

# Self-Care

BY AUSMA O. MURSCH,  
THE REVEREND CANON STORM SWAIN  
& THE REVEREND STEPHEN HARDING

Ausma Mursch is the former Executive Director of Lutheran Counseling Service. Following 9/11, her agency offered spiritual care and counseling for individuals and families impacted by the disaster, and then established a self care program for religious leaders that has received national recognition.

The Reverend Stephen Harding, Editor, is an Episcopal priest in the Diocese of New York. After 9/11, he served in the Family Assistance Centers, the Respite Centers, and the Temporary Morgue at Ground Zero. He currently is the Director of Pastoral Care at NYU Medical Center and the Protestant Chaplain for the Fire Department of the City of New York.

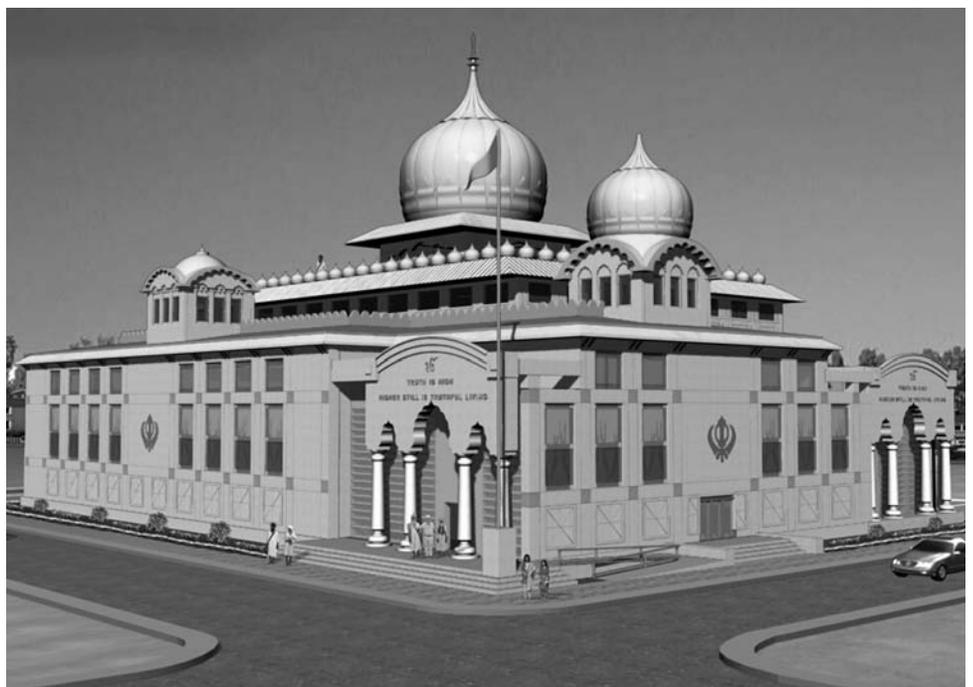
The Reverend Canon Storm Swain is the former Canon Pastor at the Cathedral of St. John the Divine and the Co-Chair of the Episcopal Diocese of New York’s Disaster Response Team. She is part of the Leadership Team of Disaster Chaplaincy Services – NY and serves on the NYDIS Board of Directors.

## Introduction

*Cura Animarum* is the Latin for “the care of the soul”. Spiritual leaders have been and continue to be in the business of caring for souls, forgetting that their own personal souls also need attending. Unless you take time to care for your own needs, you may not be effective in supporting others. This involves being vigilant in tending to one’s own care, one’s wholeness. In medical terms we would refer to it as a prescription for health. Such a prescription involves choosing a treatment plan, implementing the plan, and finally safeguarding that plan so that it cannot be sabotaged. Sometimes it involves reaching out for support and encouragement.

“Faith is a bird that sings to the dawn, while it is still dark.” Kabir, the Indian religious poet, wrote these powerful words many centuries ago. They still evoke meaning for us today, as we so often become victims of the darkness, forgetting the “light giving” resources of our faith and our faith communities.

This is especially true in a disaster. While the information below is intended to help one cope during a disaster, they are also part of a balanced lifestyle. In general, not paying attention to these things as part of one’s leadership style is not good, and one’s personal well-being is exacerbated during a disaster.





Unless you take time to care for your own needs, you may not be effective in supporting others.

As part of one's preparedness plan it is important to be aware of the normal signs and symptoms that occur during a disaster. Such knowledge would also be useful in helping others who may be in need of support – identify the following in advance:

- What nourishes you?
- Who can you talk to about your experience as (a) religious leader or chaplain?
- What is your support structure?
- Are you spending enough time with your family and your friends?
- Are you currently doing any of the following:
  - Exercising
  - Paying attention to your spiritual practices
  - Eating nutritious food
  - Finding the time you need for yourself
  - Doing things that give you pleasure

A number of self-care questionnaires are provided as the appendix to this chapter. It is suggested that you familiarize yourself with the content and complete them after a crisis situation has occurred.

It is important to be aware of the normal reaction and symptoms that occur during a disaster for one's own well-being and in support of others. There are many helpful resources, herein we have noted one specific resource from the US Department of Health and Human Services – Substance Abuse and Mental Health Services Administration (SAMHSA) website, [www.mentalhealth.samhsa.gov](http://www.mentalhealth.samhsa.gov).

