



VICARIOUS TRAUMA & BURNOUT



UNITED CULTURES
OF CANADA ASSOCIATION



**Inclusive Practices
Guidelines for
Assisting Newcomers
to Canada**

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A Note from the Author

In a manual about vicarious trauma and burnout, I thought it important to begin with a note about where this information is coming from and why it may be more relevant to your daily life than you may have considered. As a Registered Psychologist, I specialize in working with people in the helping field who are struggling to set limits, and I also work with trauma survivors. When I teach about burnout, vicarious trauma, and taking care of ourselves, it can be so easy for participants to say, “Yes, that’s important, but it’s not for me. I’m strong – I don’t need it.” Many people hear the ideas about setting limits, nod along to the suggestions, and then tuck the material away in a corner of their office, never to be looked at or thought about again.

I do not say this to shame anyone. I notice the same thing even in my own profession. Taking care of ourselves gets discussed a fair amount, but the actual practice of it on a consistent basis can be a different story. Sometimes workplace expectations do not make it easy to follow through, even if an individual has good intentions.

For those who are protected through factors like being older, more experienced, and not currently dealing with their own history of trauma (Sexual Violence Research Initiative, 2015), self-care strategies simply may seem unnecessary to the work. But I maintain that they are essential – the danger is just so great, even for those who are not already at risk of developing burnout. Given certain conditions integral to this type of work, we cannot rely on individual factors alone for protection

To keep going, many of us rely on enthusiasm for the work or on the belief that we “shouldn’t be affected.” Yet I find that the cumulative effects of the work, if ignored and unattended, inevitably will affect us. In my clinical work, it is thematic. Again and again I see it happen to clients in the helping field. The inability to say “no” and the belief that one “should be strong at all costs” has absolutely been a factor in the prevalence of vicarious trauma.

The effects of vicarious trauma and burnout can be physical, emotional, mental, and spiritual. These effects can be long-term and difficult to recover from. At the same time, there is reason for hope. I have helped many people through the process of burnout and recovery. As my colleague Meg Berryman observed, burnout often becomes a portal for transformation, because it forces us to change the way we approach our work. That being said, preventative care is imperative – it greatly

reduces the recovery time. If this manual alerts you to some early signs of vicarious trauma and burnout in your life, please reach out to a professional therapist as soon as possible. The guidance provided in the pages that follow is not meant to be a substitute for psychological counselling or medical care.

My work over the years has undoubtedly been influenced by writers like Gabor Maté, whose book *The Body Says No* draws the links between chronic stress and chronic illness. In the course of writing this book, I also have become aware of how deeply I have been influenced by the early work of Laurie Anne Pearlman and Karen Saakvitne on vicarious trauma, along with Charles Figley's work on compassion fatigue. Certainly, working in the helping field for over 15 years has shaped my understanding of these issues as well. To this book I bring all that I have learned from my own experiences in the field, the wisdom gained from my clients, and the most up-to-date research I can find.

Nicole Perry





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Chapter 1

Defining Vicarious Trauma & Burnout

LIKE MANY PSYCHOLOGISTS AND SOCIAL WORKERS, I did not receive formal training in identifying vicarious trauma or burnout during my graduate degree, let alone how to prevent them. At that time (2009), psychologists in training were not expected to learn about vicarious trauma in any formal way, even though we would all be exposed to it.

Recently, people who work in settlement agencies have told me that they too have received no training in vicarious trauma. The same often applies to staff members in shelters, libraries, hospitals, and many other service agencies that work with vulnerable and traumatized individuals.

Certainly, some settlement agencies have taken it upon themselves to start talking about these important issues. At the same time, there is an obvious need for a manual that all settlement professionals can access in order to understand and prevent vicarious trauma on a larger scale.

This manual starts with awareness: what vicarious trauma and burnout are, what factors contribute to them, and some of the signs that you yourself may be experiencing them. The second half of the manual is devoted to tools and ideas to help you move forward. It outlines what both individuals and organizations can do to prevent vicarious trauma and burnout.

Trauma

To understand *vicarious trauma*, start with an understanding of *trauma*. Trauma is when something happens that is too much, too fast, or too overwhelming for us to handle. Events that cause trauma can be acute, discrete instances, such as a car accident or robbery. Or, they may be repeated and repeated and prolonged experiences, such as exposure to community violence or war-zone violence, or being abused or neglected as a child. Events that cause trauma might include experiences of intimate partner violence and sexual violence or harassment. The experiences that lead to trauma do not necessarily include physical violence, but they may. Trauma might involve traumatic grief (loss of a loved one in a sudden or violent manner like suicide, murder, or drug overdose). It might also involve chronically stressful experiences where a person is unsure how they will survive, like living in extreme poverty, experiencing homelessness, or living through a natural disaster, like wildfire, flood, or earthquake.

When a situation is perceived to be life-threatening, the body and mind will mobilize a vast amount of energy in preparation to fight, escape, or otherwise sur-

vive – what is known as the “fight, flight, or freeze” response. This is a healthy, adaptive response that allows us to live through dangerous situations. Most people who go through traumatic events will have temporary difficulties in coping, but in time, will find themselves able to rediscover hope, safety, and stability. Sometimes, however, the effects of that exposure can have a lasting negative effect, leaving people feeling fearful, helpless, and overwhelmed. Some people who have experienced trauma may end up feeling “stuck” in it and unable to move forward. If their symptoms get worse, last for months or years, and interrupt their day-to-day functioning, they may be diagnosed with Post Traumatic Stress Disorder.

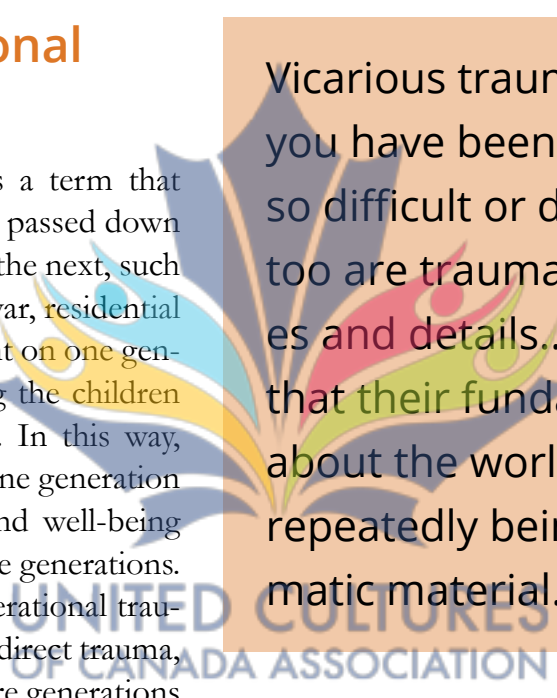
Intergenerational Trauma

Intergenerational trauma is a term that describes how trauma is passed down from one generation to the next, such as when the effects of war, residential schools, and enslavement on one generation end up affecting the children of the next generation. In this way, trauma experienced in one generation can affect the health and well-being of descendants of future generations. The effects of intergenerational trauma can be just as real as direct trauma, which means those future generations

are at increased risk of mental health issues like anxiety and depression, as well as issues like poverty and suicide. It is very common for settlement professionals to see the effects of intergenerational trauma in newcomers who have experienced hardship in their home countries, “particularly refugees and other individuals displaced by war, genocide, or natural disasters; and even families and communities that have suffered from intergenerational poverty, wherein multiple generations may have experienced hardships such as housing insecurity, insufficient health care, and prolonged unemployment” (Clements et al., 2018, p.11).

Vicarious Trauma

Working as a settlement professional, every day might bring you clients who have experienced trauma, whether in their home country or here in Canada. *Vicarious*



Vicarious trauma can occur when you have been exposed to stories so difficult or disturbing that you too are traumatized by the images and details.... “Helpers notice that their fundamental beliefs about the world are altered by repeatedly being exposed to traumatic material.”

trauma can occur when you have been exposed to stories so difficult or disturbing that you too are traumatized by the images and details. In this way, the trauma that they experienced is “transferred” over to you, so that you also feel the effects.

Vicarious traumatization (a term coined by Pearlman and Saakvitne, 1996) refers to the “profound shift that workers experience in their world view when they work with clients who have experienced trauma. Helpers notice that their fundamental beliefs about the world are altered by repeatedly being exposed to traumatic material” (Mathieu, 2012, p. 9). Helpers may notice damage to their fundamental beliefs about the world and their sense of safety. For example, if as a settlement professional you see a lot of cases of intimate partner violence, you may start to believe that all relationships are dangerous and violent. Or, if you meet a lot of people who have experienced war, you may begin to feel the world is unsafe and that something bad is always around the corner.

Having words to capture this experience is so essential that definition alone is inadequate. The following description may capture the subject best:

Vicarious trauma is the experience of bearing witness to the atrocities committed against another. It is the result of absorbing the sight, smell, sound, touch and feel of the stories told in detail by victims searching for a way to release their own pain. It is the instant physical reaction that occurs when a particularly horrific story is told or an event is uncovered. It is the insidious way that the experiences slip under the door, finding ways to permeate the counsellor’s life, accumulating in different ways, creating changes that are both subtle and pronounced. Vicarious trauma is the energy that comes from being in the presence of trauma and it is how our bodies and psyche react to the profound despair, rage and pain (Richardson, 2001, pg. 7).

In short, keep in mind that the effects of vicarious trauma are just as real as direct trauma.

Compassion Fatigue

In discussions about vicarious trauma, another term that frequently comes up is *compassion fatigue*. While not identical to vicarious trauma, it is related and therefore important to understand. Mathieu (2012) describes compassion fatigue as follows:

It is a gradual erosion of all the things that keep us connected to others in our caregiving role: our empathy, our hope, and of course our compassion – not only

for others but also for ourselves. When we are suffering from compassion fatigue, we start seeing changes in our personal and professional lives: we can become dispirited and increasingly bitter at work; we may contribute to a toxic work environment; we are more prone to clinical errors; we may violate client boundaries and lose a respectful stance towards our clients. We become short-tempered with our loved ones and feel constant guilt or resentment at the never-ending demands on our personal time (p. 8).

Compassion is so central to the work that helping professionals do – it involves being able to feel warmth for others and see their humanity. When those abilities are lost, we may become over-involved in our work, or we may blame and withdraw from the people we help. This manual will not address compassion fatigue in detail, but Chapters 5 and 6 describe exercises that may be helpful if you are experiencing its symptoms. For additional reading specifically on compassion fatigue, see *The Compassion Fatigue Workbook: Creative Tools for Transforming Compassion Fatigue and Vicarious Traumatization*, by Franoise Mathieu.

Burnout

Burnout is a mental, emotional, and physical condition characterized by *emotional exhaustion*, *cynicism*, and a *sense of inefficacy* (Maslach & Gomes, 2006). To break down those three elements in greater detail:

- 1. Emotional exhaustion.** When exhausted, we often feel like we have no energy and no means of “re-fueling.” We may drag ourselves through the whole day, feeling heavy or drained. By the time work is done, we just do not have it in us to do the things we enjoy. Outside work hours, we may retire to the couch, or simply “go through the motions” of what needs doing with little or no enthusiasm left in us.
- 2. Cynicism.** This element is characterized by general feelings of negativity and detachment from work. It often shows up as a form of self-protection when situations are too demanding, overwhelming, or traumatizing. The downside is that cynicism can build up and result in a loss of passion for work or connection to clients. The system starts to seem unmovable; there is no hope for change; and we might even wonder “What’s the point?” Ultimately, we may become bitter and angry toward people we work with and for. We may start distrusting people’s reports of abuse or feeling that they are taking advantage of us. This resentment and contempt may even extend to other areas of our lives.

3. **Sense of inefficacy.** When burning out, we typically feel like our efforts are inadequate, and we are not achieving our goals. Hope and optimism deteriorate and despair takes hold. We start to feel very down on ourselves and might think ..., “No matter what I do, it doesn’t make a difference” (Perry, 2020, p. 71).

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Burnout differs from other mental health disorders because it is tied directly into a person’s relationship with their work.

As of 2019, burnout was recognized by the World Health Organization (WHO) and included in the 11th Revision of the International Classification of Diseases (ICD-11) as an occupational phenomenon (WHO, 2019). Burnout differs from other mental health disorders because it is tied directly into a person’s relationship with their work.

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What Vicarious Trauma and Burnout Are Not

Vicarious trauma and burnout are not just about being tired and stressed at work. As Clements et al. (2018) remind us,

It is especially crucial for providers to understand the difference between [vicarious] trauma and regular work-related stress (e.g., feeling tense before a big presentation or tired after a particularly busy week). The difficulty of recognizing this distinction may cause us to initially dismiss the symptoms of [vicarious] trauma, assuming they will dissipate over time—perhaps after gaining more experience on the job or once a particular benchmark has been reached. We may think, “Once I finish up with this case, I’ll feel better,” or “Once I get some downtime with my family this weekend, I’ll be able to start fresh next week.” The symptoms of [vicarious] trauma will not disappear over time, however. Its effects are cumulative and will typically only worsen if not recognized and addressed (pp. 15-16).



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Chapter 2

Signs of Vicarious Trauma & Burnout

AS A RESULT OF BEARING WITNESS to difficult or upsetting stories, settlement professionals may begin to show the signs of trauma themselves. In this way, the signs of *vicarious* trauma are quite similar to the signs of *direct* trauma, so similar in fact that someone experiencing vicarious trauma be diagnosed with Post Traumatic Stress Disorder. PTSD is a mental health disorder that can develop after experiencing or witnessing a traumatic event which included actual or perceived harm to self or others. It is primarily characterized by re-experiencing someone's trauma, emotional numbness and avoidance, and increased physiological arousal. To expand on this definition, the PTSD Checklist for DSM-5 (PCL-5) includes the following signs of trauma (Weathers et al., 2013):

- Repeated, disturbing, and unwanted memories of a stressful experience.*
- Repeated disturbing dreams of a stressful experience.
- Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it).
- Feeling very upset when something reminded you of the stressful experience.
- Having strong physical reactions when something reminded you of the stressful experience (e.g., heart pounding, trouble breathing, sweating).
- Avoiding memories, thoughts, or feelings related to the stressful experience.
- Avoiding external reminders of the stressful experience (e.g., people, places, conversations, activities, objects, or situations).
- Trouble remembering important parts of the stressful experience.
- Having strong negative beliefs about yourself, other people, or the world (e.g., such thoughts as, “I am bad,” “there is something seriously wrong with me,” “no one can be trusted,” “the world is completely dangerous”).
- Blaming yourself or someone else for the stressful experience or what happened after it.
- Having strong negative feelings such as fear, horror, anger, guilt, or shame.
- Loss of interest in things that you used to enjoy.
- Feeling distant or cut off from other people.
- Trouble experiencing positive feelings (e.g., being unable to feel happiness or have loving feelings for people close to you).
- Irritable behaviour, angry outbursts, or acting aggressively.
- Taking too many risks or doing things that could cause you harm.
- Feeling as if your future will somehow be cut short.
- Trouble falling or staying asleep.
- Having difficulty concentrating.
- Being “super alert” or watchful on guard.
- Feeling jumpy or easily startled.

