

SECONDARY TRAUMA, BURNOUT, STRESS, and SELF CARE: OPPORTUNITIES AND CHALLENGES

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Adam Renner, M.Div, M.S.

Southeastern Synod Mental Health Task Force



Southeastern Synod
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God's work. Our hands.

Outline

- Burnout
- Secondary trauma
- Warning signs and Risk factors
- Prevention and Intervention for Burnout
- Stress – Physical and Psychological Effects
- Stress Management

Interchangeable terms

- The benign
 - Burnout
 - Brownout
- The alarming
 - Compassion fatigue
 - Vicarious trauma
- The clinical
 - Secondary traumatic stress
 - Responder apathy syndrome
- The reframed
 - Compassion satisfaction
 - Occupational resilience

Glossary

- **Secondary trauma:** The natural emotions and behaviors resulting from a second-hand exposure to traumatically stressful events, such as hearing stories about traumatic things that happen to others or being exposed to others' trauma in a way that impacts you.
- **Burnout:** Associated with feelings of hopelessness and difficulty in dealing with work or in doing your job effectively (e.g., feeling that one's efforts do not make a difference).
- **Stress:** A physical response to an external cause that usually subsides when the stressful situation is resolved. Stress is often used interchangeably with anxiety, but **anxiety** is a future-oriented mood state associated with apprehension of possible, upcoming negative events. Anxiety is internal and rooted in fear (e.g., performance, phobias, and negative beliefs about self)



"Here I was, all this time, worrying that maybe I'm a selfish person, and now it turns out I've been suffering from compassion fatigue."

Research

- **Occupational burnout:** Coined in 1974 by the American psychologist Herbert Freudenberger
- Suggested that helping professionals were particularly prone due to contending with three stressors:
 - “The needs of individuals who come to us for assistance”
 - “The ills of society”
 - “Our own personality needs”
- Highlighted the emotional toll of work when working with people

Burnout

“Idealistic young men and women who, while working harder and harder, were sacrificing their own health in the process of meeting ideals larger than themselves, and reaping few rewards for their efforts. Despite all their energetic and enthusiastic labor for the larger good, the human service worker often failed to make a difference in the lives of their clients” (Freudenberger, 1974).



Prevalence in Clergy

- Clergy burnout is a widespread experience
- 50% have thought about leaving the ministry; 70% report decreased self-esteem since beginning ministry (Beebe 2007)
- 45% have experienced depression or burnout and had to take a break from the ministry (Mills & Parro, 2014)
- Many clergy hide their feelings and maintain a positive public persona, believing they should be able to cope (Charlton et al., 2008)
- Many clergy report that their congregants have high expectations and show little appreciation (Francis et al., 2010)

Defining Burnout

- A state of physical, emotional, psychological, and spiritual exhaustion resulting from exposure to people or populations that are vulnerable or suffering.
- Recent studies suggest burnout is an occupational form of depression (Bianchi et al., 2014)
- A progressive process
- The largest risk factors appear to be organizational:
 - Working with populations with high needs but having few resources

Secondary Trauma

- Laurie Anne Pearlman (1990) coined the term “vicarious trauma” to describe the experience of therapists who worked with survivors of sexual abuse and incest
 - Potential cognitive changes such as the helper’s frame of reference, such as sense of self and worldviews regarding safety, intimacy, trust, and spirituality (Newell et al., 2015)
 - A depletion of the helper’s psychological resources for both self and clients
 - Can happen quickly

Secondary Trauma

- Figley (1995) coined “secondary traumatic stress” and defined it as the natural and consequential behaviors and emotions resulting from knowing about a traumatizing event experienced by another person and the stress resulting from helping or wanting to help a traumatized or suffering person.
- Suggested that symptoms of PTSD could be seen in friends, family, or helpers to a lesser degree than those who experienced it firsthand
- While many helping professions are susceptible, ministers’ capacity for **empathy** seems unique and therefore prone to unique risk

What are the Warning Signs?

- Emotional and physical exhaustion
- Hyperarousal
- Exaggerated startle
- Chronic frustration
- Uncharacteristic emotional outbursts, irritability
- Nightmares or sleep difficulties
- Increased illness or fatigue; tired appearance
- Depersonalization or detachment, an inability to empathize; apathy
- Emotional numbing, decreased empathy
- Even feelings of malice or reduced respect towards others
- Distorted beliefs about self, others, and the world; distorted blame
- Reduced productivity or effectiveness, poor communication

What are the Warning Signs?