## **GUIDELINES AND INTERVENTIONS FOR RELIGIOUS LEADERS**

### **Individual Approaches for Stress Prevention and Management<sup>1</sup>**

1. Manage workload:
  - Set priority levels for tasks with a realistic work plan.
  - Delegate existing workloads so workers are not attempting disaster response in addition to their usual jobs.

### 2. Balance lifestyle:

- Get physical exercise and stretch muscles when possible.
- Eat nutritiously and avoid excessive junk food, caffeine, alcohol, or tobacco.
- Get adequate sleep and rest, especially on longer assignments.
- Maintain contact and connection with primary social supports.

### 3. Apply stress reduction techniques:

- Reduce physical tension by such activities as taking deep breaths, meditating, and walking mindfully.
- Use time off for exercising, reading, listening to music, taking a bath, talking to family, or getting a special meal.
- Talk about emotions and reactions with coworkers during appropriate times.

### 4. Practice self-awareness:

- Learn to recognize and heed the early warning signs of stress reactions.
- Accept that you may need help to assess problematic stress reactions.
- Avoid overly identifying with survivors'/victims' grief and trauma, which may interfere with discussing painful material.
- Understand differences between professional helping relationships and friendships.
- Examine personal prejudices and cultural stereotypes.
- Be mindful that vicarious traumatization or compassion fatigue may develop.
- Recognize when a personal disaster experience or loss interferes with effectiveness.

### **Normal Reactions to a Disaster Event**

- No one who responds to a mass casualty event is untouched by it.
- Profound sadness, grief, and anger are normal reactions to an abnormal event.
- You may not want to leave the scene until the work is finished.
- You will likely try to override stress and fatigue with dedication and commitment.
- You may deny the need for rest and recovery time.
- You may experience guilt or other emotions more fully or less fully than you usually do.



It is important to be aware of the normal reaction and symptoms that occur during a disaster for one's own well-being and in support of others.

### Signs That You May Need Stress Management Assistance

- Disorientation or confusion and difficulty communicating thoughts.
- Difficulty remembering instructions.
- Difficulty maintaining balance.
- Becoming easily frustrated and being uncharacteristically argumentative.
- Inability to engage in problem-solving and difficulty making decisions.
- Unnecessary risk-taking.
- Tremors/headaches/nausea.
- Tunnel vision/muffled hearing.
- Colds or flu-like symptoms.
- Limited attention span and difficulty concentrating.
- Loss of objectivity.
- Inability to relax when off-duty.
- Refusal to follow orders or to leave the scene.
- Increased use of drugs/alcohol.
- Unusual clumsiness.
- Disruption of prayer life.
- Insomnia.
- Becoming angry.
- Feeling unseen and/or unheard.
- An increase in taking over the counter drug.

### Ways to Help Manage Stress

- Limit on-duty work hours to what you can do and still be effective.
- Work until cognitive decision-making is affected.
- Rotate work from high stress to lower stress functions.
- Rotate work from the scene to routine assignments, as practicable.
- Use counseling assistance programs available through your agency.
- Drink plenty of water, and eat healthy snacks like fresh fruit, whole grain breads, and other energy foods.
- Take frequent, brief breaks from the scene as practical.
- Talk about your emotions to process what you have seen and done.
- Stay in touch with your family and friends.

- Participate in memorials, rituals, and use of symbols as a way to express feelings.
- Pair up with another responder so that you may monitor one another's stress.
- Remember to keep praying and to use the resources of your own faith tradition for yourself.

### Care for Religious Leaders

1. It's important for religious leaders to know that people may have one, some or all of the following feelings and reactions after a trauma or disaster. These are common and normal reactions to a traumatic event.
  - Anger at God
  - Feeling distant from God
  - Withdrawal from one's place of worship
  - Uncharacteristic involvement in/with the house of worship
  - Sudden turn toward God
  - Familiar faith practices seem empty (prayers, scriptures, hymns)
  - Religious rituals and sacraments seem empty
  - Belief that God is powerless
  - Loss of meaning and purpose
  - Sense of isolation (from God, worshipping community, religious leader(s))
  - Questioning of one's basic beliefs
  - Anger at religious leader(s)
  - Believing God is not in control
  - Believing God doesn't care
  - Belief that we have failed God<sup>2</sup>

In addition, Pastor Tom Taylor (a Lutheran) offers personal reflections related to self-care that may be helpful. These can be found on the Lutheran Disaster Response of New York (LDRNY) website: [www.ldrny.org](http://www.ldrny.org)



If you suspect that you have compassion fatigue, please consult with either a mental health professional or a colleague who is knowledgeable about it.

## Recommendations

1. Religious leaders should never defend God. As my CPE supervisor reminded me after one of my verbatim reports: “God doesn’t need a defense attorney. God needs you to listen!”
2. When words are in doubt, silence is golden. Physical presence is more important than carefully constructed theological statements.
3. Language that is not helpful may include phrases such as: “I know how you feel” if you don’t. It is better to say, “I don’t know how you feel; can you share with me what it is like?”
4. Religious leaders should never use the following phrases: “This was God’s will,” “God took your loved one because he needed an angel in heaven,” “Your husband is better off in heaven with God.” Also, if someone makes these statements to a religious leader, the religious leader should never correct them, I know the temptation is there but don’t do it!
5. On self-care: Religious leaders need to know that listening to another’s trauma can lead to secondary trauma or what is sometime called compassion fatigue or vicarious traumatization (see below). Some handle it better than others.
6. Have a mentor/friend who will listen, not judge, but also will be honest in reflecting back what he/she sees how you are functioning.
7. A spiritual director can be as important as a therapist. Absolutely!
8. Have activities, hobbies or interests outside of the house of worship — a hobby, sport, reading....etc.

