Frontline Systems of Support (F-SOS)

Community Mobilization Award through the

Provincial Centre of Excellence for Child and Youth Mental Health at CHEO

Project Vision and Mission

Frontline Partners with Youth Network (FPYN) aims to build a better city-wide atmosphere for youth. Started in 2005, in response to the grief and trauma needs of youth workers in the city – and the lack of support for frontline workers – FPYN has begun to map out many problematic trends in the youth-serving sector. This project, Frontline Systems of Support (F-SOS), is an integral part of FPYN's mandate.

The **vision** of the "Frontline Systems of Support" (F-SOS) project is to create systemic changes within the youth-serving sector that holistically address frontline workers' ongoing grief and trauma, allowing them to better serve youth and their communities.

For too long, frontline workers have not had appropriate safe spaces to speak freely about organizational systems and institutional hierarchies that hinder healing, perpetuate grief and trauma responses, and act as barriers to accessing support. This "silo" effect in the youth serving world also limits the opportunities for youth workers to connect for support, to share wisdom, or express their vulnerabilities. This project was developed with the aim to create that space.

The **mission** of the F-SOS project is to develop a better understanding of what programs and services currently exist to support frontline workers' grief and trauma and what has existed in the past. F-SOS project's goal was to identify gaps in organizational support and document how grief and trauma is currently affecting frontline workers. F-SOS aimed to identify promising practices for appropriately addressing frontline workers' experiences of grief and trauma, and use these findings to advocate for wide-scale systemic changes.

The Issue

Local Context

Frontline youth workers, along with other community service workers, act as part of Canada's health spectrum. By helping to promote the development of physical, emotional, spiritual and mental well-being in youth, particularly youth who are marginalized and/or live in disadvantaged neighbourhoods, youth workers provide a much needed health service to both individuals and communities.

The youth-serving sector is divided into several sub-sectors (such as Arts, Recreation, and Mental Health). These sub-sectors depend on different sources of funding, offer various programs and services, attract different populations of youth, and have dissimilar reporting criteria. A single organization often contains different combinations of these funding sources and entrance-points to working with youth. Accordingly, youth worker job titles and responsibilities blend across silos and types of work. For example, in order to carry out her/his duties, a "Community Arts Worker" (CAW) may not only need to develop and implement arts programs, s/he may also need an understanding of homelessness, conflict resolution, community development, financial assistance, and trauma

responses. This CAW may have a different rate of pay than a CAW working at a different organization. The standards for safety may also be different; the expectation may be that a CAW works alone in the evening in one organization and at another any similar duties would require working in pairs. This is especially a concern now that we are seeing younger frontline workers being 'dispatched' into communities they are not familiar with.

While the scope of youth programming across sub-sectors has increased dramatically, there has been little to no attention paid to the frontline workers themselves. FPYN, with its F-SOS project, is highlighting the trauma and vicarious trauma, burnout and post traumatic stress accrued by youth workers in Toronto. While there has been some attention paid to vicarious trauma of frontline workers, there is little recognition that many frontline workers directly experience trauma as a result of being present during and soon after incidences of youth violence, including gun violence. While we are concerned about youth workers for youth workers own sake, we are also concerned about how grief and trauma, if neglected, could negatively impact their work with children and youth.

Based on FPYN's and F-SOS's experiences working with frontline workers, this project has been framed within three broader considerations:

Structural problems within organizations hinder support for frontline workers. Organizations often do not recognize grief and trauma amongst their frontline staff. As a result frontline staff rarely feels organizations support their complex grief and trauma needs. When support is offered, it is embedded with systemic, organizational, and personal barriers that impede frontline worker access. Workers often feel they cannot be honest with their employers about what they are going through; they worry that it will reflect poorly on their performance evaluations, or they will be reprimanded for their honesty. Sometimes, the workplace culture disallows honest communication- the invisible shift towards corporate principles based on the "bottom line" often prevents frontline staff from being able to voice their concerns. Power dynamics between frontline staff and their managers/senior organizational staff may also prevent them from being able to talk openly about how their work truly impacts their lives.

The personal is political and the political is personal. While youth workers work towards overcoming larger systemic issues facing youth – such as endemic poverty and racism – they are also very much affected by these same issues as many youth workers also come from poor and racialized communities. Many youth workers are also carrying the legacies of historical, familial and personal traumas. Thus, while youth workers are attempting to help youth overcome barriers and obstacles, they themselves may be facing many of the same hurdles. With the hierarchies of larger organizations often replicating broader systemic inequalities – with upper level management comprised of dominant group members - many racialized and poor workers are further silenced, as they do not feel safe challenging superiors.

Further, frontline workers' ability to connect their work with youth, family, and communities to larger systemic shifts impacts their perception and understanding of their own grief and trauma. Over time, some frontline workers develop "tunnel vision." They identify so much with the youth and the communities they serve that they lose sight of other realities. They channel their frustrations towards the work they do, and do not always grasp that there are huge systemic issues that contribute towards violence and poverty. Often

they cannot differentiate between their needs and the needs of the youth that they serve. This blurs the already thin line between their work and their personal lives, and makes it difficult for them to separate who they are from the job they do.

The language that currently exists in context to grief, vicarious and direct trauma, is problematic. It is important to note that we use “support”, “healing”, and “addressing grief and trauma” interchangeably. We needed broad, undefined terms to allow people to express themselves without being caught up in proper terminology. While we have used words such as “treatment” and “intervention,” we are aware that the conventional medical model, that uses these terms, often understands problems in isolation from the social determinants of health. Terms like “therapy”, “treatment” and “intervention” carry stigma amongst frontline workers. It is therefore important to change the discourse regarding these terms and their connotations.

The terms “crisis”, “grief” and “trauma” are difficult to define and are confused with each other by many people in the youth-serving sector. Many youth workers cannot differentiate between grief, crisis and trauma because losses in many communities continue to build on each other with little time to grieve or heal. Many communities are dealing with other burdens that also get in the way of being able to grieve and heal from compounding loss and trauma.

Stuck between being deeply committed to working with young people, compounding grief and trauma, a lack of support from employers, and organizations that reproduce some of the broader systemic inequalities youth are facing, frontline workers are also being infected with the hopelessness they are working to mitigate.

What the Literature has to say

The majority of the works reviewed in this section are academic papers or organizational reports. Many of the organizational reports provided are Canadian-based, in an attempt to provide a local perspective on the issue. Similarly, an effort was made to review academic papers from numerous fields, including social work, physiology and medicine. Within the existing literature on trauma and vicarious trauma, works dealing specifically on youth workers are lacking.

As a result, much of the research discussed focuses on other similar frontline workers, particularly those that work with children. By focusing on frontline workers from other sectors some useful parallels can be drawn. At the same time it is important to keep in mind the special circumstances and complications working with youth create for frontline workers. Information offered in response to some of the conclusions from the literature is taken from FPYN findings that have been distilled from hundreds of individual conversations with frontline workers, group get-togethers, meetings and trainings and culminated in the development of this project.