- Avoidance or absenteeism
- Difficulty concentrating
- Difficulty making decisions
- Social withdrawal
- Feelings of despair and hopelessness
- Loss of sense of spirituality
- Loss of sense of control
- No time or energy for yourself
- Sense of disconnection from loved ones
- Difficulty trusting others
- Less time spent reflecting on your experiences
- Unhealthy coping behaviors (e.g., alcohol or prescription drug abuse)

Predictors (Turgoose & Maddox, 2017)

- Risk factors
 - High case load / work load
 - Low professional satisfaction
 - Personal history (especially traumatic experiences)
 - High empathy
 - Cultural factors: Individualism, self-reliance, vulnerability as a stigma
- Protective factors
 - Mindfulness
 - Tolerance for ambiguity

Prevention

- Assessments:
 - Professional Quality of Life measure: https://proqol.org/ProQol_Test.html
 - Online mental health screening: <https://www.helpyourselfhelpothers.org/>
 - On a scale of 0 (no stress) to 4 (high stress), rate your current level of stress right now
 - Think about what is most stressful in your life (if you had to pick one)
- Anticipate it ahead of time
- Make arrangements to mitigate the impact of stress
- Learn your limits and maintain healthy boundaries (it's okay to say No)
 - Fear of failure and pride hold us back
- Communicate your needs
- Seek frequent consultation
- Make a short-term leave plan (e.g., Sabbath time / respite care)

Intervention

- Self care if needs are not met at work
- Make continuous adjustments
- Seek supervision, consultation, *therapy*
 - Process with another – Getting it out can help with letting it go
- Seek close friends and community
- Transforming the pain of the work
 - Create / infuse meaning (spiritual practices)
 - Challenge negative beliefs (therapy)
 - Reflect on satisfying work experiences
 - Recognize unjust structures and advocate for yourself; find allies
- **Give yourself grace:** Nothing can change the fact that you're impacted by what you've seen and experienced

What Organizations Can Do

- Listen
- Don't turn self care into a weapon
 - "You didn't self care enough"
 - We place the onus of self care on the individual but often don't allow for the opportunity or offer support for it
- Understand that we can simply get burned out from doing hard work, and that sometimes no amount of self care can make it easier
- Remember that disasters can affect us differently
- Reach out if you think someone is in need of support (don't assume they will come forward)
- Provide physical and material resources to address immediate needs
- Provide regular recognition and affirmation

What about *STRESS*?

- **Definition:** Stress is a physical response to an external cause. It usually subsides once the situation is resolved.
- How the body reacts (fight or flight response)
 - Heart rate
 - Respiration
 - Blood pressure
- The body's reaction is a major clue that we are stressed
- Can be chronic
 - 3 stages: Alarm reaction, Stage of Resistance, Stage of Exhaustion
- Factors: Frequency, Intensity, Duration

Uniquely Human

- Being human has advantages
 - Such as individual differences in response to potential stressful situations
- But a clear disadvantage
 - We can bring about a stress response just by using our thoughts
 - Anticipatory stress (can be helpful or harmful): What do we do to prepare?
- Feeling stressed = You care
 - Stress is what arises when something (or someone) you care about is at stake
- Stress is shared across generations and demographics

Physiological Effects of Stress (APA, 2019)

- Stimulation of adrenal systems
 - Cortisol, adrenaline released
- Short term effects
 - Blood vessels dilate; Blood pressure increased (gets blood to where it's needed)
 - Water retention (except in the bladder)
 - Muscle tension – physical pain, headache
 - Airway constriction, less oxygen
- Prolonged exposure
 - Compromised immunity, inflammation, ulcers, hypertension, heart disease, stroke, metabolism, intestinal issues
 - Increased appetite; more fat storage

Psychological Effects of Stress

- Short-term “bump” for concentration, memory
 - Increased motivation and “flow” (we evolved to handle stressors)
- Decreased motivation; Increased depression and anxiety
 - “I am not enough”
 - Too intense, too long → Panic attacks
- Long-term negative impact on attention, concentration, learning, memory, judgment, performance, impulsivity
 - Less glucose and oxygen to the brain, can kill neurons, weaken connections between neurons, and decrease neurogeneration
 - Less growth of brain cells in cortex (higher cognitive functions)
 - Less growth in hippocampus (area for new memories, learning)
 - More growth in amygdala (fear, emotional responses)

Stress Risk Factors

- Hypertension, cholesterol
- Family history of heart disease
 - Males more at risk
- Sedentariness
- Overweight due to poor diet
- Respiratory issues
- Diabetes
- Endocrine disorders
- Alcohol and smoking
- Increasing age
- Social isolation, lack of social support
- “Minority stress,” low SES
- Trauma (especially in childhood)
- Secondary trauma
- Depression, anxiety, grieving
 - Genetic predisposition
- Personality factors: Perfectionism, Pessimism, Obsessiveness, Dislike for ambiguity, Catastrophizing
- Poor assertiveness, self efficacy
- External locus of control, unpredictability
- High occupational demands
- Lack of religious or spiritual practice
- Negative religious beliefs (Pargament, 1997); e.g., “God is punishing...”