*Note that the words “stressful experience” can be applied to any difficult stories you hear through clients, through your agency, or events that you have witnessed.

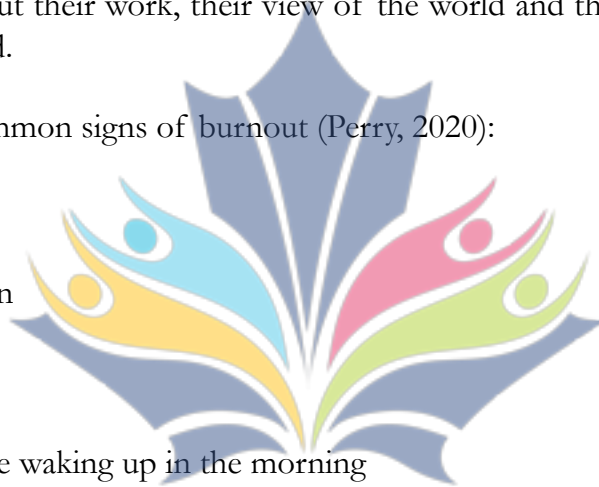
Clearly, vicarious trauma can impact us in a multitude of ways. Yassen (1995) also highlights this, noting the effects are cognitive, emotional, behavioural, spiritual, interpersonal, and physical.

With vicarious trauma specifically, you may begin to feel as if you yourself have been through the traumatic event, and are experiencing some of the same symptoms as the people you are helping.

Burnout can also affect us in a number of these respects, but it does not mimic trauma in the same way. Typically, someone experiencing burnout is not likely to be experiencing nightmares, hypervigilance, or flashbacks. And although they may be feeling cynical about their work, their view of the world and their own safety has not been damaged.

The following are common signs of burnout (Perry, 2020):

- Sleeplessness
- Irritability
- Lack of motivation
- Frequent illness
- Forgetfulness
- Low energy
- Having a hard time waking up in the morning
- General sense of tiredness



Despite their differences, the effects of both vicarious trauma and burnout can be all-encompassing. People suffering from vicarious trauma and burnout have a hard time feeling hopeful, being present, or finding joy. adrienne maree brown echoes this sentiment when she writes about her own experience of burnout in her book *Emergent Strategy* (2017):

My work was reactive; there was often a sense of time scarcity and sprinting, of hopelessness, of not being appreciated, feeling no trust, of working with a confused vision.

My family intervened in a variety of ways, primarily by noticing aloud how little they felt me. I had gotten this feedback from others as well, that when I wasn't "on" it was hard to feel me. When I was "on" I could fill a room.

My coworkers also let me know how frustrating it was to work with me when I was so clearly unhappy (pp. 82-83).

As brown says, the people around us seem to see how we are suffering sooner than we may be ready to admit it. When experiencing irritability, we may blame it on a temporary problem. When exhausted day after day, we may overgeneralize, believing that everyone feels these things. Or, if we are sick all the time and have sleep issues, we may minimize what we are going through, convincing ourselves that our symptoms “just aren’t that bad.”

In large part, the purpose of this manual is to provide tools to prevent vicarious trauma and burnout. The previous pages have defined them in some detail because *the first tool to protect yourself from vicarious trauma and burnout is to notice their early signs and take those signs seriously.*

Education and early identification is one of the biggest assets in combating vicarious trauma and burnout. When the early signs are recognized, many options are available to both the individual and the organization in order to pause, assess, implement what is needed, and continue moving forward. Unfortunately, what often happens is that these signs go unnoticed or brushed aside, until they reach a breaking point. Many people only learn about vicarious trauma and burnout once they are already on stress leave or short-term disability.

It may be that the stress they experience at work has risen to such a degree that it has affected them physically. For some individuals, it can trigger such physical health issues as fibromyalgia, migraine, or chronic fatigue syndrome. For others, it may be that work has affected their mental health seriously enough to induce a diagnosable mental health disorder, like PTSD. It is unfortunate how in Canadian culture the signs of vicarious trauma and burnout only gain our attention when they are affecting our lives in ways we cannot ignore.

It does not need to be this way. “When the roots of vicarious trauma are understood, it can be prevented; when the signs and symptoms are well understood and given the appropriate attention, vicarious trauma can be well-managed” (Sexual Violence Research Initiative, p. 5). As you read the list of symptoms on pp. 10-11, please understand that all of them need not be present in order for you to take your mental and physical health seriously. In fact, most people do not present with all the symptoms. So, if in any way you are wondering if vicarious trauma or burnout is affecting you, discuss it with your family doctor or therapist soon so that it can be addressed.



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Chapter 3

What Causes Vicarious Trauma & Burnout?

Individual Factors - Ignoring Our Limits

One of the biggest individual factors contributing to both vicarious trauma and burnout seems to be the inability to say “no.” Many people feel a sense of shame about stepping back to take care of themselves. They continue to override their needs in the service of others, despite great cost to their health. They see self-care as selfish when this could not be further from the truth. Unfortunately, feelings of guilt and shame about saying “no” can lead helpers to do so much that finally they burn out. Maslach and Gomes (2006) describe this trend:

One former peace activist described the hardest part as “the voices that I carried with me – ‘you’re not doing enough, you have to do more. There’s no time to stop. There are poor people, there are starving people, there are homeless people’. That constant feeling that I didn’t deserve a life until everybody got a life (pp. 45-46).

Instead of listening to their bodies and emotions and taking notice of the signs that they should be caring for themselves, people tend to numb out and push through. When talking to clients about burnout, the first thing I encourage them to do is recognize **how they cross their own boundaries**, and make a commitment to work on that. This is **the one thing they actually have control over**. You may not be able to immediately change a situation in which you are being micromanaged at work or treated unfairly, but you can absolutely do a lot to reduce work overload. Instead of ignoring your limits, you can respect the fact that you are human and cannot do it all, especially not on your own.

We all have a way of knowing when we are pushing ourselves past what is emotionally, mentally, physically, or spiritually good for us. Some people experience it as a gut feeling or body knowing. Other people hear a quiet voice telling them to slow down. As Nagoski and Nagoski (2019) point out:

Humans—especially women—have an extraordinary capacity to ignore this voice. We live in a culture that values “self-control,” “grit,” and persistence. Many of us are taught to see a shift in goals as “weakness” and “failure,” where another culture would see courage, strength, and openness to new possibilities. We have been taught that letting go of a goal is the same as failing (p. 102).

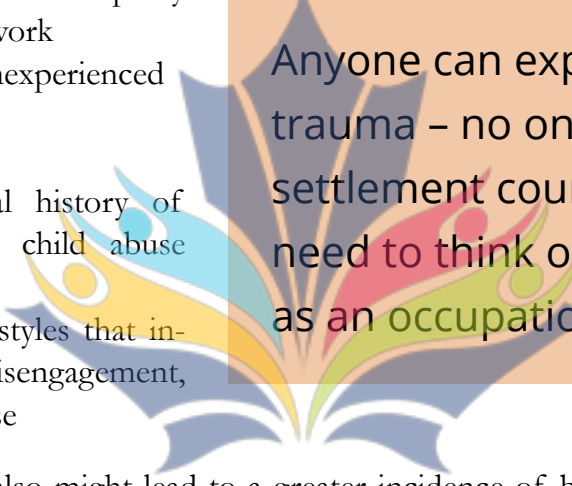
People in the helping professions need to provide themselves an ounce of the compassion that they so readily provide others. It is true the world needs a lot of support – and you are part of the world too. Like everyone else, you are human and have basic needs. You would never ask someone in your care to go without

rest, food, time-off when sick, or connection with loved ones. So please do not ask the same of yourself. We are all in this together, and to do it sustainably, we need just as much compassion for ourselves as we give to everyone else.

Other Individual Factors

A few other factors have been identified that make an individual more likely to suffer specifically from vicarious trauma. It may help to know how many of these risk factors apply to you, and to do what you can to protect yourself. Some of these factors are (Sexual Violence Research Initiative, pp. 8-9):

- having a high degree of empathy or care about the work
- being young and inexperienced
- lack of training
- being female
- having a personal history of trauma, especially child abuse and neglect
- individual coping styles that include avoidance, disengagement, or substance misuse



Anyone can experience vicarious trauma – no one is immune. As a settlement counsellor, you may need to think of vicarious trauma as an occupational hazard.

Cultural background also might lead to a greater incidence of burnout. As one settlement professional told me, the value of community and dedication to the organization are highly promoted in Chinese culture. As a Chinese woman, she felt that she should do whatever it takes to meet the demands of settlement services, especially in an urgent situation. In crisis situations such as natural disasters or the COVID-19 pandemic, it may be particularly difficult for workers of certain backgrounds to stop at the end of the workday and focus on their own needs, even though they are suffering. This can be challenging when the crisis lasts for months or years, rather than days.

While it is important to recognize these risk factors, remember that anyone can experience vicarious trauma – no one is immune. As a settlement counsellor, you may need to think of vicarious trauma as an occupational hazard. Many other occupations are highly susceptible too, including firefighters, police, 911 operators, nurses, doctors, shelter staff, victim support workers, social workers, teachers, and counsellors. Given the nature of the helping role and the empathetic engagement it requires, we all are at risk of developing it. Some would even say that every

helping professional will be affected to one degree or another by the traumatic experiences of clients. As such, finding ways to recognize it and take care of yourself are essential, even if none of the other personal risk factors pertain to you.

Environmental Factors - Stress

One factor that can affect us all at different points in our lives is stress. In our day-to-day lives, we often deal with big and small stressors that activate our nervous systems. At work, such stressors might include communication issues with coworkers or a heavy workload. At home, it might involve a difficult relationship with a family member, parenting struggles, or navigating personal illness, grief, and trauma. “[I]n different ways and to different degrees, all of these things may be interpreted by your body as potential *threats*. *Stress* is the neurological and physiological shift that happens in your body when you encounter one of these threats” (Nagoski & Nagoski, p. 30).

Our stress response may include elevated heart rate, increased muscle tension, and a cascade of hormones like cortisol and epinephrine to help us survive the threat. Together these constitute the evolutionarily adaptive ‘fight, flight, or freeze’ response. As you can imagine, it helps us immensely when we are in immediate danger.

But sometimes the danger we are in takes longer to escape or the threat is more chronic in nature. In such cases, the body may get stuck in that “fight, flight, or freeze response”. The sympathetic nervous system, triggered in order to deal with danger, remains on and we cannot seem to relax, even when we are safely home. The parasympathetic nervous system, or “rest and digest” responses, do not seem to engage. This is what leads to the symptoms of hypervigilance, anxiety, difficulty sleeping and eating, constantly thinking about work stressors, and feeling unable to settle. In this way, an accumulation of stressors at work or at home can lead to an increased risk of vicarious trauma and burnout.

Work Factors

The primary cause of vicarious trauma in the workplace is, simply put, exposure to trauma in the workplace. As a settlement counsellor, you work with people every day who may be enduring traumatic events like separation from close family members, loss of loved ones, and in some cases war, poverty, or instability. You will likely see people coping with such major stressors as immigration issues, racism in their communities, and possibly child abuse, sexual violence, harassment at

work, or intimate partner violence. The constant exposure to such difficult events increases the risk of vicarious trauma.

Along with experiences of trauma, you will likely be exposed to intense emotions or responses, complex settlement issues, and crisis counselling sessions with clients whose emotional or physical safety is of concern to you. As one settlement professional pointed out, sometimes it is the sheer length of these sessions that can be so depleting. A client may arrive at your centre without an appointment, stay for hours while you support them through an emotional experience, and by the time they leave, you feel completely drained.

When there is a crisis, you may spend long hours working tirelessly to serve your community. For example, when wildfires put entire towns under threat, many settlement professionals help their clients find temporary housing, apply for government assistance, and locate services. During the COVID-19 pandemic, many people who lost their jobs hesitated to apply for federal financial assistance for fear that it might affect their immigration status. Many settlement professionals are still working hard to allay these fears and assist clients with their applications. Of course, that is in addition to adjusting to working from home and dealing with their own fear and grief around the pandemic.

Neurobiology research has increased our understanding of vicarious trauma and what happens when we hear difficult stories. We now know that certain areas of the brain are activated during an emotional experience. What is interesting is that when a counsellor supports someone who is going through a difficult experience, the same areas of the counsellor's brain are activated via "mirror neurons" (Keyesers & Gazzola, 2009). These mirror neurons may be what help us empathize with a person in difficulty; they provide insight into what it would be like to experience it ourselves.

Unfortunately, the system that enables you to empathize with others may also leave you vulnerable to vicarious trauma. When you hear traumatic stories, you may experience the same fight, flight, or freeze responses that the client experiences. Over time, multiple secondary exposures to difficult events can accumulate. As a result, your ability to regulate your own stress response to life events will diminish.

There are also factors related to the workplace that lead to burnout. Maslach and Gomes (2006, pp. 45-47) identify six areas where the mismatch between a person and a situation is a key underlying cause of burnout:

1. **Work overload.** This situation involves a mismatch between the demands of work and a person's ability to meet those demands. Settlement counsellors tell me that they hold a unique portfolio. They are expected to work primarily as information brokers while also providing referrals, short-term counselling, and other services related to issues in newcomer settlement. However, in reality, they end up supplying several other services to hundreds of clients each year, and much of this workload simply cannot fit into an 8-hour day. Since there is no time to complete it all at the workplace, many settlement counsellors take it home with them.

Six workplace factors underlie most incidents of burnout: work overload, lack of control, insufficient rewards, breakdown in community, lack of fairness, and values conflict.

In addition, many assume this workload with limited or insufficient training. They may feel unprepared for various, intense situations; or lacking adequate supervisory or peer support; or ill-informed about a client's culture or circumstances. And knowledge of what clients are going through is paramount to doing the work. For example, another psychologist told me that knowledge of refugee life better prepared

her to hear the stories of people traumatized by their experiences in refugee camps. Without that prior knowledge, she feels the stories may have shifted her world view and caused her distress when learning of such events.