Structural Considerations

The health, both mental and physical of frontline workers, is influenced by the conditions in which they live and work. Additionally the places frontline workers live and work often overlap. The social and economic conditions of a person's life including, but not limited to their working conditions, health behaviors, access to health care, income, environment and housing are key to preventing adverse health (Munro, 2008). Within the work environment, individuals with greater health show improved performance, productivity and competitiveness (Munro, 2008). As a result of the on-going struggle to obtain adequate sustainable funding, many non-profits often provide poor salaries and poor or no employee benefits to youth workers and other similar frontline professionals. Frontline workers increasingly find themselves in part-time and contract positions. These contracts are often not renewed because the funding for that program was not obtained or no longer available. At same time, the number of individuals being referred for, mandated to, or seeking services continues to rise. This combination of insufficient funding, unstable employment, and increased workload has created stress and is connected to negative health affects (Community Social Planning Council of Toronto and Family Service Association of Toronto, 2006). While this stress is in part economic, a major contributing factor is the continual loss of relationships associated with change and instability. This may be especially difficult for a population of workers who specialize in relationship-building. A 2002 McMaster University study on frontline workers in the community service sector, found workloads and health risks have increased dramatically as a result of reduced funding (Community Social Planning Council of Toronto and Family Service Association of Toronto, 2006). Frontline workers are often putting their own physical, emotional and spiritual needs aside in order to stay on top of the workload.

Trauma Responses

Many frontline workers are living with complex developmental and post traumatic stress responses and are not aware of their condition. Through the use of MRIs progress has been made in mapping out the brain functions of individuals living with Post-Traumatic Stress Disorder (PTSD) (Bremner, 2002). Studies have demonstrated that individuals with PTSD often show memory deficits and dysfunction in confronting fear (Bremner, 2002). Those with PTSD have also shown to exhibit increased anxiety and other pathologic emotions, as a result of trauma and changes in their brain function (Bremner, 2002). Many frontline workers believe that the way they are feeling and responding both internally and externally is 'normal'. This is not helped by the fact that they are surrounded by others who are also suffering. Their places of work are often not invested, for a myriad of reasons, in helping frontline workers to identify and address these issues.

An area that recurs in the available research pertains to the predictors of trauma responses and factors that may get in the way of a person's ability to 'cope'. The clearest predictors of trauma found thus far are the extent to which frontline workers are exposed to traumatic material and the size and type of their caseloads (Morrison, 2007). Studies with sexual assault counsellors have shown that individuals with a higher percentage of sexual assault survivors in their caseloads experienced more disrupted beliefs, more PTSD symptoms and more self-reported vicarious trauma (Morrison, 2007). Other studies have examined factors such as experience in the field, the worker's personal abuse history, and the stigma attached to discussing vicarious trauma as potential predictors (Morrison, 2007).

Coping Strategies, Self-Care, Interventions and Organizational Supports

Even in the best case scenarios, stress, trauma and vicarious trauma cannot be eliminated as they are very often a side effect of frontline youth work. At the same time practices and strategies are evolving for addressing some of these issues. Overall, it has been demonstrated that when affected individuals use engaged coping strategies such as therapy and peer counseling rather than disengaged coping strategies, their recovery has been more effective (Anderson, 2000). Examples of disengaged coping strategies used by frontline workers include self-criticism, drug and alcohol abuse, dietary fluctuations (over or under eating), sexual, gambling, internet and video game addictions. When individuals use active coping strategies they have reported that their feelings of depersonalization have lessened and their sense of personal accomplishment increased (Anderson, 2000). These findings suggest that being pro-active in addressing these issues is essential and can make a difference. It is dangerous however to understand the development of vicarious trauma and PTSD as simply an individual problem. These conditions are a consequence of both the larger organizational and structural environment in which frontline workers operate.

At the level of the individual, much of the literature explores the notion of self-care and coping strategies, in order to ensure a better work-life balance. As discussed, this can be difficult for frontline workers for many reasons. To maintain a work-life balance, leisure activities such as spending time with friends and family, vacations and exercise are often recommended to frontline workers (Bober and Regehr, 2006).

However many frontline workers already feeling disconnected from friends and family who do not understand their work. They seem to further focus on their work, which is filled with urgent concerns, and socialize with people in the same field. Vacations are difficult for many frontline workers who are working both part-time and full-time positions. Some frontline workers feel uncomfortable with the idea of taking time off because they feel they are abandoning people. Many frontline workers feel 'at their best' when surrounded by chaos and crisis. Taking time off is challenging for them on physical, spiritual and emotional levels.

Other coping strategies discussed in the literature include peer counselling, outside therapy, case discussions, stress management training, taking time off and regular supervision. However, in a study conducted by Bober and Regehr (2006), no evidence was found that by using the recommended coping strategies individuals were protected against symptoms of acute distress. The individuals studied did however believe that the recommended coping strategies were useful (Bober and Regehr, 2006). This suggests then that self care, leisure activities and other coping strategies were helpful in diminishing stress but are not necessarily useful as protective measures. If there is clinical supervision, the power differential between the frontline worker and the supervisor make it difficult for frontline workers to be completely honest with their supervisor. For example, they may be reluctant to admit that they are having difficulty coping with the death of a young person, when they know that their supervisor has access to their employee records.

In more severe instances, when the frontline worker experiences primary trauma and consequentially PTSD, the literature has found that individuals who sought out both therapy and took time to search for meaning from their experience, were most likely to recover positively (Lyons, 1991). Having a positive and supportive social network of family and friends was also seen to have a significant impact on the individual's recovery (Lyons, 1991). However as already noted, many frontline workers are surrounded by others who are suffering and this impacts intimate, familial and extended family relationships. Regardless of the extent or severity of the trauma experienced, it is significant for the individual to feel trust and safety as well as power and control after the onset of trauma (Regehr et al, 2004). What consistently appears to be essential for frontline workers is easy and regular access to a safe space in which they can share and be validated in their experiences and feelings.

Much of the literature stresses the importance of proper organizational factors that can contribute towards overcoming and coping with trauma. Particular organizational cultures or polices create situations that enable or hinder recommended self-care activities or coping strategies (Morrison, 2007). To ensure a healthy work-life balance and thus improve the socio-economic determinants of health, organizations need to provide a safe and healthy work environment. This includes providing appropriate and diverse caseloads, effective supervision, access to debriefing and peer counseling sessions (Morrison, 2007). Similarly, some studies have found that union support for frontline workers can act as a major organizational factor in reducing workplace distress (Regehr et al, 2004). Perhaps the most obvious factor to enable frontline workers to overcome trauma is providing proper health benefits to employees. Without access to both appropriate physical and mental health supports, recovery can be difficult for frontline workers. Having Employment Assistance Programs available to employees can act as a helpful tool for receiving referrals, assessment and short term counselling (Googing and Davidson, 1993; Bernier, 1998). Should the individual need to take time off, s/he, should feel no stress to return or stigma for leaving in the first place (Bernier, 1998). By taking time away from work, the individual has the opportunity to restore her/his health, asses his/her current work situation and values and make necessary changes to improve her/his life (Bernier, 1998).

Therapy

There exists an alarming scarcity of appropriate therapists. What is necessary for many frontline workers who would consider therapy as an option, are factors such as whether a therapist is covered by their benefits, to what degree and whether they are required to pay upfront and then get reimbursed. Frontline workers are aware of the difficulty in finding long-term in-depth counseling for their youth and therefore it is a consideration for them as well. Another important factor that often poses a barrier is whether a therapist works from anti-oppression approach and therefore is sensitive to the historical and current contexts of oppression that exacerbate the problems caused by traumatic experiences. Therapy itself is understood and positioned as a “Western” intervention. It has many of the markers of oppression that racialized frontline workers are alienated by and do not feel is culturally appropriate. Many frontline workers' experience poverty and discrimination *as* trauma and require a lot of time to build the trust to explore these experiences and their responses to them. Finally, frontline workers have expressed disappointment in therapists who do not understand the complexity of frontline work or what it means to be a frontline worker and therefore are quickly dismissed as ineffective. Many frontline workers, like youth, will not try again to get support after a disappointing experience or interaction.