9. Keeping a journal of personal experiences, feelings and thoughts – they can be very helpful in processing the experience in a healthy way.
10. Let family members know if you are stressed out or zoned out because of dealing with a crisis experience. Spouses and children may think their behavior is at fault, if a religious leader is moody or spaced out. I know from personal experience!
11. Keep a sense of humor, where appropriate, of course! It is a lifesaver.<sup>2</sup>

## Compassion Fatigue

One of the dangers in providing spiritual care and/or emotional support is the inherent risk of secondary trauma – of being traumatized simply by hearing the direct victims’ own experience of what the disaster or trauma was like for them. This phenomenon is known as secondary stress disorder, vicarious traumatization, and/or compassion fatigue.

Because secondary trauma can have the same or similar symptoms as primary trauma, or later, Post Traumatic Stress Disorder (PTSD), we are listing them here so that you can recognize them in others or in yourself. If you suspect that you have compassion fatigue, please consult with either a mental health professional or a colleague who is knowledgeable about it.

**N.B.** Post-Traumatic Stress Disorder (PTSD) requires an ‘incubation period’ of thirty (30) days from the time of the trauma before it can be diagnosed as PTSD. If a diagnosis is made within the first thirty days after traumatization, the diagnosis may be Acute Stress Disorder. (For further information, please contact a mental health professional.)



Burnout is the state of physical, emotional, and mental exhaustion caused by a depletion of ability to cope with one's environment and the demands of one's daily life.

### The three symptom clusters of PTSD<sup>3</sup> are:

#### Intrusion

1. Recurrent and intrusive distressing recollections of the event, including thoughts, images, and perceptions;
2. Recurrent distressing dreams of the event;
3. Acting or feeling as if the traumatic event was recurring (including a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes);
4. Intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event;
5. Physiological reactivity or exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.

#### Avoidance

1. Efforts to avoid thoughts, feelings, or conversations associated with the trauma;
2. Efforts to avoid activities, places, or people that arouse recollections of the trauma;
3. Inability to recall an important aspect of the trauma;
4. Markedly diminished interest or participation in significant activities;
5. Feeling of detachment or estrangement from others;
6. Restricted range of affect (e.g., unable to have loving feelings);
7. Sense of a foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span).

#### Arousal

1. Difficulty falling or staying asleep;
2. Irritability or outbursts of anger;
3. Difficulty concentrating;
4. Hypervigilance;
5. Exaggerated startle response.

Like PTSD, burnout can affect anyone. *Burnout is the state of physical, emotional, and mental exhaustion caused by a depletion of ability to cope with one's environment and the demands of one's daily life.* Post-traumatic stress disorder is an anxiety disorder caused by exposure to an overwhelming traumatic event, in which the person later repeatedly re-experiences the event.

**Compassion Fatigue**, however, is a state that uniquely affects caregivers, e.g. religious leaders, emergency workers, and psychotherapists, due to working with traumatized populations. Immediately following 9/11, or any disaster, you may have spent days, months, and longer listening to personal testimonies of the grief and trauma experienced by members of your faith community. Constant exposure to this kind of secondary traumatic stress, coupled with your own experiences, puts you at risk for Compassion Fatigue. Figley (1996) defines Compassion Fatigue as “*a state of tension and preoccupation with the individual or cumulative trauma of clients.*”

Religious leaders and other caregivers can develop resiliency to the effects of crisis by maintaining a system for personal self-care. Key to this self-care system is the establishment of healthy habits and the development of skills that help you to maintain a balance in your life. By maintaining this balance through comprehensive self-care, one can become more effective, energetic, creative, and enthusiastic – both personally and professionally. Also, as religious leaders, one can become models of wellness and faith for the people for whom you care.



If the religious leader does not practice good self-care, caring for others can be overwhelming.

**Remember:** By responding to the needs of others, spiritual caregivers are always at risk for compassion fatigue or secondary trauma. Self-care is essential to remain effective through all phases of a disaster!

If the religious leader does not practice good self-care, caring for others can be overwhelming. Compassion Fatigue may occur particularly in individuals who are in a position of helping and supporting others. Religious leaders are on the list of helping professions that may be susceptible to Compassion Fatigue. It is critical to assess one's compassion fatigue symptoms using a tool such as "The Compassion Fatigue Scale-Revised" (Figley, Baranowsky & Gentry; *please refer to Appendices D and E of this chapter*). This is especially important in times when the demand for support is high. Continual provision of spiritual care and emotional support above and beyond the already established high expectations for religious leaders makes those lacking established systems for self-care even more vulnerable. Pay attention to yourself!

**Conclusion:** Caring for one's self may initially appear selfish. However, in order to remain an effective caregiver to those affected by a disaster, awareness of and provision for one's own well-being and provision for same needs to be maintained throughout all phases of a disaster.

*Editor's Note: The resources and websites listed here are provided by the authors as resources for issues raised in this chapter. For a list of all the resources provided in this manual, please refer to Chapter 10, just before the Reference Section.*

## RESOURCES

Academy of Traumatology: <http://www.traumatologyacademy.org>.