In addition to external pressure (e.g., the demands of the job or long work hours), internal pressure can contribute to work overload. When workers feel that they cannot take a break because there's "too much work to be done," they end up permanently in work mode, never getting the rest they truly need. Helping work involves "cultivating and maintaining awareness of large and overwhelming social problems, often carrying a burden of knowledge that society as a whole is unable or unwilling to face" (Maslach & Gomes, 2006, p. 43). This can mean that the work extends into other areas of a person's life, so their work and pleasure fall out of balance.

2. **Lack of control.** This may occur when there is a mismatch between accountability for the work and your decision-making ability. For example, there might be times when decisions made by your management team or board of directors

have a direct impact on the people you serve and interact with daily. Yet you have little say in these decisions. It can be especially tough if no explanation is provided for the decisions, or if the experiences and the voices of frontline staff appear of little value when decisions are made that impact clients. You may end up feeling frustrated, and if what you say does not seem to make a difference, your commitment can start to suffer.

In any work environment, being micromanaged or closely monitored can be a challenge. Some workplaces make it difficult to take time off for sickness, appointments, family obligations, or other important ways in which we take care of our mental and physical health. This lack of flexibility can make workers feel that they have no control over how they spend their time or no authority to make decisions about what's best for their own health and well-being.

- 3. Insufficient rewards.** A variety of situations can give rise to a mismatch between the work people do, and the compensation (or simple job satisfaction) they get in return. In helping fields such as settlement organizations, salaries have traditionally been on the low end of the spectrum. At times this can make it hard to feel that the payoff is worth the effort. If the compensation package contains few other perks, the imbalance can be difficult to deal with. This is especially true when work begins to take over other areas of your life or affect your physical well-being.

Your satisfaction may also decline if the work you are performing goes unnoticed or underappreciated. Translation services are often a good example of that. People who do not perform this work often do not understand how emotionally taxing it is. If there is only one person in an office who can speak a particular language, they are sometimes expected to perform all the duties related to the community that speaks it, without recognition from management of just how much work is actually involved. When this and other evidence of being underappreciated build up over time, a person can experience burnout.

Job satisfaction can depend on the impact that job has as well. If you feel that you are doing the same work, day after day, without having any positive impact on the people you serve, it could lead to burnout. Then there is the possibility of mismatch between a person's job and their talents. For example, if you care a lot about relationships and working with people but your job requires a lot of paperwork, emails, or administrative work, the satisfaction you gain from such work will be out of balance with the effort you put in.

- 4. Breakdown in community.** In this situation, there is a mismatch between social needs and what the community or organization offers. “A breakdown in a sense of community occurs when people’s social needs for support and collaboration are unmet or when the organization is riddled with hostility and destructive competition. When ongoing relationships lack trust, or have unresolved conflict, the work community will be unable to function as a collective group and may even end up tearing itself apart” (Maslach & Gomes, 2006, p. 46).

In my work, I have too often seen the effects of toxic workplace environments. Staff may be doing work they care about, with coworkers they like, and the work may have other positive aspects. But if there is hostility in the work environment, it very quickly leads to burnout. In addition to downright toxic environments, the breakdown in community may happen because agencies that serve people are often underfunded, have inadequate supervision, time constraints, and inadequate pay, despite high needs in the community. This can lead to lack of support within the agency as all levels struggle to run on less than what they need, and to high turnover.

- 5. Lack of fairness.** This refers to a mismatch between the guiding principles of an organization and its actual practice. For example, if the workplace is supposed to be an interdisciplinary team but only one or two main people make decisions, this can feel incongruent. Likewise, if you were told in your interview that your organization values a work-life balance, but you are expected to take no sick days and answer email on the weekend, this may lead to feelings that the workplace is unfair.

Similarly, some organizations seem to struggle with favoritism, and workers may feel that their inability to move ahead in the workplace could even be due to sexism or racism. There may be a lack of respect for the diversity of experience that each member of the team brings, or there may be a lack of transparency about promotions within the organization. All of this can lead to feelings of anger, bitterness, and resentment.

- 6. Values conflict.** This describes a mismatch between your ideals about what you want to do on the job and the reality of what you have to do. The belief that you can make a difference is often a primary reason that people engage in helping work. So, it is understandable to feel let down by a lack of progress or change. As mentioned earlier (p. 15), those who experience burnout tend to be young, idealistic, empathetic, and to care deeply about the work. If we are not able to create change, and see the results of that change, it can lead to burnout.

Sometimes there are even situations in our work where we have to make compromises and go against our values. For example, sometimes there is so much on our plate that we might have to say “no” to some people to whom we really want to say “yes.” We might decline to help someone with translation services even though we know they really need the help. We might not be able to accompany to court someone who has experienced abuse, even though we know that this would build their confidence and help them feel supported. We end up saying “no” to a lot so that we can say “yes” to the items that are truly essential to our jobs, and do our part. At times, this can be difficult to accept, especially if we thought we were going to make big changes and help a lot of people. Our sense of identity can be bound to our jobs, so when we do not immediately achieve this goal, we can see ourselves as failures.

Sometimes the goals we have for our work extend beyond our own agency to greater goals we have for society. It can be disheartening if what you are trying to achieve and what is actually happening are different. For example, it can be painful if you are working to counsel abuse survivors, while the news carries stories that perpetuate harmful myths, like that children from single-parent, female-headed families are more prone to fall in conflict with the law. Or perhaps while you are working to help newcomers feel more integral to their communities, you see a rise in hate crimes.

In my experience, these six workplace factors are what underlie most incidents of burnout. This means that burnout can happen to anyone, because it is the work environment itself that has the biggest impact. Next let's turn to some of the systemic factors that put us all at greater risk of burnout.

Systemic Factors – The Valuing of Productivity

In Canadian culture, there is always such a push to do more with our time. If we find ourselves with spare time, it seems we need to fill it with work, or at least with something “productive.” Some feel they need to be useful all the time, or helpful to others. This begins when we are young, and told to do something useful and not waste our time with pointless pursuits like having fun. Yet this pressure for never-ending productivity comes at a great cost. In his article “The Disease of Being Busy” Omid Safi (2014) asks:

How did we end up living like this? Why do we do this to ourselves? Why do we do this to our children? When did we forget that we are human beings, not human doings?

Whatever happened to a world in which kids get muddy, get dirty, get messy, and heavens, get bored? Do we have to love our children so much that we overschedule them, making them stressed and busy — just like us?

What happened to a world in which we can sit with the people we love so much and have slow conversations about the state of our heart and soul, conversations that slowly unfold, conversations with pregnant pauses and silences that we are in no rush to fill?

How did we create a world in which we have more and more and more to do with less time for leisure, less time for reflection, less time for community, less time to just... be?

I notice how hard it is to take time to rest when it feels like we are rewarded for working hard. It is especially difficult if we feel that we are the only one doing it, and if we prioritize our needs, there may be consequences. This is why Chapter 6 is about “What Organizations Can Do.” I believe that there has to be a collective effort, where we all work together to help prevent vicarious trauma and burnout.

“How did we create a world in which we have more and more and more to do with less time for leisure, less time for reflection...?” There has to be a collective effort, where we all work together to help prevent vicarious trauma and burnout.

Other Systemic Factors

Other systemic factors that may hold us back from slowing down are related to the barriers we see for our clients. It is hard to take a break when the system clearly is not working for the people we help. So, if a settlement professional notices gaps in the immigration service, lack of translation services, an EI program that is hard to navigate, or a client being treated unfairly by an employer,

it may be hard not to step in. The real barriers that face our clients and the lack of supports that are unfortunately a part of our current reality make it difficult to take a step back and do what we need for ourselves.



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Chapter 4

The Consequences of Vicarious Trauma

CHAPTER TWO IDENTIFIED SOME of the major ways that vicarious trauma can affect an individual. Trauma may leave a person coping with overwhelming emotion, a psychological sense of numbness, nightmares, and many other disturbances. So, what happens if these symptoms persist? Many people who are coping with the effects of vicarious trauma try to continue forward, and the symptoms can become chronic.

The Effect of Chronic Stress

When a stressor is persistent, and cannot be escaped, psychologists and doctors begin to worry about the effects it may have on our bodies and minds. It can take months or even years to recover from the effects of vicarious trauma or burnout, especially if these effects have been cumulative over time. To understand just how serious this is, consider the effect of chronic stress on just one system – the cardiovascular (Nagoski & Nagoski, 2019):

Chronically activated stress response means chronically increased blood pressure, which is like constantly turning a firehose on in your blood vessels, when those vessels were designed by evolution to handle only a gently flowing stream. The increased wear and tear on your blood vessels leads to increased risk for heart disease. That's how chronic stress leads to life-threatening illness.

And this happens, remember, in every organ system in your body. Digestion. Immune functioning. Hormones. We are not built to live in that state. If we get stuck there, the physiological response intended to save us can instead slowly kill us (p. 35).

It can take months or even years to recover from the effects of vicarious trauma or burnout, especially if these effects have been cumulative over time.

A state of chronic stress has a high physiological cost. Whether a person is locked in the state of “fight,” “flight,” or “freeze,” the impact on their emotional and physical health can be severe. Author and physician Gabor Maté (2014) makes the link between chronic stress and chronic health issues such as multiple sclerosis, chronic fatigue syndrome, fibromyalgia, migraines, endo-

metriosis, and other disorders. While many other factors contribute to these complex diseases, there is now evidence to suggest that the effect of chronic stress on a person's long-term health is significant.

Impact of Vicarious Trauma on Our Relationships

A helping professional who cannot stop thinking about the traumatic stories they have heard may feel the need to share the details with loved ones. Yet, this can be difficult for others, most of whom will have no training in trauma either and likely will not know how to be supportive. Lacking experience of the person's situation, they simply may not understand. This can often lead helpers to feel isolated.

When overwhelmed by the symptoms of someone else's trauma, you are going to have a harder time being present and engaged with your family members and friends. You may find yourself distracted, thinking about what happened at work earlier. Or you might worry about a client's uncertain future. Either way, you may notice yourself cut off from the present experience with your loved one. Some people also report how they simply "drift off." Worrying about work not be the problem – they just cannot focus on and enjoy the here and now.

Vicarious trauma will also affect someone's ability to be patient and understanding with coworkers. The person becomes irritable, even acting out their frustrations on coworkers. People can start to feel resentful and bitter toward those around them, perhaps without realizing that their own mood is what has changed – not others.

Impact of Vicarious Trauma on Our Work

When suffering from the impacts of vicarious trauma, a helping professional will find it difficult to be present and compassionate with the people they help. All their vital life energy, without choice, will be managing the symptoms that they are going through. All that "fight, flight, or freeze" energy passing through the body is a lot to manage every day. Left with an all but empty "tank," there is little the professional can draw upon when even something slightly stressful happens. There simply is no energy leftover to be patient, thoughtful, and connected to themselves as they would be normally. As a result, they may unintentionally unleash some of their distress onto the people they care about most.

The work we do helping others is important, without question. Yet some of the most important work we have to do is on our relationship with ourselves. Being with our emotions and our bodies allows us to be more human with the people we help. When working with people who have potentially experienced horror

(through war, trauma, etc.), we need to be able to show up with all of our humanity. If disconnected from ourselves, we can *over-identify* with clients and lose ourselves in their trauma. Alternatively, we can *avoid* them, and become cold and distant.

Over-identification:

- You see yourself in the client. You feel as though what is happening to them is happening to you.
- A belief that you have to protect your client, almost as if they are the child and you are the parent.
- You think you are the only person who can help them.
- You cannot stop thinking about the person you are helping. It consumes your life.

Avoidance:

- You lose empathy and compassion for the person you are helping. You might minimize their problems and blame them for what is happening to them.
- You do not want to think or talk about the trauma. You might change the subject or just pretend to listen.
- You do not believe anyone can help.
- You may mentally zone out or be unable to pay attention. You may feel numb.

At its worst, a person may become so burnt out and disengaged that they feel the only option is to drop out of the profession entirely. The work they once cared about so much becomes only a source of pain, and they feel they must leave it behind.

How to Stay Present for the People We Help

Ideally, we want to be able to present for the people we help without being overwhelmed by their difficult experiences. In order to show up for the people we are helping without losing ourselves, Linda Stelte and Berns Galloway (2016) remind us that it is helpful to think about:

- being connected to ourselves.
- being in the here and now.
- being hopeful.
- being curious.
- being someone who has boundaries.

Being hopeful, curious, and present at times may be easier said than done, so think about all the aspects of your life that support you. They will include people, places, and animals in your life or at any point within your lifespan. Each is a part of your resource pool and can be thought of as an important gift, to be called upon at different times. At times when a client is recounting a traumatic event, you may need to use these gifts.

Sometimes when a client is telling a difficult story, your brain can begin to imagine being right there in the danger zone, as if you are living through it with them. If you find yourself “in the story” with the person you are helping, you might notice your heart racing, your shoulders begin to tense, and your mouth begin to get dry. You might notice yourself feeling fearful, angry, and upset. This is your sympathetic nervous system engaging. These are all clues that you are absorbing the client’s story as if it were your own, that is, you are over-identifying with the client.

When you accidentally over-identify with a client, you may need to use your five senses to ground you into the here and now. This will help to remind your body that whatever difficult thing you are hearing about is not happening in the present moment, and it is not happening to you. You know this on a rational level. Yet, when a person hears difficult stories and starts to imagine them, the sympathetic nervous system cannot help but respond as if the story you’re hearing is only too real. You need to counter that automatic survival response by looking around the room and helping the nervous system take in the fact that you are safe. Registering these visual clues and telling yourself that “this isn’t happening to me” can help you return to the present moment. When connected to yourself in the here and now, you will be much less likely to suffer from the effects of vicarious trauma.

The sad fact is that helping professionals often receive no training on *how* to listen to difficult stories without being traumatized themselves. These tools were not provided by my counsellor training program, nor by any of the human services agencies that I worked for. I believe one big thing we can do is change the way we listen to our clients. Essential to that change is connecting with ourselves, so we may be able to empathize with others in a way that is *sustainable*. We do not need to lose touch with ourselves or the things that bring us fullness. In fact, it is essential that we do not.



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Chapter 5

What Individuals Can Do

ALTHOUGH VICARIOUS TRAUMA AND BURNOUT are different experiences, much of what can be done to prevent one can also help prevent the other. For example, rest and support are good for both vicarious trauma and burnout. Chapter Three outlined some of the *risk factors* for burnout and vicarious trauma. Chapters Five and Six will delve into what can be thought of as *protective factors*. Chapter Five covers protective factors at the individual level, and Chapter Six covers them at the organizational level.