Advocacy as 'Intervention'

Given both the individual coping methods and organizational factors, some literature suggests that engaging in systemic advocacy can be beneficial for frontline workers. It is suggested that while addressing trauma, therapy moves toward advocacy for improved and safer working conditions (Bober and Regehr, 2006*).* Engaging in systemic advocacy can offer hope to frontline workers for many reasons. It is helpful to frontline workers to vary their workload, to connect with others who share their values and concerns, and to feel empowered to make broader change. Many frontline workers develop an understanding of systemic problems and strategies for addressing them however do not get the chance to do anything for fear of losing their jobs. Organizations will often not support frontline workers to organize or speak out because they do not want to risk their funding. Frontline workers become hopeless after working with so many individual stories that contain similar information about systemic barriers and problems. Many frontline workers feel that they are complicit in the systems that hurt people because they are not addressing the obstacles. This guilt and silence also impacts frontline workers' physical and mental health.

Conclusion

By comparing frontline workers in the youth-serving sector with other similar industries, we realized that most frontline workers face similar issues. Grief, vicarious, and direct trauma impact the holistic health (mental, physical, spiritual, and emotional) of frontline staff. Organizational structure and hierarchy contributes to the impact of grief and trauma. Organizations that carefully plan and implement policies that encourage healthy coping mechanisms minimize, but do not eliminate, this impact. Organizations that do not recognize grief and trauma, or do not have the staff or financial resources to address these issues, contribute to their staffs' experience of trauma. Therapy is not recognized as an option for support because it may not be culturally appropriate. While advocacy can be a healthy coping mechanism, few platforms exist to allow frontline staff to advocate for systemic changes.

Project Partners

Our project partners were:
Centre for Social Innovation
Toronto Neighbourhood Centres
St. Stephen's Community House
Eva's Initiatives

Summary of Phase I Activities

The lack of organizational investment and support of frontline workers is a recurring theme found through Phase I of this project. Few services exist to "help the helpers." Many organizations default to easy "solutions," like offering "training" or a specific debriefing session as a response to a particular incident. Frontline workers, who are often exposed to similar levels of violence and trauma as the youth they serve, do not have ready access to strong, non-traditional support services.

Project Goals

The main goal for Phase I was to gather historical and current practices and the context of projects and initiatives that address grief and trauma within Toronto. To begin to collect qualitative data on how grief and trauma impacts frontline workers and quantify the anecdotal evidence FPYN has been collecting for over two years.
For Phase I of the F-SOS project, 3 key activities were conducted:

1. Literature review
2. Environmental scan/ key stakeholder interviews
3. Seven focus groups with frontline workers

To complete this work, three key staff members were hired (Project Coordinator, Project Lead, and Focus Group Facilitator) and trained in facilitation techniques. The Project Lead kept an online observation log that was reviewed by the F-SOS Constellation, who oversaw the project (Appendix A).

Literature Review

The literature review was a collaborative effort between the Network Coordinator, Jenny Katz and a volunteer researcher, Jordan Benadiba, a graduate student at McGill University.

Objective

The objective of F-SOS was to find existing literature to gain both a broader and a deeper understanding of frontline work and workers, how burnout and direct and vicarious trauma affects workers and how other communities of practioners understand frontline work.

Rational

FPYN values the opportunity to learn from others and knowing that our sector is not the only one grappling with these issues was instrumental in decreasing our feelings of global isolation. Recognized medical/academic references were needed to legitimize understanding of how grief and trauma impacts frontline workers' mental and physical health.

Environmental Scan/ Key Stakeholder Interviews

Nine people were interviewed who were determined to have had both personal expertise and historical knowledge of Toronto's youth-serving sector. The key stakeholders were people that were recommended through our Network, and were chosen based on projects they had completed, or were currently involved in, that were active in bringing awareness to frontline realities.

The criterion for choosing these individuals was:
Experience working directly with vulnerable populations.
Cross sub-sectoral experience.
Work experience in different Toronto communities.

It was difficult to schedule face-to-face interview with these individuals, so e-mail surveys or phone interviews were conducted.
Due to time constraints, the F-SOS staff members were unable to contact some stakeholders. Some stakeholders were unresponsive to emails and phone calls and some stakeholders' contact information had changed and were therefore unable to be reached.

The individuals we connected with for the environment scan were from:

The City of Toronto, Community Development Division (Weston-Mount Dennis)
The City of Toronto, Community Development Division (Jane-Finch)
The City of Toronto, Youth Gang Prevention Program
The City of Toronto, Crisis Response Team
The City of Toronto, Parks, Forestry, and Recreation
The City of Toronto, Public Health
Street Kids International
Youth Justice Network
Neighbourhood Basketball Association
Toronto District School Board

The environmental scan questions are attached as Appendix B.

Objectives/Rationale

The objective in performing an environmental scan was primarily to document learnings from past projects/initiatives. We wanted to learn what had worked in the past and to gain knowledge from the mistakes and shortcomings of previous projects/initiatives. Understanding the current and historical context of supports provided to frontline workers related to grief and trauma contributes to the overall comprehension of how the youth-serving sector responds to its frontline workers. This also informs our strategies for addressing the gaps as well as our sustainability plan.

Outcomes/Findings

As a result of these interviews, the F-SOS project gained a better understanding of historical practices around frontline workers grief and trauma, current practices, what works so far, and what might also work. The findings from these interviews are included below.

Historically:

- There was more informal support available in the past, but as organizations grew and formalized, relationships between frontline workers and their managers shifted into a more "business" paradigm; frontline workers no longer feel safe confiding in their managers.

- There were certain supports that were available to allow frontline workers to mobilize and share ideas, but with budget cuts, these platforms no longer exist.

  "Many workers are suffering from PTSD/acute anxiety and vicarious trauma. They are unaware that there need for destructive behaviour ie, binge drinking, partying all night with no sleep, and work with out clear boundaries is all a symptom of trauma. This is becoming such an issue that workaholics are the champions of our work."

Currently:

- There is a general understanding that grief and trauma in frontline workers is an important issue, however, stakeholders had no knowledge of any agency that has made informed policy changes to address vicarious or direct grief and trauma.

- What supports or programs do exist are, for the most part, short-term initiatives. For example, when a crisis occurs in the community, agencies may call on Toronto Public Health to come in and speak to their staff, or do an internal critical debriefing. After this initial workshop or debriefing, there is rarely any follow-up or after-care.

- There is no ongoing group actively investigating or addressing the grief and trauma needs of frontline workers.

- While youth workers “higher up” in larger organizations may have peer supports in place, those with less status do not. For example, the Toronto District School Board Social Workers have a peer support mechanism in place that provides both regular monthly meetings as well as a community of support to call on during a crisis. At this time the Child and Youth workers do not have these supports. This is similarly mirrored in some Children’s Mental Health Centres where clinicians may have regular team meetings and case consultations however Youthworkers engaging in shift-work on the frontlines across programs often do not have these ‘luxuries’.

  “Currently there is a large gap [in grief and trauma services], there is support for immediate trauma (Toronto Public Health Crisis Team, Bereaved Families of Ontario - Toronto) but neither is youth/frontline worker focused. “

What is working:

- Long-term initiatives, based on developing and nurturing trusting relationships, are key to addressing frontline trauma and grief.

- Senior management must understand frontline grief and trauma in order to change organizational policy to better meet their staffs’ needs.

- Honest communication amongst frontline workers is necessary to individual workers’ health. Frontline workers must realize that they are not alone, and that there are others who are dealing with the same challenges.