Treatments for Managing Physical Effects

- Medical treatments
 - Anti-anxiety and blood pressure medication
 - But not benzodiazepines (Xanax, valium, ambien)
 - Only meant to be taken in the short term
 - Body reacts to decreased anxiety by producing more anxiety hormones
 - Alcohol causes this too
 - Over the long-term, anxiety becomes elevated above what it was initially
 - Risk of dependence and tolerance → addiction
- Lifestyle redesigning
 - Nutrition
 - Exercise
 - Sleep

Nutrition (UCLA, 2014)

- Helps your body operate at peak efficiency
- Certain foods can blunt a healthy stress response, others can spike the stress response
- Weight gain associated with poor diet linked to depression
- Withdrawal of comfort food diet can increase stress response
- More vegetables, especially leafy greens
- Reduce sugar and artificial sweeteners
- Reduce fast food, carbohydrates
- Increase healthy fiber: Oats, whole wheat
- Increase healthy calcium: Low-fat, low-sugar yogurt
 - Yogurt also helps maintain healthy gut bacteria
- Watch portion size
 - Mindful eating → Get full faster
 - Reduce emotional eating
 - Self-monitor your mental state before/during/after eating; What's your overall mood and stress level?
- Salty? Try nuts, whole grain crackers
- Sweet? Try fruit, honey
- What do you crave, and when? What are your go-to foods?
- More tips: <https://exploreim.ucla.edu/nutrition/eat-right-drink-well-stress-less-stress-reducing-foods-herbal-supplements-and-teas/>

Exercise

- Physical exercise utilizes the stress byproducts to decrease arousal
 - Shortens the time body is exposed to stress hormones
 - Parasympathetic rebound
- Releases feel-good neurotransmitters (endorphins, dopamine, serotonin)
- Active people suffer less from stress and stress-associated problems than nonactive people do
- Assists in controlling appetite
- Deepens sleep
- Associated with higher self-esteem, increased alertness, enhanced cognitive abilities, reduced depression and anxiety
- Exercise in whatever way leads you to *want* to do it!
- For those less active, start with small amounts of time and increase gradually

Sleep

- Produces a decrease in stress hormones
- Affects judgment, decision-making, motivation, memory, focus
- Stress affects both quantity and quality of sleep
- Research shows *adults* need 7 or more hours of sleep a night
 - Maybe you can get by in the short term
 - >35% of adults in the U.S. get less than 7 hours (CDC)
- A vicious cycle: Reduced sleep increases stress
 - Sleep deprivation → more stress → more sleep deprivation
- Sleep deprivation amplifies the effects of stress (short and long term)

Sleep Hygiene

- Maintain a regular sleep-wake schedule
 - Sleeping in → Elevated stress hormones during sleep
- Reduce light and noise before bed and in your bedroom
- Spend at least 30 minutes decompressing
- Sleep in a cool room (67-70 F)
- Eliminate smoking and use of caffeine
- Avoid eating close to bedtime, especially carbs and sugars
- No heavy alcohol use before bed
 - If you do drink, drink only a small amount well before bedtime
- Avoid electronic screens
 - Light exposure suppresses melatonin, shifts circadian clock
 - Makes it more difficult to fall asleep
- Exercise during the day
 - Avoid late exercise; reduce activity level a few hours before sleeping

Reducing Insomnia

- Pills: a short-term solution, risky
 - Melatonin vs. GABA – what do you lack?
 - Take magnesium to increase GABA
 - Practice good sleep hygiene to boost melatonin
- Relaxation procedure
 - Breathing exercises, Mindfulness meditation
- Asleep within 20 minutes?
 - No, get out of bed for 20 minutes
 - Repeat until you fall asleep quickly
- Do not do anything but sleep in bed
 - Do not eat, watch TV, be on electronic devices, or read in bed
 - If you do read, read from an old-fashioned printed book
 - Body learns to associate bed only with sleep
- Do not try to *make* yourself go to sleep
 - Sleep onset occurs when your stimulation level drops below a certain threshold

Other Ways to Reduce Stress

- Prayer, meditation, mindful activities (be in your body and environment, attend to physical sensation)
- Breathing exercises – focus on the breath
 - Can help us control our heart rate, lowering body's stress response
 - <https://www.webmd.com/balance/stress-management/stress-relief-breathing-techniques#1>
 - Progressive Muscle Relaxation, Body Scan
- Yoga: Mind-body-spirit (works for all ability levels)
- Self-compassion, Self-affirmation
- Grounding: <https://www.healthline.com/health/grounding-techniques>
- Social connection and Social belonging
 - Increases bonding and other regulatory hormones (oxytocin, norepinephrine)
- Remove yourself from the stressor and come back to it later
 - Unplug, physically and mentally
 - Find a healthy distraction, take regular breaks; Break big projects into manageable chunks
 - Get up and move around
- Hobbies (focus not on performance but enjoyment)
- Assess your limits and create boundaries around work – what are your stressors?
- Reflect on what can and can't be controlled
- Repeated small doses of self-care are more effective than a once-a-week event (Clay, 2018)



What works
for
YOU?