It bears repeating that the best way to prevent vicarious trauma and burnout is to slow down. Probably, we need to slow down even more than we think. In the passion to create a better world for the people they serve, helping professionals often want to rush to get things done. Settlement professionals might begin by helping a client to apply for a Social Insurance Number and Permanent Resident and Provincial Health Cards. They may then advise them about their children's school admission and orient them to the education system in Canada. That can turn into informing the clients about banking, taxes, housing, renting, buying a house, public transport, bank loans and mortgage, credit card and credit history, vaccination and the health care system, ESL programs, vocational programs and options, resume building, interview skills, applying for a job, employment – and other issues that newcomers to Canada might need to know about. On top of this lengthy agenda, crises may occur in the lives of the people that they are trying to help.

Settlement professionals sometimes act as domestic violence support workers (often without the training), as supports through the law enforcement process, and as advocates when newcomers get scammed online. When sponsors are abusive, settlement professionals may help their clients apply for sponsorship breakdown and then for emergency shelter or social assistance. Some even may provide translation and cultural interpretation services for police, schools, child protective services, and other agencies. The major challenge in all this is that settlement professionals are expected to do everything, or even when they are not expected to, they end up doing it anyway.

The biggest and most common advice I give to clients is to slow down and to start listening to what they need. It is not about being less compassionate with others, but about turning some of that wonderful compassion and caring towards the self.

The ways in which helping professionals like us need to help may seem countless. We may feel an internal pressure to move quickly and help them with their crisis in order to alleviate their pain. We may also be under external pressure to help a certain number of people to reach particular goals within a certain timeframe.

Sometimes this pressure is accompanied with thoughts like “I have to fix this” or “I’m the only one.” We may experience feelings of anxiety, desperation, and hopelessness. Scarcity and fear can also arise, along with the desperate need to get things done. While all these experiences are understandable, consider this: *They are typical signs of vicarious trauma itself.*

In other words, these are signs that the stress response cycle has been activated. When experiencing vicarious trauma, the world feels inherently unsafe, and what is more, we are the only ones who can protect others from it. Yet this urgency and lack of safety are not felt by everyone (Stelte and de Rosenroll, 2016). Rather than acting on these feelings, and continually pushing yourself to work harder, it may be best to slow down. Slowing down will be helpful for both you and your clients. When our own mentality is bruised by trauma, we are of little help to our clients (especially if they are dealing with trauma themselves).

It is hard to slow down and say “no,” especially when we care so much about the work. adrienne maree brown (2017) reminds us that to slow down, go small, find a way to stay present. This, she believes, is the way to change worlds. How different that is from the pattern of overwork and unrealistic expectations, which eventually leads to stagnation and burnout.

The biggest and most common advice I give to clients is to slow down and to start listening to what they need. It is not about being less compassionate with others, but about turning some of that wonderful compassion and caring towards the self. As Richardson (2001, p. 27) would say, burnout prevention is about “embracing a commitment to one’s self with the same energy and passion that is dedicated to the work.”

If all you learn from this manual is to slow down and spend more time listening to yourself, that will take you a long way towards recovery. Our bodies tend to tell us what we need, so it is worth pausing and listening within. Beyond that, the following are specific suggestions that research has shown to help with the symptoms of burnout and vicarious trauma.

Move Your Body

When dealing with stress, the activation that arises inside the body is quite physical in nature. Because of this, one good remedy is also quite physical. Instead of trying to talk yourself through stress, try to move it physically and thereby complete the stress response cycle. Your body is in fight, flight, or freeze mode, so help it release the stress. Physical activity that gets your heart going (e.g., dancing, swimming, running, or snowshoeing) helps your body move through the activation and release the energy that arose with the stress response. Once you do so, your body can start to feel safe again.

As Nagoski and Nagoski (2019) remind us, “[p]hysical activity is the single most efficient strategy for completing the stress response cycle” (p. 47). They suggest 30 minutes of moving your body, every day. They also advise that if you do not immediately feel better after exercising the first time, there may be a backlog of accumulated stress response cycles in your body to work through. So please do not get discouraged. It can take time.

Take Time

Taking time is good advice in general, although you might wonder, “just how much time exactly?” Taking time is a daily, weekly, and monthly practice. Start small. Every day, take a small break after one client leaves and before the next arrives. During this time, you may need to attend to basic needs like getting water, food, or going to the bathroom. (Many people forgo even these and just keep working.) You might also use the time between clients to recenter yourself by breathing, walking outside, or doing a quick heart-centered meditation.

In the course of an 8-hour day, you also need longer, “real” breaks to sit down for a meal without any distractions, to be in nature, to move your body, or to connect with a coworker. Too often, people tell me how they worked over their lunch breaks or skipped the meal altogether. But skipping meals and destabilizing blood sugar levels can have a significant negative impact on a person’s mood. It makes us more prone to stress and depression (Ferrer-Cascales et al., 2018). A decrease in blood sugar also impacts the ability to concentrate. And skipping meals makes us more likely to overeat later, causing nausea, constipation, bloating, and exhaustion (Barnes, 2019). Science has shown repeatedly that we are less productive when we do not take the breaks. Taking them will not only be better for you, it will be better for your work (Bradberry, 2019).

In the course of a month, we also can and should take time off work. Statutory holidays exist for a reason, and they are the bare minimum of time that we all need away from work. Certainly, if we do not take vacations, the cost to our health is high. Gump and Matthews (2000) found that not taking annual vacations is associated with illness or even premature death. Now here is the interesting part: saving up all our vacation time for one major holiday might seem like a good idea, but research suggests that frequent respite may be better for preserving well-being. In the course of an entire year, science indicates that several short vacations may be helpful, each lasting about eight days (de Bloom et al., 2013).

In addition, take time off to heal after a difficult incident, whether it happened at work or at home. This can sometimes be as simple as going home early after half a day. After being witness to a traumatic event, several days away from work may be necessary for recovery.

In order to take time, reduce the internal pressure to get so much done in a single day or week. Start with the number of clients you are helping. Some professionals at settlement agencies and in other helping fields have caseloads I could not imagine. When such caseloads involve a number of complex issues (e.g., a client facing unstable housing as well as involvement with child services, or a history of trauma in the home country, or issues with immigration), they can be emotionally draining. To retain your energy, it is imperative to build a daily and weekly schedule in which complex clients do not arrive back to back. In addition, to give yourself a break from counselling, consider taking a few hours each afternoon for administrative work, or block off one day a week for that purpose.

Taking time can also mean allowing yourself more time to respond to an email or get back to someone. This can be difficult when the work often carries a sense of urgency. Yet when important decisions need to be made, it may be especially important to go slow. Give yourself time to find the right pathway, rather than rushing to act out of stress or anxiety. Ask for consultation when you need to, and let yourself sit with a decision before acting on it.

Often, the suggestion to take more time is met with resistance. When you are overloaded, there seems to be no time to spare. Yet trying to get too much done sometimes can have the opposite effect. You get exhausted, overwhelmed, and unable to focus on the important work in front of you. People end up spinning their wheels, and nothing real gets accomplished. Paradoxically, relieving some of the pressure to get it all done can enable you to gain ground on the things that are most important.

Check in with Yourself

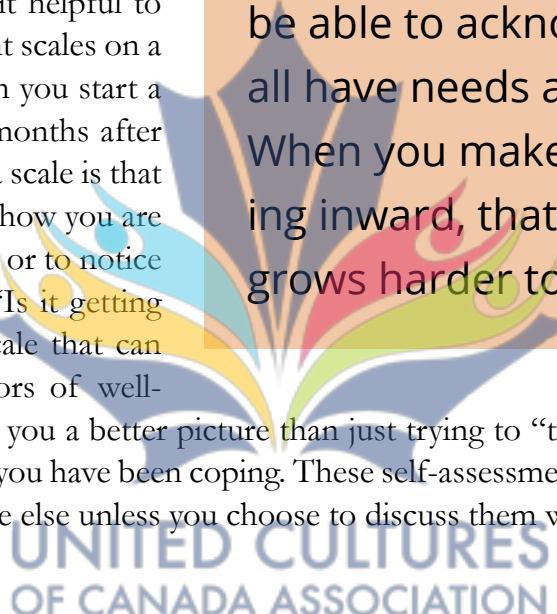
Chapter Two underscored the first step to reducing the likelihood of vicarious trauma and burnout: notice the symptoms early. Yet, many people report that they do not notice that they are feeling burnt out until the signs and symptoms have become too big to ignore. For example, they are already having trouble going to work, their work is suffering, or their health is impacted. To remedy this, consider making it a regular practice to check in with yourself.

Some people may find it helpful to complete self-assessment scales on a regular basis – like when you start a new job and every six months after that. The reason to use a scale is that it may be hard to assess how you are on a week-to-week basis or to notice any trends over time. (“Is it getting better or worse?”) A scale that can accurately track indicators of wellness over time may give you a better picture than just trying to “think back” and make guesses as to how you have been coping. These self-assessments do not have to be shared with anyone else unless you choose to discuss them with a doctor or therapist.

An example of a self-assessment scale is in the Appendix (pp. 63-65) reprinted with permission of The Centre for Victims of Torture (www.ProQOL.org). The Professional Quality of Life scale (PROQOL) measures compassion satisfaction and compassion fatigue. Compassion fatigue is further broken down into burnout and vicarious trauma (“secondary traumatic stress”).

In addition to the more formal ways of checking in with yourself, there are many informal ways. They include journaling, talking with other, supportive people, or simply taking a moment to note how the day went and how you are coping.

When I invite people to be “mindful” about their signs of stress, it is really about deepening their awareness of their own personal limits and the signs that they are taking on too much. When you first start to check in with yourself, you might notice just how tired you are. The reason is that when people are braced against



When more in tune you are with yourself, you are more likely to be able to acknowledge that we all have needs and are human. When you make a habit of listening inward, that quiet voice inside grows harder to ignore.

something, they do not notice the tiredness. But when you start to slow down and grow less defensive about what you might be experiencing, the limits to your energy become apparent. When more in tune you are with yourself, you are more likely to be able to acknowledge that we all have needs and are human. When you make a habit of listening inward, that quiet voice inside grows harder to ignore.

Checking in can also involve asking yourself, “How am I attending to my needs today?” Our needs change often – with the seasons, under the impact of external stressors or life events, and so on. It helps to review your self-care plans frequently. Check in with yourself every week and take note of how you are nurturing yourself. Taking care of yourself is not always something that should be done alone, either. Sometimes it is important to enlist the help of your community, and ask for what you need, whether from family, friends, a religious or spiritual centre, or professional supports. You might see if there is enough interest to create a peer support group at work or in your larger community, where you can hold each other accountable to set good boundaries and take care of your mental health. I recommend that helping professionals regularly see a therapist that is trauma trained, and do so before they are in crisis.

When you check in with yourself, signs that you are not getting better over time are easier to notice. If you find yourself continually exhausted by client work, or by any particular task at your agency, it may be helpful to change things up. If a particular task is becoming draining, for example, consider rotating through other positions within the agency so that you can rediscover the energy that once fueled you.

Over time, what is the effect of all this noticing? As brown (2017) shares, “It has meant getting in touch with my body and feelings in real time, and learning to express them. I am learning to engage in generative conflict, to say no, to feel my limits, taking time to feel my heartache when it comes” (pp. 83-84).

Practice Mindfulness Based Stress Reduction

The practice of mindfulness may be different from culture to culture, and historically it has been an important concept in many spiritual traditions including Buddhism, Christianity, Judaism, Taoism, Hinduism, Islam, and some Indigenous ways of life (Stahl and Goldstein, 2010). In psychology, mindfulness is described as a practice of “cultivating awareness of the mind and body and living in the here and now” (Stahl and Goldstein, 2010, p. 15).

Clements et al. (2018) have an interesting perspective on why mindfulness practices may be especially helpful for those who work with traumatized individuals. As they point out:

[E]motional numbness is a common symptom for victim service providers struggling with its effects. For those of us working with traumatized populations, we can hear only so many stories of pain and suffering before we begin to look for ways to mentally escape. In Kelly and Colter's research in Montana, providers reported drinking too much, watching too much television, and binge-eating to cope with the toll of their work. These attempts at shutting down can make it difficult to address the many effects of [vicarious] trauma, as we must be emotionally present in order to recognize and successfully work through them (pp. 34-35).

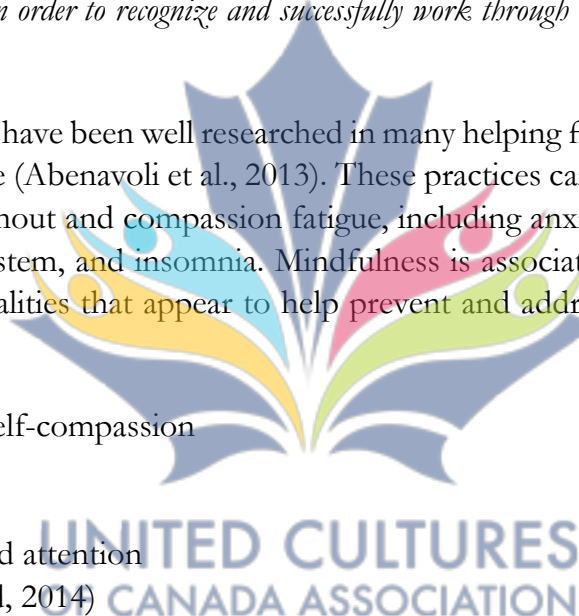
Mindfulness practices have been well researched in many helping fields and shown to help build resilience (Abenavoli et al., 2013). These practices can help to relieve the symptoms of burnout and compassion fatigue, including anxiety, depression, weakened immune system, and insomnia. Mindfulness is associated with the development of five qualities that appear to help prevent and address compassion fatigue and burnout:

- compassion and self-compassion
- resilience
- self-awareness
- meta-cognition and attention
- meaning (Berthold, 2014)

In one study that taught mindfulness-based stress reduction to mental health therapists in training, the participants showed significant declines in stress, rumination, and anxiety, while improving in mood and self-compassion (Shapiro, Brown, & Biegel, 2007).

Most mindfulness-based stress reduction programs incorporate several specific elements. The latter study used five mindfulness practices, adapted from the teachings of Jon Kabat Zinn:

- 1. Sitting Meditation.** This is where you're invited to notice the sensations of breathing while also remaining open to physical sensations, thoughts, and emotions.