- Innovative initiatives are necessary to break down silos and tunnel vision amongst frontline workers, forcing them to “think outside the box” instead of repeatedly coming across the same barriers.

  “In many of our initiatives we are able to connect with frontline staff to have them guide the intervention as well as the type of workshops that are needed within the communities. As such we are able to have quite candid conversations about the impact that the work is having on them and potentially look at ways to support them deal with the challenges of being on the front lines with this type of work.”

What would work (action items for us to consider):

- Resource listings of good workshops and trainers that are either free or close to being free

- Organizations need to be challenged around how they offer “mental health” support and how they structure/define workloads and worker expectations.

- Frontline workers need to be refreshed and they, as well as their organizations would benefit from a program of secondments for frontline workers across sectors and organizations.

- Create ongoing space for people to come together and talk, without the expectation that they will produce a tangible product, like a plan of action.

"I have come to realize that an open ear is better then an open hand."

Focus Groups and Surveys with Frontline Workers

The seven focus groups had a total of 45 participants. One women-only group and one men-only group were conducted. Focus groups ranged in length from 30 minutes to 2 hours, with most groups closer to the 2-hour mark. As a means of gathering the widest range of input, participants were given questionnaires with the same questions that were asked verbally in the group. The idea was that people would be able to write down details and feelings that they might not be comfortable sharing out loud. The focus group/survey questions are included in Appendix C). 25 of the 45 participants completed surveys, though one was written in Spanish. The focus groups themselves were digitally recorded, and major findings were transcribed.

Over the course of a few days, a group of three to four FPYN members read the 24 English language surveys and discussed their content. The Focus Group Facilitator was also present to share thoughts on the different focus groups, their environment, and the general vibe. From these discussions, a range of codes was developed and inputted into an Excel spreadsheet and used to code the 24 surveys. Please see appendix D for the full range of codes.

A team of volunteers who signed confidentiality agreements, listened to our five recordings, and make detailed transcriptions of the recording content. We used this information to provide support to our report, and used some of the outstanding quotes. We would have liked to have coded this information as well, and added it more thoroughly to the report, but time was very limited. We also realized that adding the information would create a large margin of error, since we would be counting the data twice. We hope to code the information later and do some statistical analysis of the data.

Objectives

To learn from youth workers how grief and trauma are affecting them, what their organizations do to support them, and what they would find helpful as forms of support.

Rational

While FPYN has been speaking with and supporting frontline workers since 2005, and thus had a strong “feel” for the impact of grief and trauma on youth workers, F-SOS’s goal was to gain a more thorough and systematic understanding with which to inform our support and advocacy work.

Outcomes/ Key Findings

> *“In addition to a complete lack of preparation for employees working in the youth sector, there is no structured support system in place.”*

> *“…frontline workers work hard and deserve to be vulnerable”*

100% of respondents said they suffer negative health effects because of grief and trauma in their work: 46% suffer **physical health** problems. Body pain and poor diet, followed by exhaustion and sleep issues, were the top four reported health-related issues.

96% of respondents stated they suffer **mental health** distress as a result of grief and trauma in their work. Generalized stress and depression were the most common symptoms, followed by anxiety.

> *“…my job is filled with an underlying level of anxiety…”*

Only 2% of respondents were able to talk about being triggered.

> *“It has become a numbing experience. Because so many youth have passed away that I have had direct contact with, I have become desensitized to the occurrence of death.”*

> *“I question life, God, existence, everything.”*

80% of youth workers reported problems in their relationships because of grief and trauma accrued in their work. 54% saw negative outcomes in their interactions with friends and family, 46% in their work (most often impacting negatively on their relationships with youth), while 46% reported their relationship with their ‘self’ was harmed. Isolation and feeling permanently “on-call” were mentioned frequently. The idea of being readily accessible for youth and their communities were strongly tied into youth workers sense of self and responsibility.

“I respond by trying to stay to myself because I lash out at my loved ones.”

Talking about support and coping: 29% of participants stated they were not aware of any supports, or that there were none available to frontline workers in their organizations. 42% stated they could access some form of counselling. However, no employer provided long-term counselling support. Talking to one's supervisor (29%), sick days or time off (21%), and trainings or workshops (13%), were the most common supports provided, after counselling.

33% or workers stated that they did not have any strategies for coping while at work. In workers personal lives, friends and family were the support most often accessed (63%), while 1% stated they saw a counsellor, and an additional 1% attended peer-support type groups.

When asked what would be helpful, 92% identified changes to organizational practices, with time off and managers/supervisors who understand and want to help the most common "asks." 38% identified professional development type support as helpful (more knowledge and training). Last, 25% wanted peer-type support; hearing from others who have had similar experience (83%) was the preference.

When asked what form of support they would prefer, 58% of youth workers wanted counseling, or which, 71% wanted individual counseling and 29% group sessions. 54% of workers wanted to speak with others who have had similar experiences, with 21% directly asking for peer support type models.

Cost was a barrier for 42% of workers, suggesting that most employers do not provide a benefit package that includes therapy. Significantly, cost, combined with the need to access help "on their own time" (mentioned by 16% of workers), indicates that fostering personal well-being is not "work" employers are willing to recognize or support. Well-being itself is often eroded by the work.

> *"I worked someplace before where the E.D. said that it was unprofessional for me to grieve a client/youth's death because they were not related to me – of course I had to quit that job."*

In addition, 21% of workers mentioned a lack of confidentiality as a reason they did not access supports. 30% mentioned discrimination or stereotypes as reasons they did not access support, with culture (particularly helping professionals from privileged groups) the most common concern (83%) as they are less likely to understand the realities of workers from/working in highly marginalized communities. Workload or being too busy was also a barrier to accessing support.

When asked what they would like to see in an action plan responsive to the grief and trauma needs of frontline workers:

46% wanted to see a plan that would change what happens in their organizations. Most participants stated that they would like to see greater understanding of grief and trauma within their organizations. Many participants also stated that they need more time off.

Peer support and connecting with others was also requested, as were networks or other groups that could provide support. 46% of frontline workers also wanted more opportunities for professional development in the areas of grief and trauma, for themselves, but importantly, also to educate their supervisors and managers on the needs of frontline workers.

Random Bits and Interesting Observations

- Confidentiality impacted this research more than anticipated. This sector is feels insular to many frontline workers; people often knew each other in our focus groups, which may have impacted how comfortable they felt with sharing information. The facilitators indicated that some of the best conversations happened after the focus groups, when the participants would initiate a more in-depth one-on-one conversation with the facilitator. Some of the focus groups were quieter than other focus groups; it is suspected that this is because staff from the same organization or collective was in the same focus group. While participants were provided with both a platform to speak and a platform to write, it had been considered the degree of trust (or mistrust) between participants themselves.

- Significantly, workers often indicated a degree of “fatalism” or hopelessness. However this was not always self-identified, and thus, was difficult to quantify. For example, one participant stated “I have had so many friends die that I don’t even feel it anymore. I have stopped attending funerals.”

- Throughout this project a quality that has become referred to as “tunnel vision” was noticed in many frontline workers. It appears in workers who have been in the field for long time within specific communities. It manifests in their apparent inability to see how their work impacts people beyond the individuals and individual situations they work with. Instead, their focus, reinforced by their organizations, is on supporting individuals. Unfortunately, marginalized and racialized youth suffer from high rates of recidivism, dropping out of secondary schools, addictions, unemployment, and homelessness. Organizations, which depend of “success” stories, push their employees to create “success” for a population that is multi-barriered. This impacts frontline workers, who may feel like they have “failed” youth in their communities, and ultimately, their organizations. For some of the participants, the continual “failure” translates to feelings of rage and frustration at the youth themselves, or the communities they are working in, and not at the larger systemic barriers that propagate poverty and other barriers to social determinants of health. Other participants struggled with their self-identity within this continual feeling of hopelessness, often internalizing it and wondering what they were doing wrong. Youthworkers are rarely celebrated in their work and often do not have measures that allow them to feel successful in their work.

