Compassion Fatigue: Caring for the Caregiver

• This PowerPoint Presentation is designed to be part of an informational workshop on the subject of Compassion Fatigue. It is offered for educational and research purposes only. Please contact the author, Rev. Samuel Wood (sam00913@yahoo.com or 316.655.0423) for additional information regarding Compassion Fatigue education and training.
Compassion Fatigue: Caring for the Caregiver

Goals:
1. Provide an overview of Compassion Fatigue by the use of a “Compassion Fatigue Glossary”
2. Describe factors leading to Compassion Fatigue by the use of “Menu of Misconceptions”
3. Familiarize workshop with symptoms of Compassion Fatigue by describing a “Compassion Fatigue Trajectory”
4. Suggest practical ways of preventing CF by offering the “Caregiver’s Self-care Recipe”
5. List the actions necessary for recovery from Compassion Fatigue in a “Steps to Recovery”
6. Supply a Bibliography to support continued learning for Pastors and other Compassionate CareGivers.
“Compassion Fatigue Glossary”

Stress: *The nonspecific response of the human organism to any demand placed upon it.*

Suffering: *A state of severe distress* associated with events that threaten the intactness of the person.

Compassion: *Deep awareness of the suffering of another coupled with the wish to relieve it.*

Compassionate Mission: *Any endeavor by individuals, groups of individuals or organizations of alleviate the suffering of others.*

Compassion Fatigue: 1) *A state of tension and preoccupation with the individual or cumulative trauma of clients as manifested in one or more ways including re-experiencing the traumatic event, avoidance/numbing of reminders of the event, and persistent arousal.* 2) *The natural consequence of stress resulting from caring for and helping traumatized or suffering people or animals.*

Burnout: *a state associated with stress and hassles involved in your vocation.*
Menu of Misconceptions

1. I will “fix” the problem…make everything O.K… save the world…
2. I am responsible for outcomes.
3. If I care enough, everything will be O.K.
4. The sufferer/victim will appreciate everything I do for them.
5. I will have enough resources (time, money, material, skills and training) to fix things.
6. Significant people in my life with support and approve my absence from our relationship while I invest in this compassionate mission.
7. I know what I’m getting into.
8. I can do it alone.
9. If I’m spiritual enough, I can deal with the stress of working with suffering people.
10. My definition of success is…....
Compassion Fatigue Trajectory

• The Zealot Phase
• The Irritability Phase
• The Withdrawal Phase
• The Zombie Phase
• Pathology vs. Renewal/Maturation
Zealot Phase

- Committed, involved, available
- Solving problems/making a difference
- Willingly go the “extra mile”
- High enthusiasm
- Volunteers without being asked
The Irritability Phase

- Begin to cut corners
- Begin to avoid clients/patients
- Begin to mock co-workers and clients
- Begin to denigrate the people we serve
- Use of humor is inappropriate
- Oversights, mistakes and lapses of concentration
- Start distancing ourselves from friends and coworkers
The Withdrawal Phase

- Enthusiasm turns sour
- Clients become irritants, instead of persons
- We make complaints about our work life and our personal life
- Tired all the time, don’t want to talk about what we do.
- We start to neglect our family, clients, coworkers and ourselves
- We try to avoid our pain and sadness
The Zombie Phase

- Our hopelessness turns to rage
- We begin to hate people…any/all people
- Others appear incompetent or ignorant to us
- We develop a real distain for our clients
- We have…no patience…no sense of humor…no time for fun
Pathology and Victimization vs. Maturation and Renewal

- Overwhelmed and leaving the profession
- Somatic Illness
- Perpetuity of Symptoms

or

Hardiness
Resiliency
Transformation
A word about “symptoms”

Ø Nervousness and anxiety
Ø Anger and irritability.
Ø Mood swings.
Ø Flashbacks
Ø Difficulty concentrating
Ø Lowered self-esteem.
Ø Feeling less trusting of others and the world
Ø Withdrawing from others
Ø Changes in appetite, sleep or other habits.
Ø Physical changes
Ø Depression
Ø Self-Medication
Ø Self-Entitlement
A Caregiver’s Self-Care Recipe