2. **The Body Scan.** This involves the movement of your attention through the body from your toes to your head while observing any physical sensation, without judgment. It allows you to identify where you are holding tension and, if possible, to release that tension.
3. **Hatha Yoga.** A series of stretches and postures to help enhance mindful awareness of the body and to assist with balance and strength.
4. **Loving-kindness Meditation.** A practice to help develop compassion or loving acceptance toward the self and others.
5. **Informal practices.** This component emphasizes bringing mindfulness into everyday life.

Mindfulness is described as a practice of “cultivating awareness of the mind and body and living in the here and now.”

To practice mindfulness-based stress reduction, try *A Mindfulness Based Stress Reduction Workbook*, by Bob Stahl and Elisha Goldstein. To increase compassion for self and others, and practice loving kindness try *The Mindful Self-Compassion Workbook: A Proven Way to Accept Yourself, Build Inner Strength, and Thrive*, by Kristin Neff and Christopher Germer.

Here are three helpful apps that include body scans, meditations, and other mindfulness-based exercises:

- Headspace
- Buddhify
- Sanvello

Online, exercises are also available at these sites, among others:

- <https://self-compassion.org>
- <https://www.mindful.org/category/meditation/guided-meditation/>

Many other resources in print and online offer opportunities to practice mindfulness-based stress reduction, as well as information about its benefits. There is also a growing body of knowledge about the importance of practicing compassion. As many others have identified, however, people in the helping field often have an abundance of compassion for others, and not enough compassion for themselves.

The development of self-compassion has been a very important factor in my work. I therefore include a practice on it here that you could use in your daily life. It is called a “Self Compassion Break” and can be found at the Self-Compassion website of Dr. Kristin Neff (<http://self-compassion.org>):

Think of a situation in your life that is difficult, that is causing you stress. Call the situation to mind, and see if you can actually feel the stress and emotional discomfort in your body.

Now, say to yourself:

1. This is a moment of suffering

That’s mindfulness. Other options include:

- *This hurts.*
- *Ouch.*
- *This is stress.*

2. Suffering is a part of life

That’s common humanity. Other options include:

- *Other people feel this way.*
- *I’m not alone.*
- *We all struggle in our lives.*

Now, put your hands over your heart, feel the warmth of your hands and the gentle touch of your hands on your chest. Or adopt the soothing touch you discovered felt right for you.

Say to yourself:

3. May I be kind to myself

You can also ask yourself, “What do I need to hear right now to express kindness to myself?” Is there a phrase that speaks to you in your particular situation, such as:

- *May I give myself the compassion that I need.*
- *May I learn to accept myself as I am.*
- *May I forgive myself.*
- *May I be strong.*
- *May I be patient.*

This practice can be used any time of day or night, and will help you remember to evoke the three aspects of self-compassion when you need it most.



Limit Work

“Limit the amount of work you do” is a common piece of advice for people who are struggling with burnout. Work overload plays such a big role in burnout, and while some of that work may be out of your control, there is a lot you can do to stop it from overtaking your life. For starters, if you get paid as an hourly worker, please make sure to leave work at the time you are scheduled to finish your shift. It is very common in the helping field to feel internal pressure to stay until the work is complete. Unfortunately, there is always more work to be done.

When you do get home, keep the job at bay by refusing to check email or answer calls on your work phone. Withhold your personal phone number from clients, to underscore the distinction between your work time and your personal time. You certainly would not want a client waking you up in the middle of the night just to talk. It can all wait until tomorrow, and if a true emergency arises, someone will know how to contact you outside of email. (A sign in my child’s medical clinic reminded all patients that the physicians “take no calls after hours.” I thought, “If pediatricians can turn off their phones after hours, then probably the rest of us can too.”)

It may be hard not to involve yourself in the life of a client, given how intimate you are with the challenges they are going through. This may be especially true for settlement professionals who are new immigrants themselves. Nevertheless, setting a healthy boundary will help protect your time and energy so that you can keep doing the work you need to while at work. As an added bonus, it will help model to clients that they too are allowed to have boundaries and to say “no” when they need to.

Remember: even to engage “mentally” in work – by thinking about the to-do list or worrying about someone you are trying to help – is a way of working. It can be equally as draining as actually being at work. Just thinking about a stressful event will produce the same level of cortisol as being in the stressful environment in person. If you catch yourself thinking about work while you are at home, you may need to find a way to engage in what is happening in the present moment.

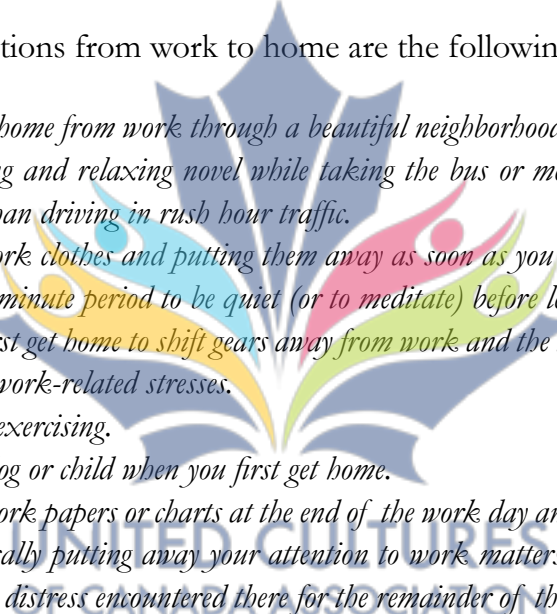
Allow a Transition from Work to Home

Consider spending the last 30 minutes of your day winding down from what you are working on so that you can leave on time. If you have a desk, tidy up your paperwork, turn off your computer, put away dishes, lock up important documents, and so on. This process of putting things away can help us begin to transition

from “work mode” to “not at work mode.” Some people use this time to journal about what they have experienced that day, so they can put it away mentally before leaving the workplace. Alternatively, you might write down anything on the task list that you want to be sure to attend to tomorrow. That way, you do not have to keep thinking about it or worrying about it once you leave work.

Another good idea is a practice that really demonstrates your mental transition from work to home. This might involve walking around the block to release any tension in your body, or singing in your car on the way home. You might even refocus your thoughts to the present moment by reminding yourself, “I’m leaving work behind now – all of that can wait until tomorrow.”

Other worthwhile transitions from work to home are the following:

- 
- *Walking or biking home from work through a beautiful neighborhood or park.*
 - *Reading an engaging and relaxing novel while taking the bus or metro home from work rather than driving in rush hour traffic.*
 - *Changing out of work clothes and putting them away as soon as you get home.*
 - *Taking a 5- or 10-minute period to be quiet (or to meditate) before leaving the office or when you first get home to shift gears away from work and the traumatic material and other work-related stresses.*
 - *Going for a run or exercising.*
 - *Playing with your dog or child when you first get home.*
 - *Putting away any work papers or charts at the end of the work day and locking your office (symbolically putting away your attention to work matters and any traumatic images or distress encountered there for the remainder of the day and night)*
 - *Watering plants in the office at the end of each work week before starting the weekend (a metaphor for life and growth, reminding you to save time for your own life and personal growth outside of work) (Panos, 2007).*

Seek Connection and Pleasure

So, if you are not working or being productive all the time, what do you do instead? This one is short and simple. Seek pleasure by taking time to sing, dance, and laugh. Take time to connect with people you love, who nourish you in reciprocal ways. Note that our work and other caregiving roles (like providing for our children) can bring us a lot of satisfaction, but these are not reciprocal relationships. We need mutual connections in addition to our caregiving relationships. It is very important to have positive connections and activities to do outside of work.

Rest

A key factor in burnout is work overload, and the solution to work overload is uninterrupted time to rest (Maslach & Gomes, 2006). This is nothing that many of us have not heard before, and yet the advice is often easy to ignore. We think we can (or should) get by with less. Yet science says otherwise. The effects of sleep deprivation alone can be alarming. In the short term, it can cause problems with attention, problem-solving, creativity, and reaction times. Drowsiness also puts people at higher risk of car accidents and accidents at work (Kirszenblat, 2017). If that does not convince you to take seriously the impact of sleep deprivation, let the following research drive it home. In the “Whitehall II Study,” researchers looked at how sleep patterns affected the mortality of more than 10,000 British civil servants. The results showed that a decrease in sleep duration significantly increased their risk of death from all causes, and in particular, from cardiovascular disease (Ferrie et al., 2007).

Sleep is, of course, just one (major) aspect of the issue. “What makes you stronger is *rest*. Rest is, quite simply, when you stop using a part of you that’s used up, worn out, damaged, or inflamed, so that it has a chance to renew itself” (Nagoski & Nagoski, 2019, p. 278). Yet people in the helping field have a hard time allowing themselves the rest they need. It is seen as wasteful, or even worse, as “undeserved.”

A growing body of research (of which the general public may be largely unaware) highlights the importance of allowing our brains to engage in non-attentive but awake mental states. This could involve downtime, daydreaming, or simply allowing our minds to wander, during which time important brain functions are engaged. These cannot occur when we are actively engaged in a task that requires our mental attention (Immordino-Yang et al., 2012).

When we have a lot on our plates, it can be tough to sit still and let our minds wander, but even doing a routine task that does not require mental engagement can help us to get some of the rest we need. This may be what Maslach and Gomes (2006) meant by “downshift”:

The solution to chronic exhaustion is to build resilience, by improving physical health and strength, getting sufficient rest, and learning how to relax during strenuous times. While taking a break from work can be helpful, another especially effective technique is a temporary work change called a “downshift.” You downshift to some less demanding task, like routine paperwork or sweeping the floor, before returning to the more challenging jobs (p. 45).

The amount of time needed for rest is perhaps the most surprising of all. According to the research, we need about ten hours of rest per day. Some of this is going to be sleep, and some of it may be rest that is awake. However, television and social media do not count as rest because they actively engage our attention and do not allow our minds to do the background processing that we need to in order to garner true respite (Nagoski & Nagoski, 2019).

Remind Yourself That You Do Have Power and Choice

Chapter Three made reference to the frustration people experience when progress toward their goals feels too effortful, or when they put more into something than they get out of it (Maslach & Gomes, 2006). They can feel like they have no power at all, as if they are stuck.

As staff members, there may be many aspects of your work that are outside of your control. The people to help, paperwork to complete, and projects to complete may seem endless. You may not be in a position to make structural changes in the workplace to help protect yourself from vicarious trauma and burnout. Similarly, there is only so much you can do as an individual to address the broader social issues that our clients may face, like abuse and trauma, racism, and isolation.

Yet you do still have power and control in some ways. Within the workplace, for example, you can choose to focus on how you show up for the people you help, and try to do so with as much compassion as possible. You can work toward having control over your time by taking regular breaks or by leaving your work at the office at the end of the day. Outside the workplace, you still have control over how you spend your time. You might want to create some routine each day and do something tangible, like plant a garden, shovel snow, walk your dog, go swimming, or paint. These can feel like powerful acts when you are experiencing feelings of helplessness.

There may also come a time to make a decision about staying or leaving your organization, and this too is a way to recognize that you are not powerless. Nagoski and Nagoski (2019) describe this struggle, and what we can do about it: “we may reach a point of oscillating between frustrated rage and helpless despair. Solution: Choose the right time to give up, which might be now or might be never; either way, the choice puts you back in the driver’s seat” (p. 109). It is okay to leave an organization if your mental health is suffering, even if you care about the work, or

there are many other good factors about the job. This does not equate with failure, or even “giving up.” Instead, it is about prioritizing your own health, and giving as much care to yourself as you would give to anyone else.

When is the right time to leave? People often wait too long before finally leaving an organization that is burning them out. By the time they leave, it is with quite a bitter taste in their mouths. I suggest making the decision to leave while there is still some goodwill left, rather than waiting until you absolutely cannot stand to be there for one more day. Ideally, you will feel some sadness at leaving an organization you care about, while also proud that you are taking your own health seriously and doing what is right for you.

Limit Exposure to Trauma

In many workplaces, it is common for coworkers to talk about difficult aspects of their day and the stressful events that have occurred. It helps staff offload and sometimes to feel closer to their coworkers. Unfortunately, it can also compound the effects of vicarious trauma if the stories that are being related are traumatic or concern difficult aspects of the workplace. In addition to carrying your own stories, you and your coworkers are now carrying someone else's, and vice versa.

Mathieu (2012) notes this issue, and points out that “sharing graphic details of trauma stories can actually spread vicarious trauma to other helpers and perpetuate a climate of cynicism and hopelessness in the workplace” (p. 43). Settlement professionals talk about how sometimes the graphic images of a particular story will be burned into their minds and remain there for years.

It is important to tell peers how you are handling the work, and there is a way to do it that is more helpful for everyone. Rather than give a detailed account of the traumatic story you just heard, share emotions and coping strategies. You might share updated information and resources with each other. If there is no need to share the context of the case, Mathieu (2012) suggests limited disclosure – share the least traumatic information possible. You might choose to share just the information necessary in order to get the advice you need on a particularly difficult case.

Peer consultation meetings can also be a good time to celebrate successes. They are opportunities to share with coworkers stories of your clients' resilience, and may add to everyone's vicarious resilience. (This concept is covered in greater detail in Chapter Seven, p. 59.)

Set time limits on these meetings so that they do not drag on for hours and leave everyone depleted. You might choose to open them with a moment to connect with each other, and use the last 20-30 minutes for mindfulness, grounding activities, humor, or if appropriate, any culturally relevant practices that allow everyone to close the week and reconnect with themselves and each other.

Another benefit of scheduled peer meetings is that each participant can prepare for them ahead of time, and ready themselves for any painful emotions that may arise. This is quite different from having someone show up beside your desk and start telling you about the most horrible thing they heard that week. The first allows containment and grounding. The second can feel unpredictable and retraumatizing. (It also lacks consent, as Mathieu points out. The listener does not have a chance to decline conversation or ask for more limited disclosure.)

Time with peers can be such an effective defense against vicarious trauma and burnout. My advice is to make connection the focus of these events. It avoids the traumatization of coworkers, and in addition can help address one of the key underlying causes of burnout - insufficient rewards (see p. 19). By focusing on an aspect of the job that is satisfying to you - like spending quality time with each other and building strong relationships - you may all leave more satisfied and full of energy.

There are other important ways to limit exposure to trauma. If you know your morning meetings are with clients who are experiencing a lot of trauma, you might choose not to see any clients in the afternoon. If clients' stories have already made your day particularly rough, do not add to it. Ask coworkers to withhold the details of stories they heard that day.