The Lutheran Counseling Center (LCC), with support from LDRNY, has put together a comprehensive, holistic health and wellness pilot program designed especially for pastors. LCC's pastoral health and wellness program offers pastors tools to create personal health and wellness, through professional support, small groups of colleagues working with you, educational forums, and interactive web site consultation: [www.lcc132.org](http://www.lcc132.org).

Lutheran Disaster Response New York (LDRNY): [www.ldrny.org](http://www.ldrny.org).

US Department of Health and Human Services – Substance Abuse and Mental Health Services Administration:  
<http://www.mentalhealth.samhsa.gov/publications/allpubs/tips/disaster.pdf>.

## Bibliography:

Adams, John D. *Understanding and Managing Stress* (San Diego: University Associates, Inc., 1980).

Bloom, Rabbi Jack H. *The Rabbi As Symbolic Exemplar: By the Power Vested in Me*. New York, The Haworth Press, 2002.

Domar, Alice D. *Self-Nurture: Learning to Care for Yourself as Effectively as You Care for Everyone Else*. New York: Penguin USA, 2001.

Gentry, Eric, *Instructional Manual Version 4.3*, Traumatology Institute, University of South Florida Revised 3/07/02.

Haalas, Wagstrom Gwen. *The Right Road...Life Choices for Clergy* Fortress Press, 2004.

Hands, Donald R. and Fehr, Wayne L. *Spiritual Wholeness for Clergy: A New Psychology of Intimacy with God, Self, and Others*. Bethesda, MD: The Alban Institute, 1994.

Harbaugh, Gary. *Care for the Caregiver*, Augsburg Press, 2001.

Kornfeld, Margaret. *Cultivating Wholeness*. New York: The Continuum International Publishing Group, Inc., 2002.

Melander, Rochelle and Eppley, Harold. *The Spiritual Leader's Guide to Self-Care*. Bethesda, Md.: The Alban Institute, 2002.

Oswald, Roy M. *Clergy Self-Care: Finding a Balance for Effective Ministry*. Bethesda, MD: The Alban Institute, 1991.

Vineyard, S. *How To Take Care of You*. Heritage Arts Publishing, Downers Grove, IL 1987.

This Chapter has the following Appendices:

Appendix A: Model Self-Care Programs

Appendix B: Standards of Self-Care (Traumatological Institute)

Appendix C: Clergy Burnout Inventory (CBI)

Appendix D: Compassion Satisfaction/Fatigue Self-Test

Appendix E: Compassion Satisfaction/Fatigue Interpretation Scale

---

<sup>1</sup> From the US Department of Health and Human Services – Substance Abuse and Mental Health Services Administration website:  
<http://www.mentalhealth.samhsa.gov/publications/allpubs/tips/disaster.pdf>.

<sup>2</sup> Items 1 (p.24) and 1-11 (p.25) are from Pastor Tom Taylor, in resources/spiritual care on the LDRNY website, [www.ldrny.org](http://www.ldrny.org)

<sup>3</sup> From “Diagnostic Criteria for 309.81 Posttraumatic Stress Disorder,” DSM-IV, American Psychiatric Association, Washington, DC, 1994, p. 428

<sup>4</sup> From the Academy of Traumatology Green Cross’ website. These standards and more information can be found at <http://www.traumatologyacademy.org>.

### MODEL SELF-CARE PROGRAMS

---

#### Comprehensive Health and Wellness Program:

##### *“Consultation Circles for Personal and Professional Growth and Renewal”*

###### Description of the Circles Program

In 2003, in response to the need for a program that might provide care for the caregiver, most especially religious leaders in the aftermath of 9/11, the **Lutheran Counseling Center** launched a successful yearlong proactive health and wellness pilot project, tailored for religious leaders, to promote and sustain habits of wellness. The ***Consultation Circles for Personal and Professional Growth and Renewal*** initiative was designed to address the comprehensive health and wellness of religious leaders in a very personal way, yet in a group context for the purpose of providing a sense of support as well as mutual accountability. Due to the well-documented link between the health of spiritual leaders and the vitality of their faith communities, the ***Consultation Circles Program*** was grounded in the concept that by helping religious leaders care for themselves, the ultimate beneficiaries would be the faith communities they serve. The goal of the program was to assist religious leaders in adopting a self-care process for increased effectiveness and empowerment in their personal and professional lives.

Through the utilization of resources from well-known and respected health and wellness experts, ***Consultation Circles for Personal and Professional Growth and Renewal*** offers a completely innovative, fresh approach to self-help. The program is carried out through Consultation Circles consisting of a maximum of eight members. Each Circle is part of a three-stage process. The program is a comprehensive program that involves a twelve-month commitment by the participants. A key and distinctive component of the program is the built-in system of accountability that helps to keep participants motivated and connected.

Through the program one also receives:

- Support for the development of a personal plan for health and wellness.
- Professional support personnel to help create and follow a personal prescription for wellness.
- A small group of colleagues and a group facilitator with whom to meet for collegial support, spiritual and professional discussions, and accountability.
- Educational forums that can address issues related to family dynamics, establishing and maintaining personal boundaries for good mental health and overall wellness, establishing and nurturing spiritual disciplines, personal finances and financial planning and identifying symptoms of Compassion Fatigue and the necessary self-care disciplines and resources to develop resiliency to Compassion Fatigue.
- Skills for addressing issues affecting personal and professional effectiveness.
- A process for personal renewal and health maintenance.
- A program for modeling wholeness and wellness in the context of one’s daily life and vocation.