- The impact of listening, reading, and recording this information on FPYN staff and volunteers was not anticipated in our planning. The information, while crucial, was painful to read, because it documented human suffering. As much as identifying information was removed, people added sentences or phrases that distinctly identified them. The staff and volunteers often had a good idea

of who the participant was, which left the staff feeling they were violating their confidentiality, especially if they knew these particular participants socially.

- Staff and volunteers also struggled with seeing themselves mirrored in the survey answers and recordings.

- Because of how jobs and service-organizations are structured, it is hard for many frontline workers to see beyond their individual client. Given that most youth workers work with "high risk" clients – those faced with high levels of systemic violence – recidivism rates, death, school expulsion, addictions and unemployment are extremely high. For many of us, hope is eroded daily. Further, many frontline workers internalize this lack of change for clients as a personal failure.

Conclusions

From the staff who worked on F-SOS experiences as frontline workers, and from FPYN's four years supporting a diverse range of frontline workers, it is known that many community-based organizations are dependent on various funding bodies to survive. They do not always have the foresight or ability to challenge how funding is allocated in the social service sector. When there is funding available for something new, and this funding allows them to grow as an organization, many organizations will apply as a means of organizational survival. Sometimes, this means they will be working with a population they do not understand, or in a community that they have never encountered. As such, they hire frontline workers without careful thought as to what the job will actually entail, and how difficult it may be for their frontline staff to access proper support.

The findings from this analysis indicate that organizations – dealing with their own struggles to survive as an entity and as an employer – do not properly train, orient, or provide adequate support to their frontline workers.

> *"If there were a support team for grief and trauma it might be better if it was an independent agency that served all youth workers. That way you could talk freely without worrying that you might be talking to someone that had a connection to your co-workers or supervisor."*

> *"I'm glad this topic is brought to light. It is not usually something people would discuss."*

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12. Appendices

Appendix A: **Project Coordinator's Observation Log**

Appendix B: **Questions from the Environmental Scan**

Appendix C: **Focus Group and Survey Questions**

Appendix D: **Survey Coding Framework**

Appendix *E*: Individual Personal Strategies to Prevent or Mitigate the Effects of Vicarious Trauma

Appendix *F*: Vicarious Trauma Training & Resources

Appendix A: Project Coordinator's Observation Log

Hi Everyone,

Welcome to Google Docs! I'm calling this our observations log. Anyone can add anything about the CMA Project here. Just remember to add the date, and location (if relevant) and your name!

Neemarie

Observations/reflections include things like:
What has worked so far with this project (from the beginning)
What hasn't worked
What do you think we could have done or be doing differently?
What do you think/feel about how the project is rolling out?

These reflections and observations will be included in the Community Action Plan that is the report for the end of Phase 1 of this project.

Aug 7Th

Aug 6Th I conducted my second focus group. Oh this is Franz by the way, anyways yesterday I conducted my second focus group yesterday. the first one was on July 28Th and was a mixed group of 6, this more recent group was all women, we had 8 participants

Aug 24

To date we are half way through our anticipated goal of eight focus group with the completion four focus groups have been conducted (Jul 28, Aug 6, Aug 13, Aug 18)

Three out of 4 of the focus groups have been a mixed demographic of male and female, one to date has been focus on one specific gender (Aug 6) a female group.

Three out of 4 have been recorded focus sessions the group the Aug 13 group specifically requested not to be recorded and elected to fill out the questionnaire in writing

Observations

Although the data has not been thoroughly analyzed there are a few observations the facilitator has made some observations that may or may not be due noting but observations nonetheless.

Technical Observations

- · Questions 6-8 appear to cause some levels of confusion for participants while at first it was thought of as an anomaly, however now can be concluded at least with these groups to date to be a constant

Personal Observations

- · The questionnaire has specifically and purposely been formatted to extract “I responses”, however it should be noted that many of the response and in saying that I’d say anywhere from 40-60% of the responses become redirected into advocacy for their sector. It probably shouldn’t be stated as a fact but there appears to be an obvious inability for frontline workers in the youth serving sector to disassociate themselves from their work. There is constant referral to what youth needs are, and systemic issues that prevent them from being able to do their job.
- · In the facilitator’s opinion While these issues are relevant, for they address the causes to their grief and trauma they don’t address the effects of grief and trauma on the individual.

Overall Vibe

In this facilitators opinion participants have appeared to leave appreciative and hopeful that the topic of the "effects of grief and trauma on frontline workers" will create some sort of support system or @ least resource may help alleviate some of the feelings of burnout, guilt and obligation.

Franz

Aug 27
Today we completed focus groups 5 and 6.
5 being an all male group, while 6 was an unscheduled group that I met earlier that morning.
Observations

- Haven't had time to evaluate information, however there was an overwhelming element of relief coming from the group that the issue of grief and trauma and the effects on frontline workers, was actually being brought to the forefront

Jenny Katz here:
Franz - amazing notes. This stuff is really fascinating and I think we may be having an impact by just starting the conversations...

Discussions I've had re: focus groups that I think are relevant to the report:

-relationship to time - showing up late - willing to stay late
-not wanting to turn off or not answer their cell phones - Guilt, what if something happens to them, I'm the only one, they'll know that I'm choosing not to answer
- some of them have given up trying to "get it" and are just biding their time
- meeting with individuals informally after the focus groups to get food (guy to guy mostly I think?) there was really good information exchanged and maybe support (what would this look like if we were to make it a part of 'implementation' - would it be a mentor/buddy system - regular check-ins with one person as the 'listener' - would it look like a refuge for frontline workers with drop-in hours and someone to talk to?)
- what about the people who always end up on the supporting end - who will they be 'buddied' up with so that they don't become the supporters of them as well....
-informal works
-one-to-one works better for some people
-having the focus groups is already creating an acknowledgment of the suffering and this brings some relief
-frontline workers are "messed up" with "messed up" read: unhealthy coping mechanisms
-many frontline workers just end up hanging out with others in the sector who "get it" and see themselves as not being able to relate to others....

Hey Franz - please correct anything here.
Thanks!

Sept 16 - 3:22 am

At last check in Four(4) focus groups have been conducted since that time three(3) more have been conducted, the seventh(7th) on September 15 in Jane & Finch.

:Jenny
To answer your question, and I'll try to answer each as best as i can
-relationship to time - showing up late - willing to stay late

- admitting i am no clinician, but in my personal opinion this can be contributed to a combination of either insomnia, anxiety, over fatigue, malnutrition, side effects from previous coping mechanisms, and an over connection to the position within their community.
- this in effect causes a great deal of pressure (some self inflicted) to catch up too deadlines, and "be all things too all people", trying to be everywhere, ends in losing oneself
- the next question is also a big factor

-not wanting to turn off or not answer their cell phones - Guilt, what if something happens to them, I'm the only one, they'll know that I'm choosing not to answer

- I'm going to coin this phrase as the TMZ syndrome, once again trying to "be all things to all people", people in the youth serving sector appear to crave being "kept in the loop", being connected, - the manifestation of being "kept in the loop" is however always applicable to

the level of direct interaction workers have with youth i.e some **need** to know about everything grant, program, and/or opportunity that their youth could benefit from, while others are on a ground level and **need** to know what's going on in the neighbourhood, school, centre etc..