You can also limit your exposure to trauma outside of work by not reading the news, not checking social media every day, and staying away from any television or movies that involve horror or violence. A part of our brain that does not quite know the difference between imagination and real life, so when we absorb these images, the same fight, flight, or freeze system in our bodies is engaged, and once again, the stress response cycle is activated. If you already have an active stress response system, you might be better served by media that will make you laugh, feel joy, or even bring about a good cry every now and then.

Access Supports

Readers are strongly encouraged to access professional counselling as a healthy preventative measure. What is counselling, and what might it involve?

Professional counsellors receive specialized training to provide support to individuals, families, and groups, in order to promote mental health and well-being. Each province has slightly different requirements for licensure, and within each province several types of professional may perform the same type of work. (For example, in Alberta, Registered Psychologists, Registered Social Workers, and Canadian Clinical Counsellors may all provide therapeutic support in a private practice, government agency, or non-profit setting). Certain low-cost or no-cost counselling services are available in all places (Perry, 2020).

In order to find the counsellor who best suits you, ask your family physician, family or friends for recommendations. Some people search online, particularly through therapist listings such as [Psychology Today](#) or [Good Therapy](#). On sites like these, you can specify certain qualifications, such as a therapist who speaks a certain language, or a therapist who self-identifies as specializing in racial identity issues, or a therapist who uses a particular technique that you have heard is helpful and want to try.

You could also find out if a community agency offers low-cost services or ask if your workplace has an Employee Assistance Program (EAP). The benefit of an EAP is that you will likely be connected to a therapist quickly, and at no cost to yourself. One drawback is that you will not necessarily get to choose the practitioner you work with, and there may be a limit on the number of sessions you receive. It may be helpful to know in advance how many sessions your program covers, and if you are allowed to continue working with that counsellor after the covered sessions run out.

In terms of qualifications, I would recommend asking for a licensed professional who has experience in vicarious trauma and burnout. Sometimes it takes a few phone calls to find a counsellor who is a good match in terms of personality, experience, and style, so please do not be discouraged if you do not find an immediate fit. Some counsellors offer a free 15-minute phone consultation in order to see if there is a good fit between the two of you. Many have information on their website about the way they work so you can get an idea if they have the experience that you are looking for.

When you go to see a counsellor, you may be able to work on things like the resolution of personal stressors or past traumas that are interrupting your ability to work. You may be able to address feelings of anxiety and overwhelm, and learn about building your resiliency, practicing mindfulness-based stress reduction, setting boundaries, and finding work-life balance, among other things.

Clements et al. (2018) found that many helpers go into the field of helping work because of their own history with trauma. Alternatively, it may have been the struggles of a family member or close friend that led you to care about this work so much. You may feel passionate about providing the help to others that you feel was not available before. Such personal experiences can be an asset, as they allow you to empathize with what your client may be going through. At the same time, personal wounds may feel like they are being reopened when the stories of someone else's experiences that seem all too familiar. If so, this would be an ideal time to seek therapy to help heal past injuries that may remain unresolved.

In addition to professional counselling supports, the following books on vicarious trauma and burnout might be helpful:

- *The Compassion Fatigue Workbook: Creative Tools for Transforming Compassion Fatigue and Vicarious Traumatization* (Francoise Mathieu, 2012)
- *Burnout: The Secret to Solving the Stress Cycle* (Emily & Amelia Nagoski, 2019)
- *When the Body Says No: The Cost of Hidden Stress* (Gabor Maté, 2014)
- *Healing Trauma* (Peter Levine, 2008)

Make a Commitment to Self care

This manual has explained a number of evidence-based ideas for taking care of your needs. The hardest part is actually doing it.

"I can be so caring to my friends, my family, to anyone who needs it... but me? I don't deserve it..."

I hear this kind of sentiment time and time again from clients. The idea of self-care is nice, and they agree with the theory of honoring our own needs... but as an actual practice? Well, that's for other people. I mean, who am I to take up space, to have a voice, to need a break sometimes? If I really allow myself that, isn't it indulgent? What if it takes support from someone else who needs it more?

Many of us are so adept at seeing the pain of those around us that we can start to "other" ourselves. "Yes, people need self-care... but not me... I'm different. I

don't need care as much as other people do.” Do you see the problem here? The most obvious issue is that we're all human, we all need care, and when we deny ourselves that kind of tending to, it can easily lead to burnout, resentment, and despair.

There's another, more insidious thing that happens as well. As soon as we start to other ourselves, we emotionally distance from those around us experiencing barriers, and this is the first step in losing empathy for our fellow humans. I don't think any of us want that. If we want to stay in connection, to continue being in community, we need to treat ourselves just as we would treat others - with care, and respect (Perry, 2017).

Making a commitment to care for ourselves as helpers is one of the most important things we can do as part of this work. It is what allows us to enjoy the work for years and stay in our chosen profession, giving to our community from a place of abundance rather than scarcity. It also allows us to take part in the rest of our lives, and ensure we do not miss out on the joy of existence. Too great a focus on our work robs us of an essential part of being human – being in the here and now.

I often think of my time here as a gift. I have grown mindful not to use this gift overworking, saying “yes” out of habit, or allowing my system to get into chronic stress. This is the biggest and most humbling effect of having gone through burnout, from my perspective. It reminds me on a regular basis that time is not infinite – it is not mine to squander. Sometimes there are things I want to say “yes” to but choose not to, because there are other things I value more (like health and time with family, for instance).

As brown (2017) shares about her own experience of burnout, “In 2012 I took a sabbatical, and I realized that I wasn't upholding my end of the sacred bargain: My life is a miracle that cannot be recreated. I can never get these hours, weeks, years back” (p. 83).

These words remind me to pause and ask myself - how am I using this moment? Am I as present as I would like to be? Am I finding the joy and the connection that I said was so important to me?

This, to me, is the essence of self-care. It is slowing down to listen to ourselves. It is asking if we are using our time in ways that feel nourishing on a deep level. In that sense, there is no right or wrong way to self-care. In books and online, there are plenty of lists with ideas on different ways to take care of yourself – mentally,

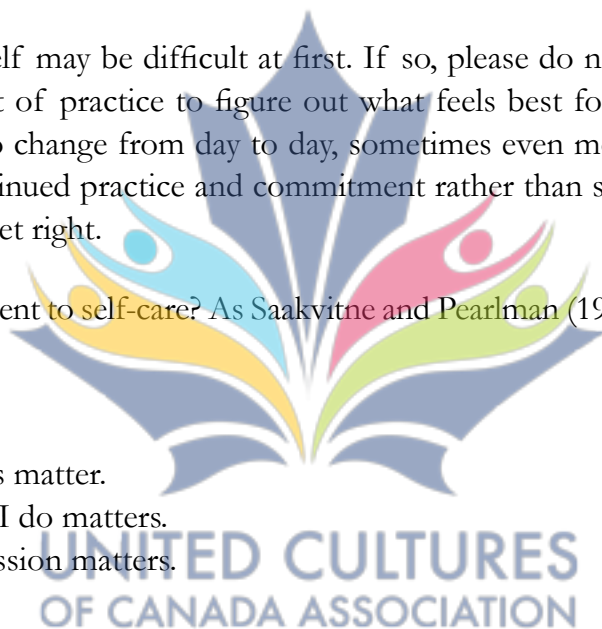
physically, emotionally, and spiritually. They can help get you started. Some ideas are good, though some will fit you better than others. At the same time, self-care is something we all know how to do intuitively, because it involves asking ourselves what we need, and then honoring that need.

Keep in mind that making a commitment to self-care is not meant to add one more thing to your “to do” list. As Sonya Renee Taylor (2018) said in her book *The Body Is Not An Apology*, “Radical self love is not a destination you are trying to get to; it is who you already are, and it is working tirelessly to guide your life” (p. xiii). Sometimes the best self-care is not doing anything, and allowing yourself to rest. Only you will know best what you need.

Taking care of yourself may be difficult at first. If so, please do not be discouraged. It can take a bit of practice to figure out what feels best for you. What a person needs tends to change from day to day, sometimes even moment to moment. Let it be a continued practice and commitment rather than something you immediately have to get right.

Why make a commitment to self-care? As Saakvitne and Pearlman (1996) would say:

- Because I hurt.
- Because I matter.
- Because my clients matter.
- Because the work I do matters.
- Because the profession matters.
- Because I must.



Remember: one of the greatest challenges that helping professionals face as they start to take care of themselves is feeling that it is “not allowed.” Helpers tend to feel guilty for taking any time for themselves, as if by doing so, they take something away from their community. Whenever I hear this voice, I advocate for a lot of self-compassion, and bring to mind the words of Audre Lorde: “Caring for myself is not self-indulgence, it is self-preservation, and that is an act of political warfare.”



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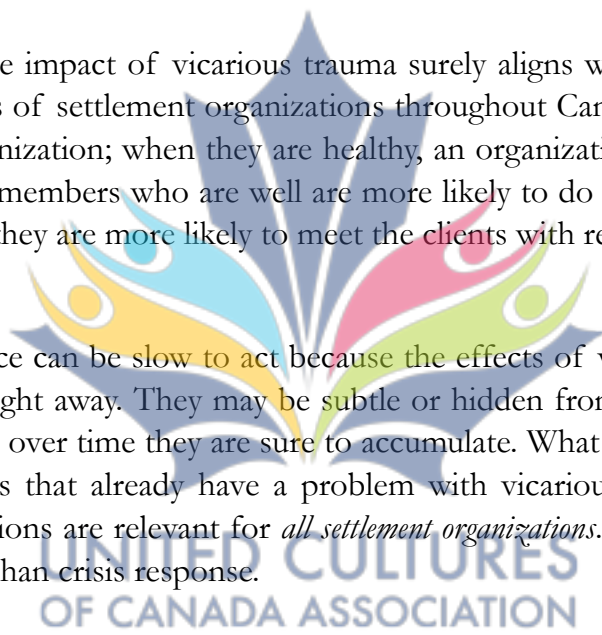
Chapter 6

What Organizations Can Do

ORGANIZATIONS WANT TO HELP STAFF – it is just that they often do not know how. They may not be trained in how to recognize and respond to vicarious trauma. Or many are so busy helping clients that they overlook the impact this work is having on staff. Most settlement professionals, social workers, and even therapists receive no training in vicarious trauma, and the same goes for most managers, board members, and CEOs. Unfortunately, if responses to vicarious trauma and burnout within an organization are lacking or nonexistent, that pain and suffering can quickly spread and make for a toxic work environment. The lack of support often leads to staff turnover and shortages in providers. This chapter is about providing organizations with the tools they need to support their staff, clients, and communities.

Working to reduce the impact of vicarious trauma surely aligns with the values and guiding principles of settlement organizations throughout Canada. Staff are the heart of any organization; when they are healthy, an organization is likely to be healthy, too. Staff members who are well are more likely to do creative work. Being well-cared for, they are more likely to meet the clients with respect and understanding.

Sometimes a workplace can be *slow to act* because the effects of vicarious trauma are not obvious right away. They may be subtle or hidden from view of the supervision team. But over time they are sure to accumulate. What follows is not only for organizations that already have a problem with vicarious trauma and burnout. The suggestions are relevant for *all settlement organizations*. Prevention is much more effective than crisis response.



Focus on Relationships

One of the most protective factors in an organization is a strong sense of community. In terms of burnout prevention in an organization, then, relationships are a good area on which to focus. Relationships are the building blocks in any organization, and without them, it may be unable to move ahead and do good work. As adrienne maree brown (2017) says, “move at the speed of trust.” When there is so much work to be done, it is tempting to focus on the work to the exclusion of the relationship, but the connections between staff are what enables creative, energized, and productive work to happen. A positive management style where leaders are open to feedback can help build these trusting relationships.

Staff are more likely to continue to engage in the work when they feel appreciated, seen, and understood. Consider what your organization does to show the

frontline workers that the work they do matters. Ask yourself if that recognition is authentic. If you manage a team, ensure that you give time to each of its members, not just those you find easy to get along with or whose background is similar to yours. Each member of the team is important.

Another way to focus on relationships is by allowing opportunities for staff to connect with their peers. It can help to reduce isolation and provide staff with a sense of belonging. This could include organized social gatherings, or peer support groups where there is space to debrief and work through difficult events (Pearlman & McKay, 2008).

Allow Staff to Take Part in Decision Making

Richardson (2001) outlined the importance of determining a decision-making structure in organizations in order to help provide clarity for all members. Pearlman & McKay (2008) echo this, stating how important it is to be clear about how and why decisions are made. Having this structure in writing also means staff members know to whom they should turn when they have a problem at work. Likewise, if there are issues within the team, a clear definition of roles can help ensure that the conflict gets resolved in a way that respects everyone. As Maslach and Gomes (2006) put it, the solution to lack of fairness in a workplace is clear and transparent policies. For example, if your organization has clear policies about how vacations are applied for and approved, and follows these policies, then people are unlikely to think that a vacation was denied due to favouritism or bias. Even if someone does not like a decision, it is a fair policy that is applied to everyone at the organization.

To reduce emotional exhaustion, it is also important for staff to have a role in decisions involving the clients (Pearlman & McKay, 2008). Remember that one of the causes of burnout is lack of control (Maslach & Gomes, 2006). If staff are able to weigh in on client-related decisions, it can make a big difference. Typically, most staff members do settlement work in large part because they care about the people they work with; they want to feel that they have a voice in what happens to these people. This input can be achieved through brief surveys in the early phase of a new initiative, as well as through ongoing check-ins about what is working well and what is not.

Remember that staff are on the front lines of the work. In regard to some issues and solutions, they may have insight that management lacks, just as management may have insight that frontline staff lack in terms of certain aspects of the orga-

nization. Staff may not always agree with the decisions that have to be made, but open communication between management and frontline staff can make these decisions much easier for staff to come to terms with.

Provide Training

Training during orientation and ongoing training related to the job have been shown to be quite important for the prevention of vicarious trauma and burnout (Mathieu, 2012). Again and again, settlement professionals have told me how they want better, more comprehensive training on all aspects of their job. In order for helpers to do their work with confidence, they need to feel that it is something they are good at. This could also include ongoing training on intimate partner violence, child abuse, gender minority issues, legal issues, and many other issues that their work encompasses. Staff who have the opportunity to continually learn in their roles tend to report a higher level of job satisfaction. It also helps to have ongoing supervision in order for staff members to feel both skilled and supported (Pearlman & McKay, 2008).

Ongoing training is needed in order to do good work, and time should be allotted to this education. Over time, new legislation is introduced that will affect the work, and workers will need support adapting to changes that occur in the community. Understanding cultural difference is another very important aspect of settlement work, and ongoing training related to it should be prioritized.