In **Stage One** of the program, through regular group meetings and individual consultations, relationships are established with other group members and the Consultation Circle facilitator. Throughout Stage One, participants work collaboratively with a team of wellness advisors and the Circle facilitator to develop a personal prescription for growth and renewal by establishing attainable goals in the areas of physical, spiritual and mental wellness as well as a vocational calling. Participants also take part in educational forums and in a comprehensive assessment to identify areas of health strengths and risks to provide a basis for the development of personal goals.

**Stage Two** begins the implementation of one’s personal prescription plan, which is designed to enhance identified strengths and provide opportunities for growth and change in the areas of deficiency. To support the identified health and wellness goals, one would follow a schedule of tasks, activities, and prescribed practices. During this stage, each Consultation Circle reconvenes on a monthly basis for educational forums, mutual accountability, and collegial support.

### MODEL SELF-CARE PROGRAMS

---

**Stage Three** involves the application of learned insights and newly established skills and habits in the context of one's professional life. Participants are encouraged and supported in making such applications; they are also guided in well-established processes for responding to issues and crises specific to one's faith community, as well as those of the wider community. One's Consultation Circle would reconvene on a monthly basis for these purposes, as well as continued accountability and collegiality.

#### Program Availability

The program is available to faith-based organizations who are interested in contracting for this one-year self-care accountability model program.

#### Consultation Circles Program Evaluation and Resources

Group Facilitators respond to the question:

“What was the most outstanding outcome as a result of the program?”

- *“The program clearly served as a motivator to alter members' behaviors and health needs.”*
- *“It has the potential to be a bellwether in spiritual care and support.”*
- *“The participants high level of investment in the process.”*
- *“The program gave a way for participants to respond to unpressured and non-judgmental self-examination.”*

Participants respond to the question:

- *“What aspect of the program was most helpful?”*
- *“The fact that I was accountable to and supported by a group of colleagues who were also sharing in their experiences.”*
- *“Someone was there to listen and support me.”*
- *“The process was flexible and yet accountability based.”*
- *“The positive change in my personal life that occurred as a result of my participation.”*
- *“The openness of the group process.”*
- *“My commitment to the process. I blocked it out on my calendar as my time.”*
- *“The professional skill of the facilitator to be there but not to interfere with the process.”*

Resources from this program are available by contacting the Lutheran Counseling Center at [www.lcc132.org](http://www.lcc132.org), or ([ausmam@aol.com](mailto:ausmam@aol.com))

### **STANDARDS OF SELF-CARE PROGRAMS**

---

These Standards of Self Care from the Academy of Traumatology Green Cross<sup>4</sup>, based at Florida State University, are intended as interventions to be followed – for oneself – throughout all phases of a disaster.

#### **I. Purpose of the Guidelines**

As with the standards of practice in any field, the practitioner is required to abide by standards of self-care. These Guidelines are utilized by all members of the Green Cross. The purpose of the Guidelines is twofold: First, **do no harm to yourself** in the line of duty when helping/treating others; Second, **attend to your physical, social, emotional, and spiritual needs** as a way of ensuring high quality services for those who look to you for support as a human being.

**II. Ethical Principles of Self-Care in Practice:** These principles declare that it is unethical *not* to attend to your self-care as a practitioner, because sufficient self care prevents harming those we serve.

1. Respect for the dignity and worth of self: A violation lowers your integrity and trust.
2. Responsibility of self-care: Ultimately, it is your responsibility to take care of yourself, and no situation or person can justify neglecting it.
3. Self-care and duty to perform: There must be a recognition that the duty to perform as a helper cannot be fulfilled if there is not, at the same time, a duty to self-care.

#### **III. Standards of Humane Practice of Self-Care**

1. Universal right to wellness: Every helper, regardless of her or his role or employer, has a right to wellness associated with self-care.
2. Physical rest and nourishment: Every helper deserves restful sleep and physical separation from work that sustains them in their work role.
3. Emotional rest and nourishment: Every helper deserves emotional and spiritual renewal both in and outside the work context.
4. Sustenance modulation: Every helper must utilize self-restraint with regard to what and how much they consume (e.g., food, drink, drugs, stimulation) since it can compromise their competence as a helper.

#### **IV. Standards for Expecting Appreciation and Compensation**

1. Seek, find, and remember appreciation from supervisors and clients: These and other activities increase worker satisfaction that sustain them emotionally and spiritually in their helping.
2. Make it known that you wish to be recognized for your service: recognition also increases worker satisfactions that sustain them.
3. Select one or more advocates: They are colleagues who know you as a person and as a helper and are committed to monitoring your efforts at self care.

#### **V. Standards for Establishing and Maintaining Wellness**

##### **Section A. Commitment to self care**

1. Make a formal, tangible commitment: Written, public, specific, and measurable promise of self-care.
2. Set deadlines and goals: The self-care plan should set deadlines and goals connected to specific activities of self-care.
3. Generate strategies that work and follow them: Such a plan must be attainable and followed with great commitment and monitored by advocates of your self-care.

##### **Section B: Strategies for letting go of work**

1. Make a formal, tangible commitment: Create a written, public, specific, and measurable promise of letting go of work in off hours and embracing rejuvenation activities that are fun, stimulating, inspiring, and generate joy of life.
2. Set deadlines and goals: The “letting go of work” plan should set deadlines and goals connected to specific activities of self-care.
3. Generate strategies that work and follow them: Such a plan must be attainable and followed with great commitment and monitored by advocates of your self-care.

