

# TRAUMA AND COMPASSION FATIGUE: HELPING THE HELPERS

BY DR. JACINTO INBAR

*Director, "Etgaram" Center for Integrative-Cognitive-Behavior, Jerusalem, Israel*

and

DR. MICHAEL GANOR

*Senior Consultant and Director of Training, Organizational Development and Research,  
Jerusalem Association of Community Councils and Centers, Jerusalem, Israel*

*This article deals with the psychological effects of exposure to continuous trauma events on professionals, who themselves are in need of supportive interventions. These professionals, who are in the secondary circle of trauma, experience compassion fatigue or emotional burnout. Structured interventions are now in place to strengthen the resilience of helping professionals.*

The events that occurred in Jerusalem during the second Intifada in the last two years have considerably affected individuals and families, as well as entire communities in Israel. They have also taken their toll on Jewish professionals, particularly psychologists and social and community workers, who must help either at the scene of a suicide bombing or carry out such tasking responsibilities as accompanying a mother to identify the remains of her child at the morgue. The professionals work with mourning families, trying to alleviate their pain—as if it were at all possible. Included in this group are members of ZAKA—Chasidic Jews arriving first on the scene who recover the corpses and body parts of fatal casualties of terror attacks for identification and burial—and medical personnel: doctors, nurses, and paramedics who confront these atrocities every day and who are inevitably affected by what they see.

The professionals and volunteers mentioned above are included in what has been named "the secondary circle of trauma." Their individual resilience is put to a maximum straining test when they witness terror and death on such a massive scale and on such a continuous basis. Professionals and volunteers have been known to experience symptoms of severe stress, which comes on top of their already difficult daily workload. Investing so much emotional energy in the

populations they are trying to help, they sometimes neglect themselves and their own emotional needs. These persons experience symptoms of post-traumatic stress disorder (PTSD), enhanced by the emotional burnout of having to support others while lacking support for themselves, a condition known as *compassion fatigue*. Compassion fatigue is described by Figley (1995) as "a state of tension and preoccupation with individual or cumulative trauma of clients as manifested in one or more ways: reexperiencing the traumatic events, avoidance/numbing of reminders of the event, [or] persistent arousal."

Compassion fatigue symptoms include depression, anxiety, alienation, feelings of incompetence and irrelevance, and sleep disorders. When subjected to long periods of stress, a gradual aggravation of this burnout process diminishes the effective functioning of professionals, resulting in their excessive distancing themselves from clients, impaired competence and low energy, increased irritability with supporters and colleagues, and more.

The need to address the special needs of professionals in these situations has become apparent only recently, due to the mere fact that the duration of the security condition in Israel has been underestimated. No systematic study has been conducted so far, so that the scope of the problem is not yet well

defined. From fragmented information gathered from recent experience in Jerusalem, we can attest to the remarkable resilience of most professionals in this field. However, growing numbers are showing several symptoms of compassion fatigue.

Apparently, most professionals engaged in helping roles have managed to design and implement "self-made" support systems, based mainly on social networks and professional colleagues, in order to avoid emotional burnout. Nevertheless, the need for some kind of structured prevention, support, and strengthening processes is evident. In response to repeated demands from helping professionals to help them avoid recurrent exposure to memory-arousing events, first steps have been taken to implement programs specifically intended to help the helpers deal with indirect traumatization.

Such interventions fall into one of four categories: (1) intervention at the individual level, (2) intervention at the professional level, (3) cognitive-behavioral intervention, and (4) systemic social-organizational intervention.

#### **INTERVENTION AT THE INDIVIDUAL LEVEL**

On the individual level, professionals must be helped to regain basic skills, such as effective time management and restructuring their daily routine. This may, in turn, require the ability to change long-standing habits and readjust rapidly to new situations. For example, a professional may be used to having dinner at a set time, at home with his or her family. The individual-level intervention method may help that professional restructure the day so that he or she may still dine at home, but at a later time. The intervention aims to enhance self-consciousness, including raising body awareness and recognizing fatigue symptoms.

Another type of individual intervention is to allot structured time for sports and leisure activities. The method promotes a heightened separation between work and family life, stressing borders (not taking work home

or limiting the amount of time dedicated to work), perfecting self-relaxation and techniques as such guided imagination, meditation, and more.

#### **INTERVENTION AT THE PROFESSIONAL LEVEL**

On the professional level, persons in the secondary circle of trauma participate in workshops and interpersonal supervision aimed at developing "caring distancing" techniques. The use of humor is also encouraged—through workshops and e-mail networks—as a useful tool for enhanced prevention and effective coping.

#### **COGNITIVE-BEHAVIORAL INTERVENTION**

This method addresses the way that professionals perceive and interpret reality, which directly affects their coping behavior. Intervention programs are designed to develop cognitive coping skills under stress; one such example is stress inoculation training, or SIT, which includes the practice of conditioned reactions to specific traumatic events. Workshops and training teach professionals how to identify potential symptoms of stress and burnout in themselves, promote the development of self-control, and improve problem-solving abilities, particularly in situations requiring teamwork coordination. These workshops usually include a component dedicated to creative problem-solving and "thinking outside the box." The cognitive-behavioral workshops help develop psychological resilience, including a sense of hopefulness and learned optimism, and teach ways to design social and professional support systems.

#### **SYSTEMIC SOCIAL-ORGANIZATIONAL INTERVENTION**

This intervention method occurs mainly in institutions handling crisis and trauma situations. Specific methods of intervention include designing an organizational culture that prevents or moderates the creation of

burnout condition, and encourages effective coping; developing a leadership style that promotes joint vision, creativity, and problem solving; and developing social and professional support systems, such as the "Buddy System," where professionals share their concerns and experiences with each other.

### CONCLUSION

The field of "helping the helpers" is still relatively new. Israeli professionals have had to develop it in real-time, under considerable time and other pressures, and with no existing model to use as a basis. The first pilots of these programs are currently being devised and implemented under the auspices of the Department of Welfare Services at the Jerusalem Municipality and the Jerusalem Association of Community Councils and Centers.<sup>1</sup>

---

<sup>1</sup>For more information, please contact Dr. Michael Ganor at [mrganor@matnasim.org.il](mailto:mrganor@matnasim.org.il).

The need for them grows with every terrorist attack. It is of vital importance to treat the helpers so that we do not reach the absurd situation where victims of an attack are treated and helped, but those who help them experience such burnout that they can no longer function as social service providers or even continue their own life patterns as usual. We hope that these pilot programs will serve as a basis for many other intervention models in the future, in Israel and anywhere else where professionals and volunteers dedicate their time, attention, and support to help those who are in need.

### REFERENCE

- Figley, C. R., & Klebert, R. J. (1995). Beyond the "victim": Secondary traumatic stress. In R. J. Kleber, C. R. Figley, & B. Gerson (Eds.), *Beyond trauma: Cultural and societal dynamics*. New York: Plenum Press.