In addition to training about the job, management should take training in vicarious trauma, and provide it to staff members as well. The acknowledgment that these problems exist makes it more likely that staff members will recognize and discuss them when they come up. Education about evidence-based self-care practices is beneficial to everyone, as well as those at higher risk for vicarious trauma (Shannon et al., 2014). For this reason, cases of vicarious trauma should not be considered rare, and education about the topic should not wait until there is already evidence of a problem. Instead, vicarious trauma should be recognized as an inherent challenge of the helping professions, and we should all work to learn about and identify it.

Following initial training, a resource area can be set up with materials on vicarious trauma, burnout, and compassion fatigue. These can be left available and new articles or information added monthly to help refresh the topic in everyone's minds. Information about self-compassion, finding hope, and other forms of self-care could also be sent out via a newsletter each month in order to assist staff wellness

on an ongoing basis. Early education about vicarious trauma and strategies for managing stress such as mindfulness-based stress reduction, physical activity, and accessing personal and professional support may be essential to sustainability in the field of settlement counselling (Shannon et al., 2014).

Provide Health Benefits

One of the contributing factors in burnout is insufficient rewards. (See p. 19.) A potential solution for this is a fair salary. If this is not possible, a workplace can provide opportunities for other benefits or perks.

One way for many employers to create more job satisfaction is through providing employees with more extensive health benefits, such as coverage for psychological services. Experience in this field has taught me that the number one barrier to accessing psychological services is still cost. So while staff may know they would benefit from seeing a psychologist for issues like vicarious trauma or burnout, they do not go. Indeed, some free or low-cost services are available from non-profit or community agencies, but the wait lists are long or the sessions are limited in number. Most people looking for immediate or long-term support will have to rely on their health insurance plans. Unfortunately, these plans often offer limited benefits in terms of yearly coverage.

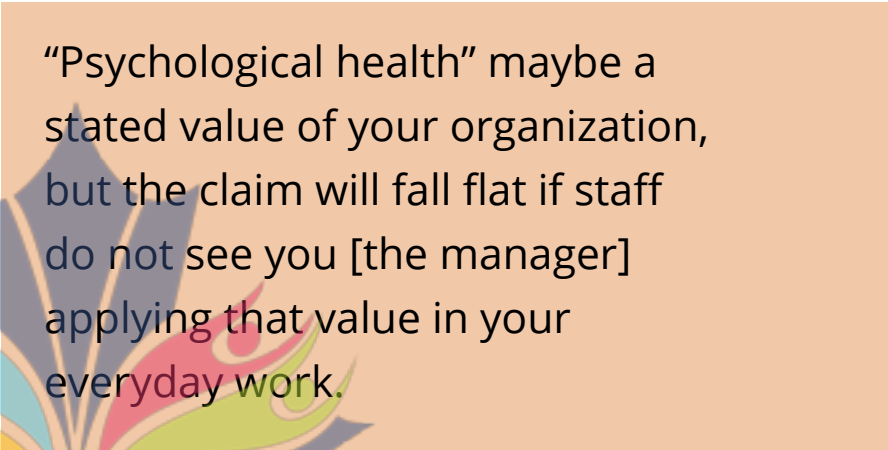
What many employers may not recognize is that the cost of the average 50-minute session with a registered psychologist in Alberta is \$200 (Psychologists' Association of Alberta, 2020), and \$225 in Ontario (Ontario Psychological Association, 2020). Seeing a Canadian clinical counsellor may range between \$120-\$175 per session (BC Association of Clinical Counsellors, 2020).

If a staff member were to see a psychologist twice a month for a year, the cost would quickly rise to \$2,400 – far above the level of coverage that most employers offer. Though it is a new area of research, there are tentative signs of a cost-benefit ratio that may encourage employer investment in preventative care (Hamborg-van Reenen, 2012). In one study of nurses, the cost of offering preventative programming was offset within six months (Noben et al., 2015). The apparent return on investment is likely the case because healthier workers tend to be more productive and miss fewer days of work. Healthier employees also increase the chance of staff retention, and this helps reduce costs involved in recruiting, hiring, and training new staff members.

Set a Good Example

As Pearlman & McKay (2008) indicate, managers can do a lot to lessen the risk of vicarious trauma simply by setting good example. If management does not take allotted vacation time, leave paperwork at work, and ignore email on the weekends, employees may find it difficult to do otherwise. They may feel that these practices are an organizational expectation, even if unstated. In fact, sometimes there can be consequences for employees who try to protect their personal time.

As a manager, you can do a lot to set a good example by working at a sustainable and reasonable pace, and encouraging the staff you supervise to do the same. You can make sure to take your allotted vacation time and to stay home when you are sick. It also helps to acknowledge that helping work can be difficult and that taking care of oneself takes practice (Pearlman & McKay, 2008). If you do have supports of your own, like a therapist, a mindfulness practice, or social interests, try to be open about them in order to reduce stigma and to remind staff that there is value to life outside of work. You have to lead the way – that cannot be understated. “Psychological health” maybe a stated value of your organization, but the claim will fall flat if staff do not see you applying that value in your everyday work.



“Psychological health” maybe a stated value of your organization, but the claim will fall flat if staff do not see you [the manager] applying that value in your everyday work.

Offer Flexibility

There will always be times in life where the unexpected happens. Staff have family commitments and personal struggles that they may be going through. They may have to cope with illnesses, injuries, trauma, or deaths of family members. In addition to challenges outside the workplace, there may be times when the stories they hear at work start to take a toll, and the effects of vicarious trauma grow more difficult to manage.

From a management perspective, it may help to encourage staff members to take personal days when you can see that they are struggling, and to send them home when they are not physically or emotionally well enough to work. You should trust staff to exercise their own judgment about when they need to work from home

or take time off, and recognize that most employees are doing the best they can. Having flexibility to take the time when they need to, before they are really in crisis, can help prevent longer term leave and a culture of burnout. As Maslach and Gomes (2006) suggest, one solution to the staff's lack of control in the workplace (a contributing factor for burnout) would be increase autonomy in various forms, like how to use time.

For example, allow staff to take a loved one to a medical appointment and then return to work as needed. Give them control over their own client schedules so that they do not have to see several of their most traumatized clients all in a row. Flexibility may also involve allowing staff members to work from home in order to be with sick children or elderly relatives or to recover from a difficult week where possible.

Reduce the Client Load

Most psychologists know how exhausting emotional work can be. Many of us ensure that we only see a certain number of clients per day in order to manage the mental energy it takes to provide care. For some, the number of hours per day spent face-to-face with clients may be three or four, while for others it may be six or seven. I once asked one of my mentors, an expert therapist, how many clients she saw in a day. While each therapist is different, she said,

There's a saying that many people can be a good trauma therapist. But not many people can be a good trauma therapist for long. Well, I've been a trauma therapist for over 20 years, and I can tell you I've never seen more than 7 clients a day.

She went on to say that the seventh client was usually an emergency, and even as number as high as seven was only possible because of the balance she had struck in the rest of her life. Other people she knew saw five clients a day because of the responsibilities they had outside of work or the type of therapy they were doing.

In light of such testimony, consider monitoring how many clients your settlement professionals are seeing per week in order to make sure they are not overloaded. In particular, take note of how many of these clients have complex needs. If you have a staff member who has a lot of difficult cases to manage, the numbers may not add up to a lot of people each week, but the emotional difficulty they involve will take its toll.

When people tell me they work 8-10 hours per day doing emotional or caregiving work, I worry about the likelihood of burnout. Research and clinical experience indicate that long hours can be incongruent with wellness. Shorter workdays and shorter workweeks may therefore be a prudent choice. Many staff members do better with workweeks of four days rather than five, leaving the fifth day open for medical appointments, errands, physical activity, and all the other needs to which people have to attend but often get lost when too much time is getting spent at the office.

During the workday, it is also important to have more time available than we think is needed. Staff need time between seeing clients in order to process mentally any difficult stories that they just heard; they should not be expected to see clients back to back. Even 10-15 minute breaks between meetings or appointments to clear the mind, stretch, and have a drink of water can help a staff member to recenter. A regular, hour-long lunchbreak each day, when staff members are truly expected and encouraged to leave their desks, is another important way to nourish body and mind.

In an ideal world, paperwork and projects would be done quickly and all deadlines would be met. Yet in the helping professions, tasks take longer to complete because they are emotionally taxing. Supervisors can help by ensuring that the workload does not outpace the staff's ability to handle it. Ongoing monitoring of the workload may be helpful. Having too much work relative to the time allotted is a big contributor to burnout (Maslach & Gomes, 2006).

In your organization, it might be helpful to consider introducing some variety into the tasks of an employee. Some staff members might appreciate having side projects that are less emotionally intense but still a valuable contribution to the profession. (Creating a resource list or leading a workshop are two examples). Management could collaborate with each staff member and together discover what the best balance is.

Provide Vacation Time

There is an incredible mental and physical health benefit to concentrated time away from work in order to recharge. (See p. 32.) Yet most workers apparently do not receive enough vacation to truly benefit. Most Canadians, for instance, get ten paid vacation days per year. Additionally, workers get 6-10 paid federal or provincial holidays like New Year's Day and Family Day (Laux, 2017). This may seem

reasonable until you start comparing those numbers to other countries around the world. While Canada is a strong leader in many areas of mental and physical health, it falls far behind in terms of paid vacation leave:

Let's consider Austria. They get 25 paid vacation days (yes, that's five work-weeks). Plus, they also get 13 paid public holidays, bringing the grand total of days off in a year up to a whopping 38. In France and Finland, people get 25 vacation days and 11 paid holidays. In Cambodia, there are only 15 paid vacation days, but a whopping 27 paid holidays.

But that's not even the top of the pile.

Kuwaitis get 30 days of paid vacation and 13 paid holidays. (If you're doing the math, that's 43 days.) On top of that, once you've worked at your job for two years, you get a one-time 21-day leave to perform the hajj, the pilgrimage to Mecca that observant Muslims must make once in their lifetimes (Laux, 2017).

Spending 50 of 52 weeks per year working does not seem to bode well for a person's health, and other countries appear to be well aware of this. We may do well to be leaders in our organizations and provide more for our staff members by offering more vacation leave, by insisting that people take it, and by modeling time off.

“There's a saying that many people can be a good trauma therapist. But not many people can be a good trauma therapist for long.”

In terms of other time off, workers also need adequate sick days without requirement of a doctor's note. It erodes trust to require a sick employee to leave home to get a doctor's note when they may have been better served staying in bed. Often, workers are not given adequate sick

days to recover fully from an illness. Instead, they have to return to work in order to make sure they still earn enough money to provide for their households. Working while sick is not only inefficient, it makes for a stressful work environment. Likewise, the number of days off for bereavement leave can and should be extended. The number of days provided by the Government of Canada for bereavement leave is only three (Canada, 2020), yet grief lasts much longer than that. Staff may do better with extended time off to heal and recover, rather than feel the pressure to come back before they are ready.

Offer Support to Minorities within the Team

If there is only one person on the team who speaks a particular language, they may be expected to take on extra work related to that language community. This might include providing programming in that language or translating material. The need to translate adds to the everyday exhaustion inherent in settlement work. Likewise, someone from the LGBTQ community may be expected to speak on all issues related to that community, regardless of their level of familiarity with the particular topic. Management has to understand that providing services for a small segment of the population can require just as much work as providing services for a larger number of clients. One staff member alone cannot provide all the services, even if they are a member of the identified group.

Strive to have a diverse staff team so that one person is not always feeling that they are in the minority. Another way to mitigate this is to offer support when staff teams are not very diverse. The effects of vicarious trauma on staff who find themselves in the minority may depend on how recognized they are in the workplace (Richardson, 2001). Being able to acknowledge the workload and recognize them for what they have accomplished can be of great benefit.

Gather Data & Measure

Rather than managers having to rely on their personal judgment to ascertain the well-being of each employee, measurement tools might be used to help gather information. For one thing, an employee's state of heart and mind can be hard to judge from the outside looking in. Some employees may have an outward appearance of calm, when in fact they are in inner turmoil. Due to the inherent power dynamic at work, some staff members may be uncomfortable discussing difficulties with management. A monthly confidential assessment may allow them to express how they are feeling without fear of repercussion. Regular check-ins have the added bonus of ensuring that communication is ongoing. Otherwise, problems can go undetected for months if not years. Clements et al. (2018) provide advice on just how to set up these assessments:

Consider making assessments of [vicarious] trauma a priority by setting aside a regular and recurring time for providers to answer questions about their levels of secondary trauma. These assessments may take the form of a solitary or a group activity. In reference to the questions above, for example, employees might be asked to write down and reflect on their answers as a measure of self-assessment, or the questions might be used to facilitate a discussion among a group of

providers. For workplaces that take up this challenge, it is critical to honor your employees' right to privacy. Remind providers that their answers to questions about [vicarious] trauma are for their eyes only. In cases where an organization does wish to collect survey responses from employees, those answers should be submitted voluntarily and anonymously, with the employer using averages or other means of summarizing results at the group level. Group discussions on the subject of [vicarious] trauma should also be voluntary. This will protect providers from feeling like their jobs are in jeopardy if they disclose that they are suffering from the effects of [vicarious] trauma. Most importantly, once you've encouraged your employees to assess their exposure to [vicarious] trauma, make sure you have a plan in place to help those who feel they are exhibiting symptoms (pp. 30-31).

Sometimes it is difficult for management to know how well it is doing in terms of the psychological health care of employees. It may be an entirely new aspect of the job for some managers. There are tools available to help you to assess your progress, suggest strategies, and take positive action to care for your employees. A confidential survey for employees to complete concerning psychological factors within the workplace could be of great practical value. “Caring for Healthcare Assessment Tools: A resource for Canadian healthcare organizations to assess and promote workplace psychological health and safety” is one such tool. It can be found at: <https://www.caringforhealthcareworkers.com/>

The logo for the United Cultures of Canada Association features a stylized, multi-colored flower or leaf design in shades of blue, green, yellow, and pink. Below the graphic, the text "UNITED CULTURES OF CANADA ASSOCIATION" is written in a clean, blue, sans-serif font.

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Chapter 7

Vicarious Resilience & Compassion Satisfaction

RESILIENCE IS THE IDEA THAT PEOPLE can go through a difficult experience and come through stronger. As a psychologist, I notice every day the resilience in my clients. I have seen people experience childhood abuse, intimate partner violence, racism, loss, and systemic issues, and through it all there is no mistaking the ways they are creative and strong. Somehow, they are able to adapt and grow in the face of significant adversity.