## **STANDARDS OF SELF-CARE PROGRAMS**

---

### **Section C. Strategies for gaining a sense of self care achievement**

1. Strategies for acquiring adequate rest and relaxation: The strategies are tailored to your own interest and abilities which result in rest and relaxation most of the time.
2. Strategies for practicing effective daily stress reductions method(s): The strategies are tailored to your own interests and abilities in effectively managing your stress during working hours and off-hours with the recognition that they will probably be different strategies.

### **VI. Inventory of Self Care Practice — Personal**

#### **Section A: Physical**

1. Body work: Effectively monitoring all parts of your body for tension and utilizing techniques that reduce or eliminate such tensions.
2. Effective sleep induction and maintenance: An array of healthy methods that induce sleep and a return to sleep under a wide variety of circumstances including stimulation of noise, smells, and light.
3. Effective methods for assuring proper nutrition: Effectively monitoring all food and drink intake and lack of intake with the awareness of their implications for health and functioning.

#### **Section B: Psychological**

1. Effective behaviors and practices to sustain balance between work and play.
2. Effective relaxation time and methods.
3. Frequent contact with nature or other calming stimuli.
4. Effective methods of creative expression.
5. Effective skills for ongoing self-care:
  - a. Assertiveness
  - b. Stress reduction
  - c. Interpersonal communication
  - d. Cognitive restructuring
  - e. Time management
6. Effective skill and competence in meditation or spiritual practice that is calming.
7. Effective methods of self-assessment and self-awareness.

#### **Section C: Social/interpersonal**

1. Social supports: At least five people, including at least two at work who will be highly supportive when called upon.
2. Getting help: Knowing when and how to secure help – both informal and professional – and knowing that the help will be delivered quickly and effectively.
3. Social activism: Being involved in addressing or preventing social injustice that results in a better world and a sense of satisfaction for trying to make it so.

### **VII. Inventory of Self Care Practice – Professional**

1. Balance between work and home: Devoting sufficient time and attention to both without compromising either.
2. Boundaries/limit setting: Making a commitment and sticking to it regarding:
  - a. Time boundaries/overworking
  - b. Therapeutic/professional boundaries
  - c. Personal boundaries
  - d. Dealing with multiple roles (both social and professional)
  - e. Realism in differentiating between things one can change and accepting those things that one cannot change or that can only be changed by others

## **STANDARDS OF SELF-CARE PROGRAMS**

---

3. Getting support/help at work through:
  - a. Peer support
  - b. Supervision/consultation/therapy
  - c. Role models/mentors
4. Generating work satisfaction by noticing and remembering the joys and achievements off the work

### **VIII. Prevention Plan development**

1. Review current self-care and prevention functioning.
2. Select one goal from each category.
3. Analyze the resources for and resistances to achieving goal.
4. Discuss goal and implementation plan with support person.
5. Activate plan.
6. Evaluate plan weekly, monthly, yearly with support person.
7. Notice and appreciate the changes.

**CLERGY BURNOUT INVENTORY**

*Editor's Note: In the interest of faithfulness to the author's work and research, we have chosen to leave the survey instrument as it was written rather than rewriting (and changing) a research instrument to be one with more inclusive language.*

**CLERGY BURNOUT INVENTORY (CBI)**  
**Developed by Roy M. Oswald, The Alban Institute, Inc.**

*For each question, circle the number from 1 to 6 that best describes you. Then add all your answers for your total score.*

1. The extent to which I am feeling negative or cynical about the people with whom I work.  

1	2	3	4	5	6
Optimistic about parishioners					Cynical about parishioners
  
2. I enjoy my work and look forward to it regularly.  

1	2	3	4	5	6
High internal energy for my work					Loss of enthusiasm for my job
  
3. The extent to which I invest myself emotionally in my work in the parish.  

1	2	3	4	5	6
Highly invested emotionally					Withdrawn and detached
  
4. The extent to which fatigue and irritation are part of my daily experience.  

1	2	3	4	5	6
Cheerfulness, high energy much of the time					Tired and irritated much of the time
  
5. The extent to which my humor has a cynical, biting tone.  

1	2	3	4	5	6
Humor reflects a positive joyful attitude					Humor is cynical and sarcastic
  
6. The extent to which I find myself spending less and less time with my parishioners.  

1	2	3	4	5	6
Eager to be involved with parishioners					Increasing withdrawal from parishioners
  
7. The extent to which I am becoming less flexible in my dealings with members of my house of worship.  

1	2	3	4	5	6
Remaining open and flexible with parishioners' needs and wants					Becoming more fixed and rigid in dealing with parishioners
  
