PART 3

CONTEXTS & CONSIDERATIONS

3.1 PREVENTING BURNOUT AMONG SERVICE PROVIDERS

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INTRODUCTION

According to many Canadian surveys and studies, workplace stress is a serious health and economic burden, with estimated costs between $3.2 billion and $11.7 billion per year (Hassard et al., 2014; Mental Health Commission of Canada, 2010). Employees who experience high workplace demands, low control, high effort, and low reward are more likely to suffer adverse consequences of a psychologically unsafe workplace (Great West Life Centre for Mental Health, 2016). The problem is particularly acute in the health, non-profit, and social services sectors, which have high job demands and few supports. These sectors also have the highest rate of absenteeism across all employment sectors in Canada. Reasons for absenteeism include high stress levels, psychological disorders, anxiety, and burnout (Stewart, 2013).

Non-profit agencies in the homelessness sector are dealing with a unique population of marginalized individuals who often have serious mental health and addiction concerns. Given this challenging work, ensuring the physical and mental health of service providers in these agencies is critical to the welfare of clients. As with other service providers, those who work with youth who are homeless often experience stress and direct and vicarious trauma, which can put not only themselves but their already traumatized clients at risk. Moreover, research shows strong relationships between chronic stress and disease, including coronary heart disease, high blood pressure, some forms of cancer, rheumatoid arthritis, diabetes, irritable bowel syndrome, stroke, and ulcers (Bickford, 2005).

Stress and trauma are often side effects of front-line youth work. While these issues cannot be totally eliminated, strategies and practices are emerging to deal with them. Interventions that have been shown to reduce stress, burnout, compassion fatigue, and vicarious trauma are psychoeducational and skill-based, and involve training in mindfulness, cognitive-behavioural therapy, and psychological first aid. Mental fitness, self-care practices, and robust social supports serve as protective factors.

This chapter presents the perspectives of front-line workers and discusses strategies to promote their mental and emotional fitness. It also describes implementation considerations and key messages for front-line workers.

BURNOUT AS AN ORGANIZATION-LEVEL ISSUE

Burnout among service providers is related not only to individual factors, but also to the organizational and structural environment in which people work. Despite reduced funding, decision makers at non-profit organizations are reluctant to cut services. This means the workload of already poorly paid and overworked staff grows without an increase in wages. This "currency of caring" is subsidizing agencies' services that formerly were funded by government. Due to increased workloads, unstable employment, low salaries, poor or non-existent employee benefits, lack of training, and rigid organizational cultures and policies, service providers report feeling unsupported by employers, even more so than in the past (Waegemakers Schiff & Lane, 2016).

Yet it is important for service agencies to address stress and trauma among staff. These issues lead to costs for the organization in the forms of absenteeism, compassion fatigue, high staff turnover, and inefficiencies, all of which affect the organization's performance and productivity (Anderson, 2000). Since service providers are a substantial and growing economic force that continues to be at high risk for stress-related conditions, it is critical to help them develop strategies for reducing stress and promoting mental health.

PREVALENCE OF BURNOUT AMONG SERVICE PROVIDERS

A study of front-line workers from 13 agencies in the homelessness sector in Calgary, Alberta, found the following:

- 25% suffered from burnout and compassion fatigue.
- 36% reported symptoms of posttraumatic stress disorder (PTSD) compared with 9% in the general Canadian population (Waegemakers Schiff & Lane, 2016).

A survey of youth service providers in Toronto revealed the following:

- 100% reported negative health effects due to grief and trauma in their work (96% stated they suffer mental health issues such as generalized stress, depression, and anxiety).
- 33% reported having no strategies for coping (family and friends were the most commonly identified forms of support).
- 92% identified changes in organizational practices as a necessary remedy (e.g., time off, managerial support, professional development).
- Other suggested forms of support included counselling (58%), speaking to others with similar experience (54%), and using direct peer support–type models (21%) (Frontline Partners with Youth Network, 2006).