Apps

- ACT Coach (in conjunction with therapy)
- Calm
- Headspace
- Insight Timer
- Plum Village
- Stop, Breathe, and Think
- Aura
- Mindfulness Coach

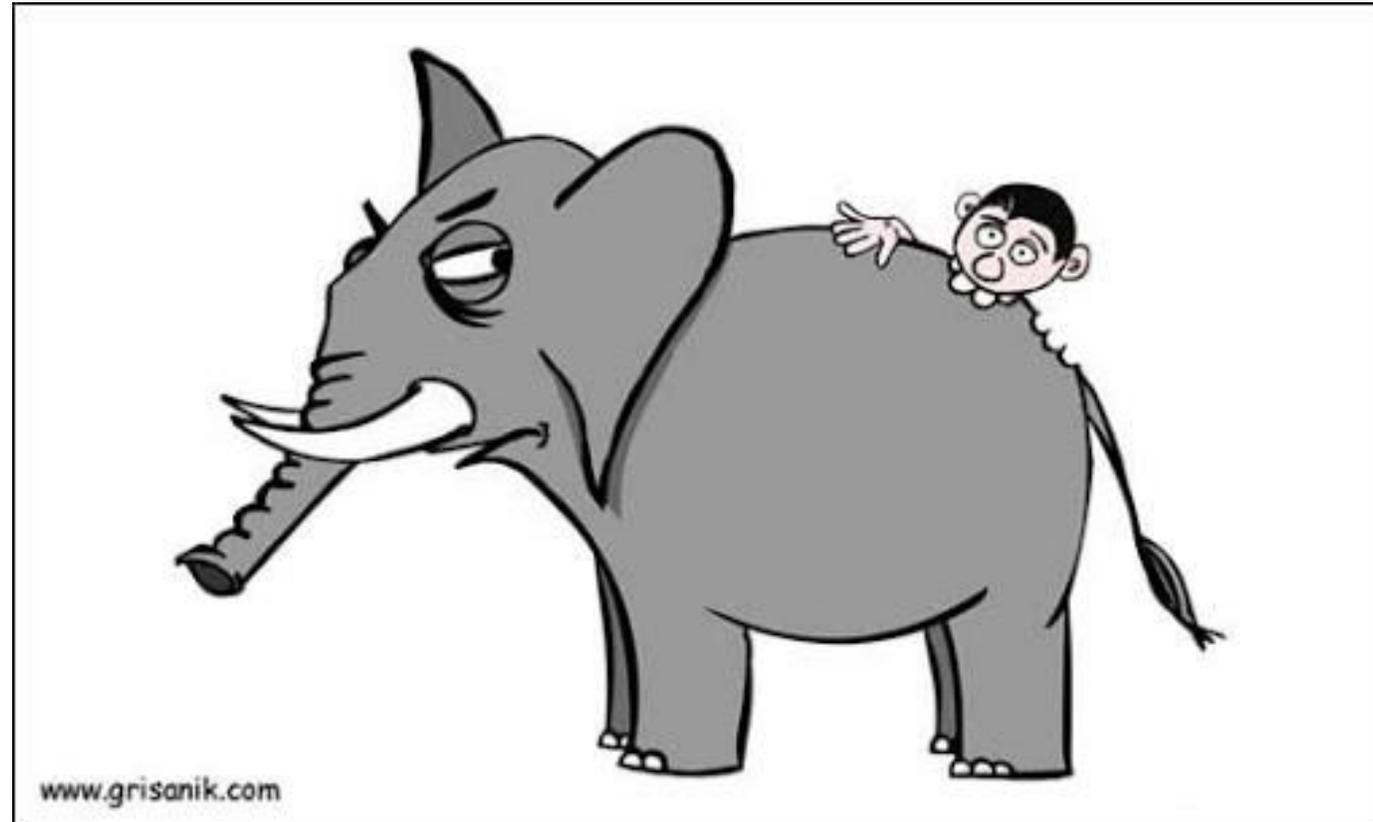
The Big 3 (APA, 2019)

Social support

Exercise

Sleep

How Do You Eat an Elephant?



One Bite at a Time!

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