- Uncanny idea that if they don't answer some how they'll be letting someone down, and that the world for that caller will come crashing down, and it will be all their fault.

- some of them have given up trying to "get it" and are just biding their time
I think Co-op should be mandatory in school...In this there is a mix
**"some shouldn't be in this field - not that they're not good people, but in this sector we are in the business of people..."*
quote said to me after a focus group..

- one positive is that through working in the youth sector many have developed or enhanced their other tangible skills, and are battling internal questions, of staying in or leaving the sector
- Some have decided to leave larger organizations to form smaller grassroots organizations that directly advocates and/or directs their programming to reflect their passion

- meeting with individuals informally after the focus groups to get food (guy to guy mostly I think?) there was really good information exchanged and maybe support (what would this look like if we were to make it a part of 'implementation' - would it be a mentor/buddy system - regular check-ins with one person as the 'listener' - would it look like a refuge for frontline workers with drop-in hours and someone to talk to?)
- what about the people who always end up on the supporting end - who will they be 'buddied' up with so that they don't become the supporters of them as well
I Consider myself fortunate that regardless of the environments, focus participants have felt a strong enough connection to divulge to me - for all intensive purposes a perfect stranger - some of the most intimate details of their personal and/or professional lives.

I might not feel like this tomorrow, but after this last focus group, I am really questioning what does "good" youth work mean or look like? For some it will mean plugging oneself into a community and generally providing a positive influence in the lives of the youth they serve; therefore creating a safer coexistence for all within the greater community.
In reality workers in this sector end up creating these some opaque pseudo-bonds, almost ownership like; so strong that they cement themselves to the youth, their organizations, and communities. While many will argue this is why we have so many good people doing such great things for the sector, my questions are what are we doing to the worker:

- are we doing a good thing by connecting people to community, without the community, (not the youth) being able fend for itself once the worker is removed from the equation? While it might seem like a great fix for the youth and/or the sector; the strain/side effect on the individual are un-measurable
- workers develop complex's that tell them that in order for "their" youth too flourish their specific presence is necessary. My question is, will this not in-turn emote constant feelings of guilt and obligation whenever their presence is no longer relevant to serve in that same capacity. To support this I point to the far too many that work in environments that display through practice (although they would say otherwise)an oppressive, restricting non-supportive atmosphere for good work to be done, yet they stay. Too the ones who work on the ground level and have had to watch how a choice here a choice there can end up meaning all the difference in the world to a young

person, I know this too be true because all, or at least most, have stop or cancelled something in their own personal life to celebrate the accomplishments of one of "their" youth - mockingly as if you have no life of your own - they experience slap of euphoria, much different to that then say, the feeling someone working in the banking industry when they close a big deal. However they suffer those failures with them as well, and yet, even through those intense moments that sometimes end up being destructive to the greater community, instead of waiting until the smoke clears, they're in there head first without a mask. is there not assumed that there would be side effects?

Once again only my personal observations but
....
-one-to-one works better for some people
depends, if in a group setting there is enough trust, and in that I don't mean trust like "I could lend you $10 and i trust you'll pay it back, quite the opposite, in fact people who are connected to others in such a manner, treat giving up those personal details of emotion to be attributes of weakness and vulnerability. When I say trust, I refer to the feeling of "I can tell you anything because, i might not ever have to see you again..." - think joke "what does one drunk say to another drunk

-having the focus groups is already creating an acknowledgment of the suffering and this brings some relief
many if not all have let out a slight sigh of relief after every session, some have expressed it through saying it directly, while others favor one on one interaction, for a different connection to me. many actually have began contacting me on other tangents through other mediums such as facebook, email or other settings altogether.
-informal works
yes and no, whatever the service it has to be just that, a service, it has to be someone, something that they can contact - think bat signal...but informal enough that it doesn't feel like someone is testing to see if your "crazy". its almost like dial-a-friend.. many crave for an outlet that they can utilize, not just after critical incident, but periodically, once again without it feeling like "help" or "therapy"
-frontline workers are "messed up" with "messed up" read: unhealthy coping mechanisms
is

- self medicating
- over indulgence in drug, alcohol and sexual (this should include shutting down, being non-sexual) coping mechanisms
- getting overly connected to the community

i want too note that a few have identified that they find their solace through arts, various breathing exercises, exercise, yoga, physical activity and other mentally stimulating
-many frontline workers just end up hanging out with others in the sector who "get it" and see themselves as not being able to relate to others..*isolation*
It was and is still a concern, that outreach workers are *working* in isolation, but when they start *living* in isolation, then that really should be of some concern. For the most part people who work in the youth sector will claim aloud that "i have a life" yet given closer observation a lot of that so called "life" is still spent

Appendix B: Questions from the Environmental Scan

FPYN – F-SOS Environmental Scan Questions

Introduce yourself: Hi, my name is ______. I am affiliated with Frontline Partners with Youth Network, a network of frontline workers that have come together in Toronto to support one another.

Introduce the project:
FPYN is conducting an environmental scan with community and organizational stakeholders to assess frontline trauma needs, and will be using this information to put together an action plan. This interview will take about half an hour. All information is kept strictly confidential, and no identifying information will be in our report. We hope to share the results of our findings with interested participants.

Thank you for your hard work and your support in doing this project.

These questions were e-mailed out:

1. What's going on in Toronto to support frontline workers around trauma?

2. What about grief/crisis?

3. What has gone on in Toronto in the past?

4. What working?

5. What are you trying to do/doing around this?

6. What do you think would work – what do we need?

Appendix C: Focus Group and Survey Questions

1. How does grief and trauma impact your life? Please consider your physical, emotional, spiritual, and sexual well-being. Also think about how grief and trauma effects your personal life.

2. What supports does your workplace(s) offer related to grief and trauma?

3. What are your strategies for responding to your own grief and trauma when you are at <u>work</u>?

4. What are your strategies for responding to your own grief and trauma in your <u>personal</u> life?

5. What would be helpful to you and or your colleagues in dealing with the effects of grief and trauma?

6. What is not helpful to you and or your colleagues in dealing with the effects of grief and trauma?

7. We know we cannot stop grief and trauma from occurring. Ideally, what would be available to you in dealing with these issues?

8. What is missing in the youth serving sector to address the impact of grief and trauma?

9. List any barriers that may stop you from access available supports and resources

10. What would you like to see in an action plan for frontline workers related to grief and trauma?

11. Additional comments/suggestions/recommendations?

Appendix D: Survey Coding Framework

1. How does grief and trauma impact your life?

Health

Physical Health

1.1. Poor Diet
1.2. Sleep issues
1.3. Exhaustion
1.4. Body pain (neck, back etc.)

Emotional/Mental Health

1.5. Numb/ don't feel/ desensitized
1.6. Depression
1.7. Distracted/ Problems with attention
1.8. Crying
1.9. Anger/frustration
1.10. Fear/ safety concerns
1.11. Discomfort
1.12. Anxiety
1.13. Feeling alone, like no one else understands
1.14. Stressed out
1.15. Eating disorders
1.16. PTSD

Triggers

1.17. Triggered (unspecified)
1.18. "Triggered at home"
1.19. Trauma/ grief/ incidents at work trigger issues in own life

Relationships

Friends/Family

1.20. Isolation – stop hanging out with people who "don't get it
1.21. Negative effect on relationships with friends and family
    1.21.1. Don't want sex