DEFINING BURNOUT & RELATED CONDITIONS

Research has identified three dimensions of burnout among service providers (Baker, O'Brien, & Salahuddin, 2007; Demerouti, Karina Mostert, & Bakker, 2010; Maslach, Schaufeli, & Leiter, 2001). These dimensions feature:

- A reduced sense of personal accomplishment: feeling a diminished sense of self-efficacy and of the meaningfulness of one's role;
- Depersonalization: having a detached attitude toward clients and work; and
- Emotional exhaustion: feeling physically and emotionally depleted and unable to give of oneself.

Vicarious or secondary trauma refers to the emotional and physical reaction to being exposed to the emotions and stories of trauma victims (Waegemakers Schiff & Lane, 2016). Front-line workers report levels of PTSD symptoms that are four times that found in the general population (Waegemakers Schiff, Bell, Lane, & Dadani, 2015). Symptoms include dissociation, flashbacks, sleeplessness, and sadness, anger, vigilance, and irritability. Compassion fatigue is another risk. It differs from burnout in that it is internally directed, featuring feelings of helplessness and hopelessness about one's capacity to provide adequate care to others (Waegemakers Schiff & Lane, 2016).

PERSPECTIVES FROM THE FRONT LINES

A study examining the experience of service providers working with marginalized youth in Toronto (Skinner, 2013) identified the following factors that contribute to the health and wellness of service providers:

- Seeing one's personal experience of burnout and stress in a broader context;
- Having acknowledgement from peers that stress and burnout are not individual experiences or personal failures, but rather a common systemic issue and symptoms of a larger resource challenge;
- Creating the space to connect with both peers and funders to help service providers externalize these experiences, rather than personalizing them;
- Feeling invested in by the employer;
- Working in an environment where personal and organizational values align;
- Having access to support networks within and outside of work; and
- Having ongoing access to therapists and social workers, particularly those who integrate anti-oppression and social justice into their therapeutic practices.

Increasing the number of tools, skills, and strategies service providers have to draw on helps build their capacity and confidence to handle issues as they arise. Access to training and supports is important for health and well-being and translates into better quality client care (Skinner, 2013).

These strategy recommendations do not replace the need for adequate support and solutions from government. However, service providers find a collective organizational response to the issues affecting their communities to be empowering and encouraging; an example of this affirmation would be when the organization acknowledges systemic issues facing street-involved youth and the collective effort extends beyond service providers' individual efforts (Skinner, 2013). The powerful practice of channelling a personal experience into collective action overcomes isolation and offers a united voice for change, creating a new narrative for action to reduce stress and prevent burnout in the workplace.

STRATEGIES FOR PROMOTING MENTAL & EMOTIONAL FITNESS

Just as our physical fitness requires care and attention, mental and emotional fitness is equally important to overall health and well-being; it increases resilience and flexibility to respond to the demands of our environment. It involves developing skills to build a foundation for focus, concentration, and emotion regulation, adapting these skills to specific contexts, and applying them across various life domains (Mental Fitness Institute, n.d.). Dedicating a short time each day to mental and emotional fitness shows significant benefits to mind, body, and overall health.

MINDFULNESS-BASED INTERVENTIONS

The Centre for Mindfulness Studies in Toronto provides specialized mindfulness training to healthcare and social service professionals and to the general public. It has conducted research and evaluations among service providers, organizations, and clients to understand what strategies for addressing stress-related issues work best.

Mindfulness-based cognitive therapy

Mindfulness-based cognitive therapy (MBCT) combines mindfulness practices with the tools of cognitive therapy. It was originally developed to prevent depressive relapse (Segal, Williams, & Teasdale, 2013). Various applications of this group-based modality have been evaluated extensively, and it is now being applied to many conditions, including stress and burnout. The ultimate goal of MBCT is to improve the ability to cope with difficult mind and mood states; reduce distress through increasing awareness; regulate affect, behaviour, and attention; and increase the capacity for intentional responses and actions. This intervention also offers a low-tech approach to wellness and healing that creates sustainable community-based mental health training and services (for service providers and clients) that are accessible, feasible, equitable, and cost effective.