Vicarious Resilience

Vicarious resilience describes how helpers may “strengthen their own well-being by appreciating and incorporating what they learn from their clients’ healing processes” (Hernandez et al., 2010, p. 68). The resilience we perceive in the person we are helping can have a unique and positive impact on us. It can actually be transformative. According to Hernandez et al. (2010), as we see the resilience in others, we may begin to:

- reflect on human beings’ capacity to heal.
- regain hope.
- reassess the dimensions of our own problems.
- understand and value spiritual dimensions of healing.
- discover the power of community healing.

When sitting with people who have experienced suffering, it can help to notice where your attention goes. As Somatic Experiencing Training (Stelte and de Ronzenroll, 2016) makes clear, it is so easy to get drawn into the suffering of someone else. As they tell their story of hardship, you may find yourself imagining it as if it is happening to you. You might lose sight of the fact that the person in front of you is still alive and has managed to survive. You might overlook the ways that they were able to regulate, find strength, and to heal. People are incredibly resilient, and it helps to remember this while sitting with them.

It is not that you have to do or say anything different. Instead, simply thinking about the person in front of you as someone who is resilient rather than thinking about them as someone who needs your help can automatically begin to change the body’s stress response. You may find yourself more able to self-regulate, to come up with creative solutions together, and to remember that you do not have to have all the answers.

I remind myself often about other people’s capacity for healing. I know that it is not my job to “fix things” for them or provide solutions. Even though I may see

a mountain of obstacles in front of the person I am helping, I remind myself that they have made it through so much already, and are capable of more than I can imagine. The best thing we can do as helpers is to be there with them, as we are able. This does not mean constant companionship, doing it all for them, or hand holding. It means standing beside them and saying “I see your pain, and I’m here with you.”

By increasing your own well-being and vicarious resilience, you can counter the effects of vicarious trauma and allow yourself to continue in your chosen career as a settlement professional for years to come.

Compassion Satisfaction

Many people in the helping field feel inextricably drawn to do this work. Yet, outsiders to the work, even well-meaning family and friends, may not always understand why we do the work we do. They may wonder how we continue in the face of possible vicarious trauma and burnout. We may be asked why we do not just leave, as if it were that simple.

What I often reflect on is the pleasure and connection that comes from doing this job. Especially, there is an enjoyment that comes when I feel I am doing my job well. Personally, I am so honored to be allowed into people’s lives as a trusted witness. I like being there to listen and to share what I have learned along the way. There are so many reasons we continue to do this work, and why we chose it in the first place.

As we continue in this work, it may help to remind ourselves of the parts of the work we still enjoy. We may notice the contentment we feel when we are able to help a client navigate the system and make new connections in their community. It can feel good when we can see them start to heal and function better in their daily life. We might remind ourselves of the constructive difference we are making in the broader community, even if we do not see the results of it every day. We know, especially if we reflect back over a lifetime of work, the difference that our contribution has made.

In order to continue doing helping work, I encourage each of you to reflect on what led you to this profession in the first place. Take the time to consider the positive impact it has had on you, and the value you have gained from doing it.



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Appendix

YOUR SCORES ON THE PROQOL: PROFESSIONAL QUALITY OF LIFE SCREENING

Based on your responses, place your personal scores below. If you have any concerns, you should discuss them with a physical or mental health care professional.

Compassion Satisfaction _____

Compassion satisfaction is about the pleasure you derive from being able to do your work well. For example, you may feel like it is a pleasure to help others through your work. You may feel positively about your colleagues or your ability to contribute to the work setting or even the greater good of society. Higher scores on this scale represent a greater satisfaction related to your ability to be an effective caregiver in your job.

If you are in the higher range, you probably derive a good deal of professional satisfaction from your position. If your scores are below 23, you may either find problems with your job, or there may be some other reason—for example, you might derive your satisfaction from activities other than your job. (Alpha scale reliability 0.88)

Burnout _____

Most people have an intuitive idea of what burnout is. From the research perspective, burnout is one of the elements of Compassion Fatigue (CF). It is associated with feelings of hopelessness and difficulties in dealing with work or in doing your job effectively. These negative feelings usually have a gradual onset. They can reflect the feeling that your efforts make no difference, or they can be associated with a very high workload or a non-supportive work environment. Higher scores on this scale mean that you are at higher risk for burnout.

If your score is below 23, this probably reflects positive feelings about your ability to be effective in your work. If you score above 41, you may wish to think about what at work makes you feel like you are not effective in your position. Your score may reflect your mood; perhaps you were having a “bad day” or are in need of some time off. If the high score persists or if it is reflective of other worries, it may be a cause for concern. (Alpha scale reliability 0.75)

Secondary Traumatic Stress _____

The second component of Compassion Fatigue (CF) is secondary traumatic stress (STS). It is about your work related, secondary exposure to extremely or traumatically stressful events. Developing problems due to exposure to other’s trauma is somewhat rare but does happen to many people who care for those who have experienced extremely or traumatically stressful events. For example, you may repeatedly hear stories about the traumatic things that happen to other people, commonly called Vicarious Traumatization. If your work puts you directly in the path of danger, for example, field work in a war or area of civil violence, this is not secondary exposure; your exposure is primary. However, if you are exposed to others’ traumatic events as a result of your work, for example, as a therapist or an emergency worker, this is secondary exposure. The symptoms of STS are usually rapid in onset and associated with a particular event. They may include being afraid, having difficulty sleeping, having images of the upsetting event pop into your mind, or avoiding things that remind you of the event.

If your score is above 41, you may want to take some time to think about what at work may be frightening to you or if there is some other reason for the elevated score. While higher scores do not mean that you do have a problem, they are an indication that you may want to examine how you feel about your work and your work environment. You may wish to discuss this with your supervisor, a colleague, or a health care professional. (Alpha scale reliability 0.81)

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2

WHAT IS MY SCORE AND WHAT DOES IT MEAN?

In this section, you will score your test so you understand the interpretation for you. To find your score on **each section**, total the questions listed on the left and then find your score in the table on the right of the section.

Compassion Satisfaction Scale

Copy your rating on each of these questions on to this table and add them up. When you have added them up you can find your score on the table to the right.

3. _____
6. _____
12. _____
16. _____
18. _____
20. _____
22. _____
24. _____
27. _____
30. _____

Total: _____

The sum of my Compassion Satisfaction questions is	And my Compassion Satisfaction level is
22 or less	Low
Between 23 and 41	Moderate
42 or more	High

Burnout Scale

On the burnout scale you will need to take an extra step. Starred items are "reverse scored." If you scored the item 1, write a 5 beside it. The reason we ask you to reverse the scores is because scientifically the measure works better when these questions are asked in a positive way though they can tell us more about their negative form. For example, question 1. "I am happy" tells us more about

- *1. _____ = _____
*4. _____ = _____
8. _____
10. _____
*15. _____ = _____
*17. _____ = _____
19. _____
21. _____
26. _____
*29. _____ = _____

Total: _____

The sum of my Burnout Questions is	And my Burnout level is
22 or less	Low
Between 23 and 41	Moderate
42 or more	High

You Wrote	Change to
	5
2	4
3	3
4	2
5	1

the effects of helping when you are *not* happy so you reverse the score

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Secondary Traumatic Stress Scale

Just like you did on Compassion Satisfaction, copy your rating on each of these questions on to this table and add them up. When you have added them up you can find your score on the table to the right.

2. _____
5. _____
7. _____
9. _____
11. _____
13. _____
14. _____
23. _____
25. _____
28. _____

Total: _____

The sum of my Secondary Trauma questions is	And my Secondary Traumatic Stress level is
22 or less	Low
Between 23 and 41	Moderate
42 or more	High



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Author, Editor, & Translator Bios

Nicole Perry is a Registered Psychologist with a general private practice in Edmonton. She specializes in working with those who have experienced abuse and trauma. She first learned about supporting people who have experienced abuse in 2006, during her time as a Crisis Counsellor, Trainer, and Educator at the Edmonton Distress Line. She then went on to work at various sexual assault and trauma centres in Alberta and B.C., as well as Police-based Victims Services. As part of the Sexual Assault Voices of Edmonton, Nicole co-created an innovative campaign to address alcohol-facilitated sexual assault by focusing on the person who commits the assault. She was also a founding member of ConsentEd, a collective that helped combat myths around sexual violence and educate the general public. In her work as a psychologist today, Nicole uses an approach called Somatic Experiencing, a body-based therapy for healing trauma. She also uses imaginal and mindful approaches to help clients heal painful wounds from the past. Nicole approaches her healing work with warmth and curiosity, and offers people a safe container for working with difficult experiences. She also helps people who are struggling with feeling burnt out and learning to say “no.” Perry holds a Masters degree in Counselling Psychology from Yorkville University and an undergraduate degree in psychology with a minor in creative writing from the University of Alberta.

Nayanika Kumar, Ph.D., has 20 years of experience in developing programs to meet settlement needs of newcomers to Canada. She has authored and edited many books in the areas of newcomer settlement, diversity and inclusion, human rights, laws, domestic violence, professional interpreting, and gender and youth issues.

Fion Lee is the Executive Director of the ASSIST Community Services Centre. She holds a B.S.W. and is a Registered Social Worker. She received the Peace in Families Award for recognition of Outstanding Service to End Domestic Violence in 2010. It is her passion to work with immigrants to facilitate their integration, advocating for systems change to address service gaps and to better meet the needs of immigrants.

Doris Bong, M.C. is a Registered Psychologist and Grief Recovery Specialist in Edmonton, Alberta. She has over a decade of experience with individuals of diverse backgrounds and needs (e.g., mood disorders, obsessive-compulsive disorder, developmental delays, anxiety, executive functioning dysfunctions, emotional regulation concerns, and autism spectrum disorder) and their families. She is currently in private practice and offers individual and group counselling, and parent

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Wing Sze Wence Leung, Ph.D. is a Registered Psychologist and a Registered Play Therapist. She provides psychological assessment, individual and group counselling (including play therapy), and consultation with parents, teachers, and multidisciplinary teams with diverse populations in school and community. She is particularly passionate about supporting newcomers in her clinical work, having herself experienced the challenges that many newcomers face when she immigrated to Canada during adolescence.

Mei Lin is an accredited settlement practitioner (Level 3) in the province of Alberta. She has been working at ASSIST Community Services Centre for more than 13 years and has rich experience in conducting one-on-one settlement counselling sessions and facilitating newcomers' orientation workshops. She has a B.A (majoring in the Chinese Language and Literacy) and a Certificate of Career Development Program. As an Outreach Worker she has also assisted the Responding to Family Violence in the Chinese Community Program at Edmonton's Today Centre.

Cindy Chen immigrated to Canada in 2009, and since that time has devoted herself to working with newcomers to Canada to address their diverse settlement needs. She has been a Workshop Lead and Settlement Counsellor with the Settlement Program at ASSIST Community Services Centre for over 11 years. She is an accredited Settlement Practitioner (Level 2) in Alberta, and in 2016 received the Governor General's Sovereign Medal for Volunteers in recognition of her exceptional achievements.

Kristen Jaswal, B.A., B.S.W., R.S.W., currently works as an Assessor with Children's Services Alberta Infant Response Team (AVIRT) in partnership with Alberta Health Services and Edmonton Police Services. AVIRT specializes in abuse allegations affecting infants 0-3 months old. Kristen has spent her career working with several vulnerable populations in such diverse capacities as outreach, shelter counsellor, and community liaison.

Tanya Nelson is a Registered Social Worker, who has been working with Children's Services in the area of Child Protection and Intervention work in Alberta since 2003. Tanya's focus since 2012 has been on addressing family violence and

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Doaa Elseify, an Egyptian-Canadian translator and interpreter, received her Bachelor's degree in 1999 from the Faculty of Al-Asun, French department in Cairo, Egypt and her Master's degree (with excellence in Linguistics) in 2004 from Ain Shams University there. Her studies focused on translation, which provided the opportunity for her to explore grammar in depth in both the French and Arabic languages. A member of proz.com, Doaa has been working as a translator for 17 years.

Cheri Balanko, a French-Canadian translator and interpreter, received her baccalauréat ès arts (B.A.) specializing in French and French Literature from the University of Alberta. Her studies focused on translation and French linguistics. She has worked in the areas of immigration as an administrative support for foreign workers and as an immigration assistant and has several years' experience translating in the fields of education, immigration, and law.





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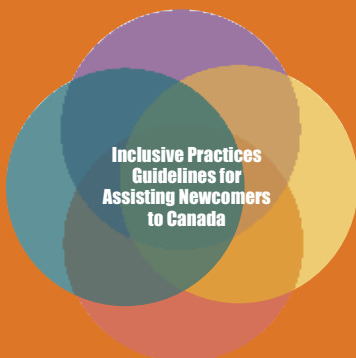
"I wish I had been provided a valuable and applicable resource like this when I first started working in the frontline!"

"a great foundation for new workers to set healthy boundaries and strategies to take care of themselves and a refresher or opportunity [for seasoned workers] to self-reflect on how their work has impacted them."

This manual is for the many people employed or engaged as volunteers by settlement agencies who, while they work with traumatized individuals, may have received little or no training in identifying and preventing vicarious trauma and burnout in their own lives. The danger is very real, and prevention is by far the best strategy. The effects of vicarious trauma and burnout can be physical, emotional, mental, and spiritual, and if allowed to accumulate, may be long-term.

The author defines vicarious trauma and burnout, their signs and symptoms, and the factors that may contribute to them. The second half of the manual is devoted to tools and ideas to help you move forward as an individual, and as an organization that strives to match a devotion to vulnerable populations with a devotion to the health and welfare of employees, that is, to service *sustainability*. Includes an extensive reference list and recommendations for exploring these issues further.

The manual has been described as "very helpful and pivotal to settlement agencies' day to day work." Comments one professional, "it covers all that we would like to learn about the subject as settlement practitioners." According to another, "the author ... shows her deep understanding of settlement workers' role and the struggles we have when we are serving newcomers." Professionals working in other agencies also find it "an excellent starting point for anyone working in a helping profession to learn about vicarious trauma."



The Inclusive Practices Guidelines for Assisting Newcomers to Canada are published by United Cultures of Canada Association (Edmonton) to inform settlement and other professionals as well as volunteers about issues and challenges particular to Canada's diverse newcomer population. Each volume in the series provides reliable, practical, and up-to-date information to clarify the perspectives and experiences newcomers may bring to Canada in regard to health, sexuality, and family life, as well as the norms their new homeland puts forward, and its systems for enforcing these norms. A plain-language booklet of Frequently Asked Questions accompanies most volumes.

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