Work

1.22. Isolation – distance self from people at work
1.23. No emotional energy to support co-workers
1.24. Don't want to go to work
1.25. Negative effect on relationships with youth

Self

1.26. Start operating on auto-pilot/function-only
1.27. Permanently on-call/ Boundaries with work
1.28. Thinking about work/young people when not at work
1.29. Compassion fatigue (in general)
1.30. Question own spiritual/religious beliefs

2. What supports does your workplace(s) offer related to grief and trauma?

2.1. No support offered
2.2. I'm unaware of any support offered

2.3. Talk to people I work with (in general)
    2.3.1. Talk to supervisor
    2.3.2. Talk to co-workers
2.4. Structured debriefing sessions
2.5. Emergency response team that can come on site
2.6. Support phone-line

2.7. Food
2.8. Empathy

2.9. Trainings/ workshops

2.10. Extra-agency supports (unspecified)
2.11. Counselling (unspecified)
  2.11.1. Short-term
  2.11.2. Long-term
  2.11.3. Via benefits coverage
  2.11.4. Via EAP benefits
  2.11.5. Group
  2.11.6. Individual
  2.11.7. Critical incident counselling

2.12. Benefits – sick days/mental health days/time-off/leaves/ short term disability
2.13. EAP (in addition to general benefits)
2.14. Union

3. What are your strategies for responding to your own grief and trauma when you are at work?

More positive

3.1. Debriefing with co-workers
3.2. Calling a friend
3.3. Connecting/informing supervisors
3.4. Positive reinforcement
3.5. Bringing in external supports
3.6. Assessing support needs

3.7. Sharing workload
3.8. Take time off work

3.9. Reflecting on the work/incident

3.10. Finding a safe space
3.11. Cry
3.12. Say a prayer

3.13. Physical Activity (working out/jogging)

Potentially harmful

3.14. Smoking cigarettes
3.15. Smoking marijuana
3.16. Other drugs
3.17. Drinking
3.18. Avoiding people/withdrawing/hording energy
3.19. Trying to be emotion free/being strong
3.20. Keeping busy to avoid thinking
3.21. Keeping it inside – not wanting to weigh other workers down
3.22. No strategies

4. What are your strategies for responding to your own grief and trauma in your personal life?

More positive

4.1. Seeing a counsellor
4.2. Peer-support type groups
4.3. Take time to reflect
4.4. Journaling/writing

4.5. Debriefing with co-workers
4.6. Talking to friends
4.7. Talking to family

4.8. Jogging/Walking
4.9. Yoga
4.10. Working-out

4.11. Hobbies
4.12. Sex
4.13. Vacation
4.14. Resetting realistic goals

Potentially harmful

4.15. Smoking cigarettes
4.16. Smoking marijuana

4.17. Other drugs
4.18. Drinking

4.19. Avoiding people/withdrawing/hording energy
4.20. Take out anger on others

4.21. Keeping busy to avoid thinking
4.22. Watching TV (put under "harmful" as it was in coping)

5. What would be helpful to you and/or your colleagues in dealing with the effects of grief and trauma?

Ideal Organization Practices

5.1. Managers/supervisors who understand the impact of trauma on FL workers
5.2. Non-judgemental, non-task oriented support (not about job performance)
5.3. Authentic leadership response and to move forward

5.4. Benefits – more sick days/mental health days
5.5. Financial support

5.6. Structured debriefing sessions
5.7. Counselling
- 5.7.1. Individual
- 5.7.2. Group
- 5.7.3. Covered by benefits
- 5.7.4. Culturally Competent
- 5.7.5. Reflect the community being served
- 5.7.6. Competent counselling

Professional Development

5.8. Manual/guide outlining how to cope
5.9. Training/workshops
5.10. Knowledge of organizations that offer support

Peer Support

5.11. Good relationships with co-workers

5.12. Hearing from others who may have had a type of similar experience

6. What is not helpful to you and/or your colleagues in dealing with the effects of grief and trauma?

Problems with Organization's Practices

6.1. Managers/ supervisors who've never done front-line work/ don't understand our trauma
6.2. General lack of support/ no organizational plan in place to support
6.3. Lack of follow through by superiors/ poor timing/ delayed response
6.4. Ignoring that something has happened/inaction
6.5. Lack of understanding of what 'burn-out' is
6.6. Having to go to work and perform when dealing with grief/trauma

Support Offered

6.7. Parachuting in professionals who don't understand the youth/work/community context
6.8. Short-term counselling/ assumption that grief is time-limited (when long-term is needed)
6.9. Inexperienced counsellors

Lack of Peer Support

6.10. High turn-over of staff
6.11. Gossip

Funding Issues

6.12. Lack of funding for support
6.13. The focus on deliverables/numbers rather than on emotional successes

Other

6.14. Media attention
6.15. Drugs

7. Ideally what would be available to you in dealing with these issues?

Professionally

7.1. Mobile crisis team
7.2. Training
7.3. Knowledge of resources (in general)
  7.3.1. List/pamphlet of resources
  7.3.2. Resource guide/manual
  7.3.3. Accessible information

7.4. Peer-support models
7.5. Professional help – Individual support
7.6. Professional help – Group support
7.7. Talking to people who understand the work
7.8. Time off
7.9. Opportunities to take action on structural inequality
7.10. Extra-agency body to advocate, offer support

Personally

7.11. Support from friends

Other

7.12. Police presence

8. What is missing in the youth-serving sector to address the impact of grief and trauma?

8.1. Awareness of the effects of grief and trauma

8.2. Training, orientation, education to the work
8.3. Awareness of organizations that offer support

8.4. Extra-agency network/platform for FL to express themselves
8.5. Counselling for FL workers
8.6. Helpline

8.7. Free supports
8.8. Accessible supports

8.9. Supporting/empathetic supervisors/managers

9. List any barriers that may stop you from accessing available supports and resources.

Problems with Organizations

9.1. Workload/ Are to busy
9.2. The need to access help "on my own time"
9.3. Cost (implicit – not covered by work)
9.4. Limited immediate support
9.5. Lack of knowledge of supports

Feelings Towards "Help"

9.6. Helplessness/fatalism/"that's just how it is"
9.7. Organizational/work/peer-worker culture – "if you can't hack it, do something else"
9.8. Lack of support/encouragement from people in organization/bureaucracy

Confidentiality

9.9. Fears about confidentiality (in general)
   9.9.1. Will it become a job performance issue? Will I get fired?
   9.9.2. Need to appear strong/ be a leader
   9.9.3. Referring self to services that clients are referred to

Problems with available services

9.10. Long wait lists
9.11. Location
9.12. Problems with the lack of experience of people providing support

Discrimination/ Stereotypes/ Socialization

9.13. Culture (Dominant culture "helpers")
9.14. Discrimination (unspecified)
9.15. Stigma of asking for help
9.16. Homophobia
9.17. Sexuality

9.18. Gender related issues (need to be strong)
9.19. Class/Education (parachuted professionals with no life experience etc.)

10. What would you like to see in an action plan for frontline workers related to Grief and Trauma?

In Organizations

10.1. Higher pay for front-line workers
10.2. More time off/sick days
10.3. Better benefits/ incentives to keep staff for longer
10.4. An understanding of what grief and trauma look like in a workplace setting
10.5. Training for superiors so they can support front-line

Support

10.6. Confidential support
10.7. Mobile crisis team
10.8. Individual support
10.9. Group support/monthly meet ups/peer-support models
10.10. More support to workers (in general)
10.11. Extra-agency body to advocate, offer support
10.12. Networks/groups available to FL workers

Professional Development

10.13. Resource guide
10.14. Awareness campaign
10.15. More training/workshops/education
10.16. Conference

11. Additional Comments/Suggestions/Recommendation + Other observations

11.1. Responding to questions based on the needs of youth rather than for self
11.2. Positive reactions to the FL-SOS project/the aims of the focus groups

Appendix E: Individual Personal Strategies to Prevent or Mitigate the Effects of Vicarious Trauma

Adapted with permission from Toronto Public Health handout Feb/08.