MBCT comprises three kinds of training:

- Learning to regulate attention by focusing on bodily sensations, breath, or thoughts as objects of attention. This includes noting the tendency of attention to habitually move and then repeatedly bringing it back to the intended focus.

- Observing the transient nature of all experience, including thoughts, emotions, and bodily sensations; developing curiosity about them; and reducing experiential avoidance when these thoughts or sensations are unwanted or distressing. In observing the coming and going of experience, participants learn that thoughts may have a momentum of their own, be misleading, and be based on interpretation versus reality.
- Developing an open and receptive stance to experiences, including those that are distressing, and learning to recognize early one's reactivity to thoughts and events.

Through this training, participants decrease automatic maladaptive behaviours and increase skillful responding to stressors, low mood, and anxiety. They learn how negative emotions and destructive thoughts about the past or future can take hold. Instead of being immersed in habitual rumination or worry, participants can pause and return their attention to the present, attending to the effect difficult emotions have on body sensations. Participants learn to identify and label emotions and thoughts as they arise from a less immersive stance, one that is less fraught and more resilient. They tap into the direct experience of the here and now, rather than focusing on their interpretations, explanations, and conclusions about experience. Participants develop enhanced self-awareness, attention, emotion, and behaviour regulation. They learn to be less judgemental and to cultivate compassion for themselves and others.

An example of the beneficial effects of this training is a project of the Centre for Mindfulness Studies that involved 49 service providers from 17 social service agencies in Toronto. In the first phase, which focused on managing stress through mindfulness, service providers learned mindfulness-based strategies to support themselves and their colleagues in the workplace, which they could then teach to other colleagues to reduce stress and enhance wellness. The success of this training was evident in various ways: service providers were better able to cope with stress; clients received care from service providers who felt less stressed; and agencies witnessed less burnout and compassion fatigue and greater workplace satisfaction.

In the second phase of the project, 26 service providers from the same agencies were trained to deliver MBCT to clients. They identified the following professional gains from the training: stronger communication skills and relationships with colleagues; better ability to support clients through improved or restored compassion; another clinical skill they could use to help clients; professional development and leadership skills; and mindfulness practice for themselves and colleagues, resulting in an organizational shift

in the way business is done. Service providers also reported personal gains, namely an increased sense of well-being and improved quality of life, and reduced personal stress, anxiety, and depression. Ultimately, the intervention not only boosted the mental health and well-being of service providers; it also helped to build capacity in critical mental health services within community-based agencies.

SELF-CARE

Self-care has been described as "an ethical imperative for professional helpers" (Cox & Steiner, 2013, p. 52). Along with systemic change, self-care offers strategies to support health and wellness in the workplace. Strategies include space to connect with peers and supervisors; support spaces to unpack oppression, racism, and privilege; support retreats; and professional development training focused on self- and community care (Skinner, 2013). Self-care can also focus on physical, psychosocial, emotional, spiritual, and professional or workplace dimensions of health and well-being (Cox & Steiner, 2013).

Self-care is a shared responsibility among all members of the service team. It involves three pillars: awareness, balance, and connection, as described by Marrow, Benamati, Decker, Griffin, and Lott (2012):

- Awareness of one's needs, limits, resources, and emotions;
- Ability to balance work and play and take care of oneself as well as others; and
- Taking time to connect with oneself and others.

Taking responsibility only for the job functions that are in one's control and adopting a positive attitude toward the work, even in the face of challenges, are also important aspects of self-care (Marrow et al., 2012).

Another way to think about self-care is as a triad featuring escape, rest, and play (Zlotnick, 2013). The seven essential mental activities outlined in the "Healthy Mind Platter" (see Figure 3.1-1) help the brain function at its best, strengthening its internal connections and our ability to connect with others (Rock & Siegel, 2011). Developing an effective self-care practice has also been shown to correlate with the ability to teach stress reduction and coping strategies to youth (Marrow et al., 2012).

