SELF CARE in the ROLE of the CARE PROVIDER

Welcome to Pastoral Care Ministry! As you provide love and care to those you serve, below is an example of self-care preparations that you the care provider need to be aware of. Our work is sacred, anointed by the Holy Spirit, and valuable, but do not dismiss YOUR need for care as well.

PRE-VISITATION

A step that is especially helpful and needed in making meaningful care visits is the care provider's emotional and spiritual preparation. It is important that you know yourself in order to be an effective caregiver in any setting. Included in this knowing of yourself is the knowledge of your role as a care provider, your emotions, your mortality, and your faith. For example, boundary setting enables us to approach visitation with respect to the care-receiver's position. It is important that we avoid clinging to the status given us as companion or care provider by the patient, but show our willingness to come alongside the person in need and to have a relationship that is "to and for the person."

Next, as caregivers, we should anticipate that some of our visits with patients and maybe relatives will result in experiences that are exhausting and draining. It is essential therefore, that we know our emotional limits to avoid allowing any emotion to gain control.

If providing ministry in situations that involve death or dying, it is helpful, if not vital that as care providers, we have resolved our own issues concerning death and grief and are able to cope with these issues in a manner that will help the person in need. It is critical that we are grounded in our faith in order to respond to questions about healing, suffering, and forgiveness that are raised by others. Although the care setting is not the place for theological arguments, there is a need for care providers to respond gently to the issues or questions raised based on their knowledge of God and the Bible.

THE VISIT

Having examined some of the steps that can lead to increased effectiveness in our visitation, below are some helpful hints concerning a visit in any care setting.

DO's

Call ahead in advance (Psychiatric Unit for example) of your visit to determine if the person is up to a visit and what would be a good time. In a facility, stop at the nursing station to introduce yourself, or knock on the person's door, asking if they desire visitation or wait to be invited in. In hospitals, observe any signs that may be posted on the door regarding infection control procedures. If you are uncertain about the procedures to be followed, ask for clarification. Have in mind the length of time for the visit and take your cues from the care receiver.

Introduce yourself, especially if you do not personally know him/her. Sit/Stand, if possible, where you can maintain comfortable eye contact with the patient. Be cheerful and make pleasant conversation which should focus on them. Ask open ended questions, "Tell me what brought you here," "How long do you expect to be

here?" Display concern for their issue and respect for his/her feelings. Watch for doors that lead to the feeling level of communication and be alert for negative feelings.

Shape the tone and substance of you conversation from cues, verbal and non-verbal, offered by the care receiver. Listen attentively and be empathetic. Take notice of what is not said as much as to what is said. Let them know he/she can talk about sensitive subjects. At facilities, you may offer to leave the room if medical personnel enter to perform a procedure unless requested to stay. Share Scripture and ask if they have special needs as you prepare to pray. A gentle touch on the hand lets someone know you care. If you have not previously met them prior, ask permission.

During any healthcare visitation, it is important to be mindful about policies relating to patient privacy laws and how that may impact the visitation. Additionally, current HIPAA regulations require providers to protect the confidentiality of patients and outline areas which restrict the sharing of patient information. Do not mention patient names or any identifying patient information out loud or to another. This is one breach of their confidentiality and a HIPAA violation that can hinder your continued presence in any healthcare environment.

<u>DON'TS</u>

- Don't be insulted by a person's words/attitudes or register shock at appearance.
- Don't offer false optimism about recovery or participate in criticism (about any provider, the doctor, facility, or the treatment).
- Don't touch equipment even if requested to do so or sit on a patient's bed.
- Don't tell unpleasant news including your troubles.
- Don't whisper when talking to relatives or staff.
- Don't break facility rules or violate confidentiality issues.
- Don't awaken a sleeping person.
- Don't help anyone get out of bed or give food or drink without prior approval.
- Don't assume a comatose person cannot hear.

While the above lists of do's and don'ts are not all inclusive, they contain the primary hints that will enhance the quality of our visitation.

In summary, through the application of the above steps and the empowerment of the Holy Spirit, there is reason to believe that an increase in the effectiveness of our ministry to the sick can be experienced.

TYC Pre & Post-Visit Self Care for the Healthcare Provider

POST-VISIT

While our work in pastoral care ministry is rewarding and fruitful, there are many areas that need post-attention for care providers who consistently expose themselves to crisis and suffering. Keeping in mind the below factors, one should put into place a post, self-care plan that helps alleviate stressors and works through care provider feelings or stress. Below are some key areas that play a role.

1. Exposure to the Person or the Needy: is the experiencing of the emotional energy of suffering through direct exposure. However, the costs of direct exposure are high and it is impossible to know how many have chosen to abandon direct practice because the price was too high for them (Figley, 2002).

2. Empathic Concern: is the motivation to respond to people in need. The ability to be empathic is insufficient unless there is motivation to help others who require our services. With sufficient concern, the empathic provider draws upon her or his talent, training, and knowledge to deliver the highest quality of services possible to those who seek it. Knowing when to refer to professionals outside one's sphere of influence is important.

3. Empathic Ability: is the aptitude of the provider for noticing the pain of others. It is suggested that without empathy there will be little if any compassion stress and no compassion fatigue. However, without empathy there will also be little if any empathic response to the suffering of those we care for. Thus, the ability to empathize is keystone both to helping others and being vulnerable to the costs of caring.

