion fatigue. The same is true for the faith community, for nurses, even certain specialties within the military and Red Cross volunteers. There's a tendency to be selfless and to help other people. So they have to recognize that they're more vulnerable than most people because they neglect their own needs, despite what their children or spouses say. And even when they recognize it, when they have a choice to put a victim, a client, or a survivor ahead of themselves, they do that (Gould, 2005).

There is a relationship between community faith leader involvement in disaster response and an increase of the risk of compassion fatigue. Research cited, and performed, by Rabbi Stephen B. Roberts buttresses this notion. Roberts reports that a prior study by C.A. Darling showed that even in a non-disaster environment 9.1% of clergy were at extremely high risk, 7.8% were at high risk and 20.4% were at low to moderate risk for compassion fatigue. Roberts then cites his own research to reveal that when clergy are involved in disaster response these percentages increase significantly to 27.5% at extremely high risk, 11.7% at high risk, 28.1% at low to moderate risk (Roberts, et al. 2008). Another study by Roberts and his team, dealing exclusively with caregivers in the New York City September 11th response reports similar data, but adds the additional conclusion that when these same caregivers themselves receive appropriate support their risk diminishes (Roberts, et al. 2003). This data reinforces the need for disaster spiritual care providers to take both pre- and post-disaster measures to care for themselves.



In many disaster contexts, the majority of spiritual care providers will be the local clergy and faith leaders tending to the needs of the community. Many religious leaders *already* have unhealthy routines of being engrossed in work, without a clearly distinguished boundary between self and profession. When disaster strikes, these boundaries can disappear altogether. Long hours of work combined with physical deprivation lead to a state of acute vulnerability.

A number of self-scoring tests have been devised to monitor levels of stress associated with care giving. An excellent example is the Professional Quality of Life Scale (ProQOL). The test measures Compassion Satisfaction and Compassion Fatigue. Caregivers should be encouraged to take time periodically to assess their levels of stress associated with their work.¹³ When the results of these tests, however, reveal excessive stress and/or minimal coping resources, it would be wise to discuss the situation with a competent and caring counselor.

All along the disaster response continuum, caregivers will be tempted to pour themselves into this work in ultimately unhealthy ways. Yet maintaining a strong sustained response requires persons to remain vigilant to their own needs for self-care. Organizations concerned for the well-being and retention of experienced persons will make emotional, mental and spiritual care for the caregiver a top priority.

Caregivers themselves are often not attuned to these issues in themselves, thus the need for the leadership of their organizations to take responsibility in attending to the emotional, mental health and spiritual needs of their staff and volunteers. Further, organizations must not send mixed signals on this important point; that is, speaking about the importance of self-care but making no provision in scheduling for it. Leadership and management must personally model healthy work habits to encourage staff to do the same. (see DEC Points of Consensus #7 and DSC Points of Consensus #6)

Many organizations have learned from past experiences and have designed channels to provide for the long term needs of caregivers. The Resources Section of this guide includes links to programs and strategies for caregiver self-care.



Some tips and guidelines to mitigate Compassion Fatigue on the organizational level include:

Before Disaster Strikes:

- Training on issues of self-care, burn-out, empathy fatigue, and compassion fatigue
- Self-scoring tests such as the ProQOL to assess pre-disaster stress levels

During Emergency Response:

- Team alertness to needs for self-care
- Careful management of work loads of staff and volunteers
- Scheduling end-of-shift and end-of-job debriefing opportunities
- Periodic re-assessment of stress levels

After Emergency Response:

- Provision of special off-time for response workers
- Times of group observance and reflection on anniversaries of key events
- Demonstration of a commitment to provide professional mental health support



Some tips to mitigate Compassion Fatigue on the personal level include:

- Pamper yourself, you earned it!
- Get fresh air
- Listen to some music
- Keep a journal
- Eat regular well-balanced meals (even if you don't feel like it)
- Exercise
- Meditate or pray
- Reach out to other people
- Get plenty of rest
- It's OK not to feel OK, let others know how you feel
- Be aware that overuse of alcohol only numb feelings, it doesn't take them away

A disaster response worker must communicate openly with her/his own loved ones about how it feels to be deeply affected by the work. You might suggest to your loved ones that they:

- Spend time with you
- Listen carefully
- Reassure you that you are safe
- Give you some private time
- Help you with everyday tasks such as cleaning, cooking or taking care of children
- Don't minimize your experience
- Don't take your anger or other feelings personally

Fortunately, many important lessons have been learned about emotional, mental health and spiritual care for the caregiver. Applying these lessons along the disaster response continuum on personal and organizational levels promises to mitigate the threats inherent to those who reach out to provide care in times of disaster.