FIGURE 3.1-1: THE HEALTHY MIND PLATTER

VICARIOUS TRAUMA: NURTURING HOPE & MEANING

Vicarious trauma is a dynamic process that occurs as a result of how we interact with our living and working situations (Pearlman & McKay, 2008). Various factors increase the risk of vicarious trauma, including personality and coping styles (e.g., tending to avoid problems or difficult emotions), life circumstances, personal history, social support, work style, and a lack of spiritual resources (Pearlman & McKay, 2008). Transforming vicarious trauma involves nurturing a sense of hope and meaning (Pearlman & McKay, 2008). Pearlman and McKay identify the following ways to connect with our sense of purpose and life perspective:

- Reminding ourselves of the importance and value in working with youth;
- Staying connected with colleagues, friends, and family;
- Paying attention and noticing the "little things" that brighten our day, and "taking in the good" (Hanson, 2005);
- Taking time to celebrate, reflect, and mourn, and marking other important transitions with people we care about through rituals or traditions;
- Identifying and challenging our cynical beliefs; and
- Adopting a growth mindset (see Table 3.1-1) and investing in growth-promoting activities, such as hobbies.

TABLE 3.1-1: COMPARISON OF FIXED & GROWTH MINDSETS

FIXED MINDSET	GROWTH MINDSET
Intelligence is static.	Intelligence can be developed.
Leads to a desire to look smart and therefore a tendency to: ▪ avoid challenges ▪ give up easily due to obstacles ▪ see effort as fruitless ▪ ignore useful feedback ▪ be threatened by others' success	Leads to a desire to learn and therefore a tendency to: ▪ embrace challenges ▪ persist despite obstacles ▪ see effort as path to mastery ▪ learn from criticism ▪ be inspired by others' success

It is also important for service providers to take stock of the work they do. A higher caseload of trauma survivors puts them at a higher risk of vicarious trauma (Marrow et al., 2012). Maintaining a variety of work responsibilities may allow them to balance their time with clients. Trauma-informed training can also improve the ability to respond to trauma survivors. Preventing vicarious trauma starts with awareness and creating an action plan (see *Understanding and Addressing Vicarious Trauma* in the Resources list for a sample action plan).

GOAL DEVELOPMENT SKILLS & COGNITIVE-BEHAVIOURAL THERAPY STRATEGIES

Goal development skills and cognitive-behavioural therapy (CBT) strategies can help service providers with stress reduction in the workplace. Setting SMART goals—goals that are specific, measurable, achievable, relevant, and time-bound—helps service providers prioritize their focus to maintain health and well-being (Doran, 1981). CBT strategies address common cognitive distortions (i.e., black-and-white thinking, catastrophizing, mind reading) that commonly arise when a person is distressed, and help to "untwist" thinking in order to achieve a more objective view. Meichenbaum (2007) identified the following useful perspectives and behaviours:

- Realizing we are not alone by noticing and normalizing our "storytelling narratives";
- Adopting an attitude of acceptance (this is not resignation, but a willingness to have what is present) and appreciation; and
- Refraining from taking on the responsibility to "heal" clients.

Resilience includes a mindset that involves various cognitive and affective factors (Reivich & Shatte, 2002). Meichenbaum (2007) has also identified the following ways to nurture resilience:

- Monitoring our thinking;
- Noticing rumination, automatic thinking, and other "thinking traps" (e.g., self-blaming) and redirecting our attention;
- Identifying our "hot thoughts" or deeply held beliefs that may cause an automatic reaction (these are often tied to an intense emotion);
- Challenging our beliefs or assumptions and engaging in perspective taking;
- Developing the ability to stay focused and calm or to recover quickly from distressing emotional states; and
- Practising these skills regularly for more resilient behaviours and thoughts.

Meichenbaum (2007) and others (e.g., Berg & De Jong, 1996) have described another important aspect of resilience: eliciting our resources and strengths by asking ourselves the following questions:

- How have I managed?
- How would I like to be managing?
- What are my strengths and resources—internal/external?
- How do I cope or solve problems?