1. **Aimed at your World View (Frame of Reference*)**
    - Balance work, play and rest to remain grounded in all aspects of our identities
    - Socializing with friends or family
    - Engaging in activities that allow one to be on the receiving end
    - Creative and physical activities
    - Reading for pleasure
    - Getting away (a vacation)
    - Spending time with healthy and happy people
    - Meditating and journaling (spiritual care)
    - Draw on your spiritual strengths
    - Get involved in your community with volunteer work to revive the feeling of hope and a sharing of concern with others
    - Engage in social justice activities towards change (does not have to be related to your work)
    - Reassess your priorities and sort out what is really important in your life

2. **Aimed at Managing Feelings (Self Capacities*)**
    - Journaling, mediation and prayer
    - Engaging in activities that you especially enjoy
    - Engaging in activities that help to reconnect you with your feelings such as obtaining emotional support from others, therapy/counselling, meditation or yoga
    - Find opportunities to laugh and cry with others
    - Engage in outlets for creativity
    - Develop your spiritual side (however you define it)
    - Acknowledge the resiliency of the human spirit
    - Acknowledge your strengths and abilities

3. **Aimed at Relating to Others (Ego Resources*)**

- Use of humour as a coping strategy
- Journal writing
- Therapy/Counselling to gain awareness of our own psychological needs
- Know your limits and how to diplomatically say “no”
- Learn to pace yourself

4. Aimed at Life lessons (Cognitive Schema*)

- Engage in activities that restore our connection with others and to test out schemas that have been distorted through work activities
- Limit our exposure to material with violent or disturbing content

5. Aimed at your Processing Experience (Memory and Processing*)

- Therapy/counselling
- Progressive relaxation
- Use of body therapies such as massage

Constructivist Self Development Theory*
For more information on this theory see workbook; **Transforming the Pain; A Workbook on Vicarious Trauma for helping professionals who work with traumatized clients** by Karen W Saakvitne and Laurie Anne Pearlman
Available at all APH sites

6. General Individual Personal Strategies:

- Learn the symptoms of vicarious trauma and how to identify them in yourself
- Define what self care means to you
- Ask for help when needed
- Create some time within each day for self care (i.e., going for a walk)
- Review and revise eating patterns if necessary (there is a strong link between what you eat and how you feel)
- Identify which needs have been shaken and seek out professional help and support if necessary
- Give yourself permission to have private time (recreation means “re-create”)
- Guard against addictive behaviours
- Listen to what your body signals are telling you about your level of stress

Individual Professional Strategies to Prevent or Mitigate the Effects of Vicarious Trauma

- Identify areas of work that are out of balance and implement change (work load, breaks, vacation)
- Set limits by adhering to boundaries that support self care
- Know your limits and accept small successes also
- Advocate for opportunities to improve job related skills, networking and peer support (improves self capacities and shores up ego resources)
- Participate in a variety of work related activities
- Arrange for and participate in regular supervision and mentoring (promotes connection and also helps to examine distortions)
- Find forums to recall and name the rewards of the work that you do
- Participate in forums for acknowledging the strong feelings elicited by the work that you do
- Balance your daily schedule so that hopefully you do not see clients with trauma histories back to back
- Keep in mind that although your client has a traumatic history they are a survivor and now have access to helpful caring others
- Acknowledge the resiliency of the human spirit
- Socialize with your co-workers about something other than work
- Monitor your reactions to clients (reflect on interactions)
- Develop and maintain supportive peer networks
- Accept the reactions that are a normal part of the type of work that you do
- Arrange with peers who are willing to tell you when you need a break AND take it
- Set clear boundaries between work and home
- Keep on the look out for the good in the world and remember the good that you are doing
- Learning from mistakes is an important part of professional growth. If you have done the best that you could with the information that you had let it go and move on
- Engage in reflective practice

Organizational Strategies to Prevent or Mitigate the Effects of Vicarious Trauma

- Creating a workplace environment that acknowledges vicarious trauma as an occupational risk
- Enhance the capacity of staff to recognize and deal effectively with potentially vicariously traumatizing client situations
- Build in opportunities to build staff cohesion and mutual support
- Build an organizational structure that fosters and supports self care
- Case load management strategies
- Reflective practice (both supervisory and peer)

- Develop a support system for staff who have been involved in a traumatizing incident
- Provide enhancements to support the self care of staff who have been exposed to a traumatic event

Appendix F: Vicarious Trauma Training & Resources

1. Certificates in Trauma Counselling for Front-Line Workers, Natalie Zlodre, M.S.W., R.S.W. http://www.hincksdellcrest.org/gai-trauma/documents/CertificateMarch.pdf
2. Navigating Stress: Caring for Oneself While Serving Others, Gabor Maté M.D. http://www.hincksdellcrest.org/gai-trauma/documents/NavigatingStressGaborMateRevSecured.pdf
3. Understanding & Addressing Vicarious Trauma, Online Self-Study http://www.headington-institute.org/Default.aspx?tabid=2646
4. Guidebook to Vicarious Trauma: Recommended Solutions for Anti-Violence Workers http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/pdfs/trauma_e.pdf
5. Workshops for the Helping Professions: Compassion Fatigue Solutions & Professional Development http://home.cogeco.ca/~cmc/upcoming.html
6. Compassion Fatigue 90 minute online video lecture http://www.ohtnmedia.org/ohrdp/conf_2008/video_07/

WHP Publications

7. Mindfulness-based Stress Reduction: An Important Tool in Mitigating Compassion Fatigue in Helpers. Françoise Mathieu, 2009.
8. Running on Empty: Compassion Fatigue in Health Professionals – Rehabilitation & Community Care Medicine, Spring 2007.
9. Low Impact Debriefing: How to Stop Sliming Each Other. Françoise Mathieu, 2008.
10. Overcoming compassion fatigue: eight tips for professionals. Shoppers Home Health Care: Clinical Notes. Fall 2007.
11. Avoiding Burnout: Key Strategies for Helpers and Caregivers – Solutions: Home Health Care & Wellness Magazine, Spring 2007.
12. When Helping Hurts: Understanding Compassion Fatigue – Canadian Association on Gerontology Newsletter, Fall 2006.
13. Understanding Compassion Fatigue – Cognica, the Canadian Counselling Association Newsletter, Vol. 38, No. 3, July 2006.

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14. Help for the helper: The psychophysiology of compassion fatigue and vicarious trauma http://www.jpsychores.com/article/S0022-3999(06)00481-8/abstract
15. Vicarious Traumatization and Burnout Among Therapists Working with Sex Offenders

Kadambi and Truscott *Traumatology.*2003; 9: 216-230 http://tmt.sagepub.com/cgi/reprint/9/4/216 Free access to article until October 29th if register now.
16. Vicarious Trauma Q & A http://www.investinkids.ca/professionals/answers-for-professionals/articletype/categoryview/categoryid/26/vicarious-trauma.aspx

17. When Helping Hurts, Program Addresses Vicarious Trauma
http://www.camhcrosscurrents.net/archives/spring2009/crosscurrents_spring2009.pdf