4. Empathic Response: is the extent to which the care provider makes an effort to reduce the suffering of the sufferer through empathic understanding. This insight into feelings, thoughts, and behaviors of the care receiver is achieved by projecting one's self into the perspective of the client. In doing so, the care provider might experience the hurt, fear, anger, or other emotions experienced by the care receiver. Therein are both the benefits and the costs of such a powerful therapeutic response. The benefits are immediately obvious to every provider who practices their skills with another. The costs are rarely discussed and must be experienced to elicit efforts on the part of the provider to guard against or mitigate the effects on the self.

5. Detachment: is the other factor that lowers or prevents compassion stress. It is the extent to which the provider can distance himself or herself from the ongoing misery of the client between sessions in which services are being delivered. A provider's ability to disengage the client also demands a conscious, rational effort to recognize that she or he must "let go" of the thoughts, feelings, and sensations associated with time spent with the care receiver in order to live his/her own life. Disengagement is the recognition on the part of the provider for importance of self-care and to carry out a deliberate program of self-care (Figley, 2002).

6. Sense of Achievement: is one factor that lowers or prevents compassion stress and is the extent to which the provider is satisfied with his or her efforts to help another. A provider with a sense of achievement regarding the delivery of services to another, demands a conscious, rational effort to recognize where the provider's responsibility ends and the care receiver's begins.

7. Compassion Stress: is the residue of emotional energy from the empathic response to the patient or care receiver and is the on-going demand for action to relieve patient suffering. Together with other factors it can contribute to compassion fatigue unless the provider acts to manage the stress. There appear to be two major sets of coping actions that can do this:

A. Sense of Achievement (as outlined above): is one factor that lowers or prevents compassion stress and is the extent to which the provider is satisfied with his or her efforts to help another. A provider with a sense of achievement regarding the delivery of services to others demands a conscious, rational effort to recognize where the provider's responsibility ends and the care receiver's begins.

B. Detachment (as outline above): is the other factor that lowers or prevents compassion stress. It is the extent to which the provider can distance himself or herself from the ongoing misery of the client between sessions in which services are being delivered. A provider's ability to disengage the client also demands a conscious, rational effort to recognize that she or he must "let go" of the thoughts, feelings, and sensations associated with time spent with the care receiver in order to live his/her own life. Disengagement is the recognition on the part of the provider for importance of self-care and to carry out a deliberate program of self-care (Figley, 2002).

If compassion stress is permitted to build, despite the provider's effort at disengagement and a sense of work satisfaction, the provider is at a greater risk of compassion fatigue. Three other factors play a role in increasing compassion fatigue.

8. Prolonged Exposure: is the ongoing sense of responsibility for the care of the suffering, over a protracted period of time. The longer the period of time between breaks the better – at least a day of appointments and as much as a week's vacation. These breaks are specifically viewed as such: a respite from being compassionate and empathic toward others; a break from being a care provider.

9. Traumatic Recollections: are memories that trigger symptoms of an event in the provider and could lead to other associated reactions, such as depression and anxiety. These memories may be from the provider's experiences with another and are events that, when recalled, cause an emotional reaction. These memories can be provoked by certain types of clients and client experiences that have a connection to the traumatic events experienced by the provider.

10. Life Disruptions: are the unexpected changes in schedule, routine, and managing life responsibilities that demand attention (e.g. illness, changes in life style, social status, or professional or personal responsibilities). Normally such disruptions would cause a certain but tolerable level of distress. However, when combined with the other seven factors, these disruptions can increase the chances of the provider developing compassion fatigue (Figley, 2002)R.

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TYC Pre & Post-Visit Self Care for the Healthcare Provider

STANDARDS for SELF-CARE PLANS

- Strategies for *letting go of work*
- Strategies for gaining a *sense of self care achievement*
- Strategies for acquiring *adequate rest* and *relaxation*
- Strategies for practicing *effective daily stress reduction* methods

KEY QUESTION for SELF:

What have you found effective during and after the care experience to help you with compassion stress?

COMPASSION STRESS MANAGEMENT CARE PLAN

- Step One: Assessment
- Personal Reflections: Your Current Level of Self-Care
- Life Stress, Resilience, and Coping
  - Measuring Life Stress
  - Stress Vulnerability
  - Personal Resilience
  - Healthy Coping
  - Basic Needs
  - Compassion Satisfaction
  - Compassion Fatigue
  - Burnout
  - Basic Needs at Work

- Step Two: Setting Goals
- Review Your Self-Assessment Results
  - Life Stress
  - Practitioner Stress
- Setting SMART Goals
  - Specific
  - Measurable
  - Attainable
  - Realistic
  - Time-based

COMPONENTS of a SELF-CARE PLAN - GOALS:

- To commit to invest in time and ways that will fill your emotional and spiritual tank
- To celebration YOU time
- To effectively exercise your Spirit, Soul (mind) & Body

A SAMPLE PLAN could include:

- Daily prayer, reading, meditation
- Laughing, talking, spending quality time with family & others
- Scripture reading, Spiritual reflection time engaged in the Word, Journaling

- Other spiritual disciplines: Sabbath, Solitude, Retreat
- Other Sabbath typed endeavors: Sabbatical, Setting Boundaries, Visiting a sacred place to encounter God in fresh ways, Rest, Sleep, & Slowing Down
- Favorite exercise, movement, hobbies, leisure activities
- Breathing and Music therapies
- Time management planning

RECOMMENDED DAILY EXERCISE:
"*A Guide to Prayer for Ministers and Other Servants"* by the Upper Room - ISBN: 083580559X

Accountability friend and/or mentor: _____
Phone Number: _____ Email: _____