By reflecting on these questions, we realize that we can manage and identify the resources we use to do so. Making concrete goals and maintaining a solution-focused view may help interrupt an automatic problem-saturated view.

Reframing a challenge or problem may help us consider new possibilities, even resulting in new actions and choices. A common reframe might involve a shift from thinking "I'm stuck" to "It's a challenge to find a solution" (Berg, 1994; Rockman, 2015). Reframing introduces an alternative meaning, expanding beyond a limiting frame of reference. Challenging unhelpful thinking can involve strategies like finding evidence for or against a thought and considering the advantages or disadvantages of thinking in a particular way. Working with our thinking is important because it can greatly affect mood and behaviour. Monitoring and modifying our thoughts and cognitive distortions helps to change our mood, behaviour, and thinking, which can lead to enduring change. We can use various cognitive strategies and goal-setting techniques to create a structured, goal-oriented approach to taking care of ourselves so we can then better care for others.

SELF-ASSESSMENT FOR WELL-BEING

It is important to ask ourselves: How do I know when I am not doing well? Various measures are available that monitor professional quality of life, compassion satisfaction, fatigue, and burnout, including the Professional Quality of Life Scale (ProQOL; Stamm, 2009). Self-assessment is important because our goal is to manage the risk of mental health problems, not to avoid them until they escalate and become overwhelming. We must understand the signs and symptoms of traumatic stress in order to prevent and manage vicarious trauma (Waegemakers Schiff & Lane, 2016). Early identification and treatment also reduce long-term negative impacts.

Some common early warning signs and symptoms that may indicate we are not doing well include difficulty managing emotions and boundaries and making good decisions; loss of hope and meaning; and relationship problems (Pearlman & McKay, 2008). Although these may be happening to us personally, they can also affect our families, friends, organizations, and clients. Pearlman and McKay highlight signs that a person is not well in the workplace:

- Making impulsive decisions without adequate reflection (i.e., inappropriate relations with clients);
- Making mistakes that are not cost effective or time efficient and that may put others at risk;
- Taking on too much work, which the team or agency is ill prepared to complete (or complete well);
- Failing to fulfill commitments;
- Taking excessive unplanned time off;
- Blaming others instead of seeking understanding and productive collaboration; and
- Infecting colleagues with cynicism or lack of motivation.

THE ROLE OF THE SERVICE AGENCY

Agencies play a major role in preventing burnout. They do this by creating a meaningful workplace that cultivates self-care and professional development opportunities and by providing social supports to create solidarity among colleagues (Karabanow, 1999). On the peer and collegial level, helpful practices include developing a support network that includes, for example, colleagues and supervisors; using a buddy system, especially for

new staff; providing regular debriefing and opportunities to connect with team members informally; and creating community-building activities (Meichenbaum, 2007). Training supervisory staff to support these practices and help staff find value in their work is key. It is important to remember that while strategies aimed at the individual are important for managing stress, preventing burnout and other mental health problems, organizations and the larger system need to work collectively, in innovative ways, to support service providers who treat one of our most precious and vulnerable resources—youth.

IMPLEMENTATION CONSIDERATIONS

Individual service providers and agencies should consider various elements when developing and implementing burnout prevention strategies (National Implementation Research Network, 2013; Stirman et al., 2012; Torrey, Bond, McHugo, & Swain, 2011). Below are key considerations:

- Begin with an awareness campaign because burnout and related issues often are unacknowledged.
- Involve opinion leaders, champions, early adopters, and other relevant stakeholders because building a well-rounded implementation team is key.
- Adapt interventions to meet the needs of agencies and service providers.
- Reduce the training-to-implementation lag time.
- Keep it simple, concrete, and measurable.
- Keep it well defined and manageable.
- Keep it behavioural (including attitudes and actions).
- Keep it cost effective.
- Do it in stages.

On the individual level, having a positive attitude about the intervention as well as job stability support implementation capacity (Stirman et al., 2012). On the agency level, having access to sufficient resources and adequate funding, along with the support of key stakeholders, are important factors related to the sustainability of the intervention (Stirman et al., 2012).