8. The extent to which I feel supported in my work.  

1	2	3	4	5	6
Feeling fully supported					Feeling alone and isolated

**CLERGY BURNOUT INVENTORY**

9. The extent to which I find myself frustrated in my attempts to accomplish tasks important to me.
- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 1   | 2 | 3 | 4 | 5 | 6   |
| Reasonably successful<br>in accomplishing tasks |   |   |   |   | Mainly frustrated<br>in accomplished<br>tasks |
10. The extent to which I am invaded by sadness I can't explain.
- |                      |   |   |   |   |                         |
|----------------------|---|---|---|---|-------------------------|
| 1                    | 2 | 3 | 4 | 5 | 6                       |
| Generally optimistic |   |   |   |   | Sad much of the<br>time |
11. The extent to which I am suffering from physical complaints (e.g., aches, pains, headaches, lingering colds, etc.).
- |                                     |   |   |   |   |  |
|-------------------------------------|---|---|---|---|--|
| 1                                   | 2 | 3 | 4 | 5 | 6  |
| Feeling healthy<br>most of the time |   |   |   |   | Constantly<br>irritated<br>by physical<br>ailments |
12. The extent to which sexual activity seems more trouble than it is worth.
- |               |   |   |   |   |  |
|---------------|---|---|---|---|--|
| 1             | 2 | 3 | 4 | 5 | 6  |
| Sex is a high |   |   |   |   | Sexual activity is<br>just another<br>responsibility |
13. The extent to which I blame others for problems I encounter.
- |                                    |   |   |   |   |  |
|------------------------------------|---|---|---|---|--|
| 1                                  | 2 | 3 | 4 | 5 | 6  |
| Minimal blaming<br>or scapegoating |   |   |   |   | Others are usually<br>to blame for<br>the malaise<br>I'm feeling |
14. The extent to which I feel guilty about what is not happening in this parish or with parishioners.
- |            |   |   |   |   |                                       |
|------------|---|---|---|---|---------------------------------------|
| 1          | 2 | 3 | 4 | 5 | 6                                     |
| Guilt free |   |   |   |   | Feeling guilty<br>much of<br>the time |
15. The extent to which I am biding my time until retirement or a change of job.
- |                              |   |   |   |   |                                      |
|------------------------------|---|---|---|---|--------------------------------------|
| 1                            | 2 | 3 | 4 | 5 | 6                                    |
| Highly engaged in<br>my work |   |   |   |   | Doing what I<br>have to<br>to get by |
16. The extent to which I feel used up and spent.
- |                                      |   |   |   |   |                               |
|--------------------------------------|---|---|---|---|-------------------------------|
| 1                                    | 2 | 3 | 4 | 5 | 6                             |
| High source of energy<br>for my work |   |   |   |   | Feeling empty<br>and depleted |

**Total score (sum of all numbers circled) \_\_\_\_\_**

## CLERGY BURNOUT INVENTORY

---

Total score (sum of all numbers circled) \_\_\_\_\_

- 0-32**     **Burnout is not an issue**
- 33-48**   **Bordering on burnout**
- 49-64**   **Burnout is a factor in my life**
- 65-80**   **You are a victim of extreme burnout. Your life needs a radical change so you can regain your health and vitality.**

Before going on, take a minute to fully absorb the meaning of your total score. If you have a score of forty or less, burnout is not really a factor in your life as a spiritual leader. If your stress and strain scores are of concern to you, you may want to focus more on the self-care strategies that deal with stress.

If you have a score of fifty or more, the recommendation is that you seriously look at the impact that burnout is having on your ministry and primary relationships and what is causing you to be burned out. The following reflection questions may help you focus:

1. Because burnout usually creeps up on us unaware, recall the times when you were not experiencing this condition. What changes took place in your life and/or work to help bring this about?
2. What are some options that could help to alleviate the symptoms of burnout?
3. Who are the individuals or resources you can turn to for help in reversing the burnout trends in your life?

## COMPASSION SATISFACTION/FATIGUE SELF-TEST

### COMPASSION SATISFACTION/FATIGUE SELF-TEST FOR HELPERS

Helping others puts you in direct contact with other people's lives. As you probably have experienced, your compassion for those you help has both positive and negative aspects. This self-test helps you estimate your compassion status: How much at risk you are for burnout and compassion fatigue and also the degree of satisfaction with your helping others. Consider each of the following characteristics about you and your current situation. Print a copy of this assessment so that you can fill out the numbers and keep them for your future use. Using a pen or pencil, write in the number that honestly reflects how frequently you experienced these characteristics in the last week. Then follow the scoring directions at the end of the self-assessment

0–Never      1–Rarely      2–A Few Times      3–Somewhat often      4–Often      5–Very Often

#### Items about You

- \_\_\_ 1. I am happy.
- \_\_\_ 2. I find my life satisfying.
- \_\_\_ 3. I have beliefs that sustain me.
- \_\_\_ 4. I feel estranged from others.
- \_\_\_ 5. I find that I learn new things from those I care for.
- \_\_\_ 6. I force myself to avoid certain thoughts or feelings that remind me of a frightening experience.
- \_\_\_ 7. I find myself avoiding certain activities or situations because they remind me of a trauma.
- \_\_\_ 8. I have gaps in my memory about frightening events.
- \_\_\_ 9. I feel connected to others.
- \_\_\_ 10. I feel calm.
- \_\_\_ 11. I believe that I have a good balance between my work and my free time.
- \_\_\_ 12. I have difficulty falling or staying asleep.
- \_\_\_ 13. I have outbursts of anger or irritability with little provocation.
- \_\_\_ 14. I am the person I always wanted to be.
- \_\_\_ 15. I startle easily.
- \_\_\_ 16. While working with a victim, I thought about violence against the perpetrator.
- \_\_\_ 17. I am a sensitive person.
- \_\_\_ 18. I have flashbacks connected to those I help.
- \_\_\_ 19. I have good peer support when I need to work through a highly stressful experience.
- \_\_\_ 20. I have had first-hand experience with traumatic events in my adult life.
- \_\_\_ 21. I have had first-hand experience with traumatic events in my childhood.
- \_\_\_ 22. I think that I need to "work through" a traumatic experience in my life.
- \_\_\_ 23. I think that I need more close friends.
- \_\_\_ 24. I think that there is no one to talk with about highly stressful experiences.
- \_\_\_ 25. I have concluded that I work too hard for my own good.
- \_\_\_ 26. Working with those I help brings me a great deal of satisfaction.
- \_\_\_ 27. I feel invigorated after working with those I help.
- \_\_\_ 28. I am frightened of things a person I helped has said or done to me.
- \_\_\_ 29. I experience troubling dreams similar to those I help.
- \_\_\_ 30. I have happy thoughts about those I help and how I could help them.
- \_\_\_ 31. I have experienced intrusive thoughts of times with especially difficult people.
- \_\_\_ 32. I have suddenly and involuntarily recalled a frightening experience while working.