• 1 part Self-Knowledge
• 1 part Self-Examination
• 1 part Resourcing
• 1 part Expectations
• 1 part Self-Care Strategy
• 1 part Plan for Re-entering a Normal Life
“Steps to Recovery”

- “Intentionality”
- “Connection”
- “Anxiety Management/Self-soothing”
- “Self-care”
- “Narrative”
- “Desensitization and Reprocessing”
- “Self-supervision”
Some Final Thoughts

1. Compassion Fatigue is always a possibility for those who care for others.
2. There is no compassion fatigue when all our caring is “successful”.
3. If you don’t care for yourself, physically, emotionally and spiritually, then eventually there will not be enough of you left to care for anyone else.
4. Compassion Fatigue – It’s not a character flaw!
“When Compassion Fatigue leaves, the Joy of Caring returns.”
Supplemental Information

• Since receiving a MDiv. from Saint Paul School of Theology, Rev. Samuel Wood has complete both an internship and residency in Chaplaincy, including work in psych, acute care and hospice settings. During a pastorate in the multi-ethnic setting of Puerto Rico, he started training in the discipline of Traumatology. Through this training, Rev. Wood has earned certification as a Field Traumatologist, a Master (certified) Traumatologist and as a Compassion Fatigue Educator. Rev. Wood is available to do workshops with local congregations, clergy groups and vocational groups whose clientele are suffering and traumatized persons. He is also available for debriefing and counseling with groups and individuals after the experience of natural or man-made disasters. He can be contacted at:

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Symptoms of Compassion Fatigue (intrusive)

- Thoughts and images associated with the client’s problems and pain.
- Obsessive or compulsive desire to help certain clients
- Client/work issues encroaching on personal time
- Inability to “let go” of mission related matters
- Perception of clients as fragile and needing your assistance
Symptoms of Compassion Fatigue (intrusive, cont.)

- Sense of inadequacy
- Sense of entitlement
- Perception of the world in terms of victims and perpetrators
- Personal activities interrupted by the mission
Symptoms of Compassion Fatigue (avoidance)

- Silencing Response (avoiding client’s stuff)
- Loss of enjoyment/cessation of self-care activities
- Loss of energy
- Loss of hope/sense of dread working with certain clients
- Loss of sense of competence/potency
- Isolation
- Secretive self-medication/addiction (alcohol, drugs, work, sex, food, spending, etc.)
- Relational dysfunction
Symptoms of Compassion Fatigue (arousal)

- Increased anxiety
- Impulsivity/reactivity
- Increased perception of demand/threat (in both job and environment)
- Increased frustration/anger
- Sleep disturbance
- Difficulty concentrating
- Change in weight/appetite
- Somatic symptoms
A Word about Sleep

• Sleep disruption is both:
  – A key indicator of Compassion Fatigue, and
  – One of the primary causes of Compassion Fatigue
A Word about Sleep

• Sleep Disruption is a key symptom of Compassion Fatigue
  – When a care giver’s sleep pattern is disrupted for an extended period of time, this is a key warning sign that something is wrong. If normal sleep patterns aren’t reestablished, this combined with other symptoms may indicate that the caregiver is developing “Compassion Fatigue”.
A Word about Sleep

• Disruption of Normal Sleep Patterns can be a primary cause of Compassion Fatigue
  – It is during normal “deep” sleep that much of the processing of the traumatic experiences occur. When sleep is disrupted (either shorten or disturbed), the traumatic experience can become lodged in the sympathetic nervous system. Over time an accumulation of these unprocessed traumatic experiences can lead to Compassion Fatigue.
Tidbits

• You’re responsible for your task, God is responsible for the outcomes.
• You’re not God.
• The need will always be greater than the resources.
• Use care in how you measure “success”
• Value small victories.
• Who you are is as important to the mission as what you do.
• Their pain is not your pain.
• Don’t take them home with you.
• Remember to care for your spirit, emotions and body so that there will be something left to give.