There are various ways in which organizations can help to prevent or reduce burnout and promote well-being among clinical staff (Barrenger, Stanhope, & Atterbury, 2015; Meichenbaum, 2007; Pearlman & McKay, 2008; Richardson, 2001; Waegemakers Schiff & Lane, 2016; Wilson, 2016). Here are some strategies:

- Take a proactive approach to preventing burnout;
- Balance service providers' caseloads;
- Provide access to ongoing supervision, education, training, retreats, and individual/group therapy;
- Promote a culture of self-care for individuals and teams (including a self-care room);
- Invest in staff well-being and ensure adequate safety measures are in place;
- Demonstrate appreciation of staff;
- Promote forums for staff participation and incorporate staff feedback and suggestions for organizational improvements;
- Support a psychologically healthy workplace (e.g., employee orientation, training, recognition, inclusivity, flexibility, effective communication);
- Provide adequate salaries, physical and mental health insurance, and time off (including "mental health days");
- Promote a culture that celebrates achievements, withholds judgement, gives the benefit of the doubt, emphasizes the positive, and softens the negative;
- Cultivate a sense of meaning and purpose among service providers in support of the agency's mission to serve youth; and
- Develop external professional connections, including partnerships with other agencies to foster a sense of collective purpose toward a common service goal.

Adequate funding and staff resources can be a constant struggle and source of stress and frustration. An implementation team is necessary to promote a sustainable intervention and the organization's change process in a timely, goal-oriented manner (Fixsen, Blase, Duda, & Brown, 2012; Fixsen, Naoom, Blase, Friedman, & Wallace, 2005). The agency might consider joining or starting a network of organizations working toward the same goal to collaborate and leverage resources the agency may not have (e.g., a more integrated referral system). Often, finding a creative solution to limited resources requires shifting direction or taking risks, which may recharge the workplace with a renewed sense of hope and vitality (Richardson, 2001).

KEY MESSAGES FOR PRACTITIONERS

- Many strategies and tools are available to prevent burnout among service providers, so select the ones that resonate most with you and your agency. Start small and be concrete with your SMART goals and strategies.
- Self-care is possible using cognitive, emotional, and behavioural tools. These include mindfulness for attention, emotion, and behaviour regulation; cognitive-behavioural strategies for changing thinking and actions; and solution-focused strategies to develop an action plan to get where you want to go. Unless you have a path to your destination, it will be difficult to know when you have arrived.
- Identify and use internal and external resources, including champions and opinion leaders, to increase awareness of the need for burnout prevention strategies, mental health promotion, and treatment for service providers.
- Whenever possible, integrate self-care, stress reduction, and mental health supports into the culture and fabric of your organization. Get your organization on board and build your implementation team. If this is not possible, form a collective. Collectives provide support, solidarity, and a voice for change.

RESOURCES

Compassion Fatigue Awareness Project
www.compassionfatigue.org

Guidebook on Vicarious Trauma: Recommended Solutions for Anti-Violence Workers (Health Canada, 2001)
https://vtt.ovc.ojp.gov/ojpasset/Documents/OS_Vicarious_Trauma_Guidebook-508.pdf

Healthy Mind Platter
www.mindplatter.com

Mental Fitness Tips (Canadian Mental Health Association)
http://cmha.ca/resources/mental-fitness-tips/

Professional Quality of Life Scale – Compassion Satisfaction and Compassion Fatigue – (ProQOL) Version 5 (2009)
www.proqol.org/uploads/ProQOL_5_English.pdf

Taking in the Good
www.wisebrain.org/TakingintheGood.pdf

Understanding and Addressing Vicarious Trauma (Headington Institute, 2008)
www.headington-institute.org/files/vtmoduletemplate2_ready_v2_85791.pdf

Ways to Avoid Compassion Fatigue (State University of New York School of Social Work)
http://socialwork.buffalo.edu/content/dam/socialwork/home/self-care-kit/exercises/ways-to-avoid-compassion-fatigue.pdf

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