**COMPASSION SATISFACTION/FATIGUE SELF-TEST**

0–Never      1–Rarely      2–A Few Times      3–Somewhat often      4–Often      5–Very Often

- \_\_\_ 33. I am pre-occupied with more than one person I help.
- \_\_\_ 34. I am losing sleep over a person I helped through a traumatic experiences.
- \_\_\_ 35. I have joyful feelings about how I can help the victims I work with.
- \_\_\_ 36. I think that I might have been “infected” by the traumatic stress of those I help.
- \_\_\_ 37. I think that I might be positively “inoculated” by the traumatic stress of those I help.
- \_\_\_ 38. I remind myself to be less concerned about the well being of those I help.
- \_\_\_ 39. I have felt trapped by my work as a helper.
- \_\_\_ 40. I have a sense of hopelessness associated with working with those I help.
- \_\_\_ 41. I have felt “on edge” about various things and I attribute this to work with certain experience.
- \_\_\_ 42. I wish that I could avoid working with some people I help.
- \_\_\_ 43. Some people I help are particularly enjoyable to work with.
- \_\_\_ 44. I have been in danger while working with people I help.
- \_\_\_ 45. I feel that some people I help dislike me personally.

**Items About Being a Helper and Your Helping Environment**

- \_\_\_ 46. I like my work as a helper.
- \_\_\_ 47. I feel like I have the tools and resources that I need to do my work as a helper.
- \_\_\_ 48. I have felt weak, tired, run down as a result of my work as helper.
- \_\_\_ 49. I have felt depressed as a result of my work as a helper.
- \_\_\_ 50. I have thoughts that I am a “success” as a helper.
- \_\_\_ 51. I am unsuccessful at separating helping from personal life.
- \_\_\_ 52. I enjoy my co-workers.
- \_\_\_ 53. I depend on my co-workers to help me when I need it.
- \_\_\_ 54. My co-workers can depend on me for help when they need it.
- \_\_\_ 55. I trust my co-workers.
- \_\_\_ 56. I feel little compassion toward most of my co-workers.
- \_\_\_ 57. I am pleased with how I am able to keep up with helping technology.
- \_\_\_ 58. I feel I am working more for the money/prestige than for personal fulfillment.
- \_\_\_ 59. Although I have to do paperwork that I don’t like, I still have time to work with those I help.
- \_\_\_ 60. I find it difficult separating my personal life from my helper life.
- \_\_\_ 61. I am pleased with how I am able to keep up with helping techniques and protocols.
- \_\_\_ 62. I have a sense of worthlessness/disillusionment/resentment associated with my role.
- \_\_\_ 63. I have thoughts that I am a “failure” as a helper.
- \_\_\_ 64. I have thoughts that I am not succeeding at achieving my life goals.
- \_\_\_ 65. I have to deal with bureaucratic, unimportant tasks in my work as a helper.
- \_\_\_ 66. I plan to be a helper for a long time.

## COMPASSION SATISFACTION/FATIGUE INTERPRETATION SCALE

---

### Interpreting Your Score

The Compassion Satisfaction/Fatigue Self Test measures the following:

- Compassion Satisfaction
- Compassion Fatigue
- Burnout

### Scoring

- **Circle** the following 23 items: 4, 6-8, 12-13, 15-16, 18, 20-22, 28-29, 31-34, 36, 38-40, 44.
- **Put a check** by the following 16 items: 17, 23-25, 41-42, 45, 48, 49, 51, 56, 58, 60, 62-65.
- **Put an X** by the following 26 items: 1-3, 5, 9-11, 14, 19, 26-27, 30, 35, 37, 43, 46-47, 50, 52-55, 57, 59, 61, 66.

Add the numbers you wrote next to the items for each set of items and note.

### Interpretation

- Add all **circled** numbers for your **Compassion Fatigue** risk factor.

TOTAL= \_\_\_\_\_

26 or less=extremely low risk;  
27-30=low risk;  
31-35=moderate risk;  
36-40=high risk;  
41 or more=extremely high risk.

- Add all numbers with **checks** beside them for your **Burnout** risk:

TOTAL= \_\_\_\_\_

36 or less=extremely low risk;  
37-50=moderate risk;  
51-75=high risk;  
76-85=extremely high risk.

- Add all numbers marked with an **“X”** for your **Compassion Satisfaction** factor:

TOTAL= \_\_\_\_\_

118 and above=extremely high potential;  
100-117=high potential;  
82-99=good potential;  
64-81=modest potential;  
Below 63-0=low potential.

Adapted with permission from Figley, C.R., (1009) *Compassion Fatigue*, New York: Brunner/Mazel B. Hubnall Stamm, Traumatic Stress Research Group, 1995-1998.