Bereavement and End of Life Issues
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Table of Contents

Chapter 1

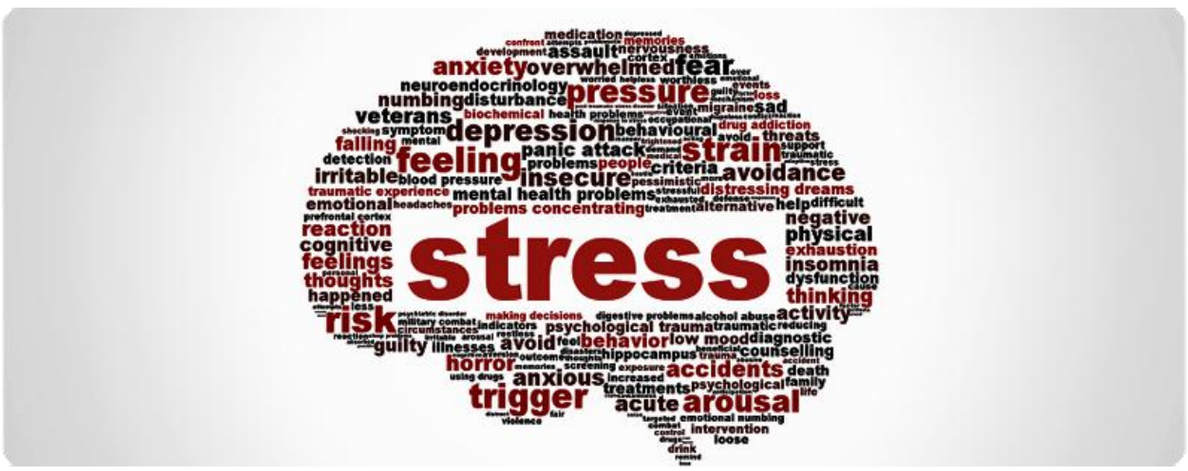
A. Introduction

Caring for us. Stress in our workplace.

Retrieved from:
http://www.unicefinemergencies.com/downloads/eresource/docs/3.3%20Human%20Resources/Stress%20in%20Our%20Workplace%20-%202nd%20Edition%20-%20FINAL.pdf

All about stress.

[1]**What is stress?** When we think of 'stress', a negative connotation usually comes to mind, related to reacting under pressure. But stress is actually a neutral response that calls for reacting to any change, or a physical and/or emotional challenge. These challenges or threats are considered 'stressors'.



Stress is part of our daily life. From the moment we wake up in the morning, we are subjected to it. Positive stress prompts us to take action and can shift our thinking patterns to be open to new perspectives. It enriches our lives with anticipation and excitement. Stress is also useful in the presence of danger. The body responds by releasing a flow of adrenalin and other so-called 'stress hormones', putting the mind and body in a state of high alert, in order to 'take flight or fight'. Harmful stress reactions develop if stress lasts too long, or is too intense, and the body's resources become exhausted.

[1] United Nations International Children's Emergency Fund (UNICEF), *Caring for Us. Stress in Out Workplace, 2003,* http://www.unicefinemergencies.com/downloads/eresource/docs/3.3%20Human%20Resources/Stress%20in%20Our%20Workplace%20-%202nd%20Edition%20-%20FINAL.pdf

Some humanitarian workers are attracted to challenging tasks performed under difficult circumstances, and could be characterized as ‘stress seekers’. Aid workers often thrive in demanding situations and are therefore very effective in their assignments. However, when the worker is consistently given the kind of extraordinary tasks that are inherent in humanitarian emergencies, their coping skills are often pushed to the limit. Emotions and tasks may begin to appear overwhelming. This is where measures need to be taken so that stress does not become ‘distress’.

Stress can kill! Stress demands that the mind, body and spirit respond to change. A stress reaction can save your life. But too much stress can make you sick. Stress can also kill! Stress becomes ‘distress’ when it occurs often, is severe and lasts too long.

What is distressful for one person may not be distressful for another. People can differ greatly in the intensity and timing of their responses. The reasons include life experiences, cultural backgrounds, personal philosophy, education, religious beliefs, age, gender, health and fitness levels, and self-esteem.

Do something about it! You need to manage your stress because it affects your physical and mental health, and your ability to function and interact effectively in the workplace, socially and/or in your personal life. Spiritually, your resources can also be depleted. Common physical symptoms can include high blood pressure, headaches, nausea, fatigue, ulcers and back pain. The psychological effect can lead to depression and anxiety. Cognitively one can experience a lack of concentration and memory loss. Behavioral changes may include increased drinking or smoking, irritability, verbal outbursts and changes in eating or sleeping patterns.

THREE TYPES OF STRESS
Day-to-Day Stress
The underlying stress caused by the normal tensions of life at the individual, professional, family and social levels is called day-to-day stress. It waxes and wanes with daily challenges. Relationships and tasks in the workplace, personal life and health, and local conditions relating to security and hardship all contribute to basic

stress levels. With the aid of this booklet and other resources you may find helpful, you, the staff member, will develop coping strategies that will decrease your level of day-to-day stress.

Cumulative Stress

It Can Lead to Burnout! Cumulative stress results from a build-up of personal and work-related stressors such as the repeated and unrelieved exposure to heavy and intense workloads, conflicts within the team and/or other relationships, the need to carry out repetitive and demanding tasks, threats to safety, political instability, the overwhelming needs of beneficiaries, feelings of helplessness and being overwhelmed, lack of essential comforts, and little or no rest and relaxation over an extended period of time.

Cumulative stress is enveloping and subtle. Unmanaged, it will erode individual effectiveness, as well as the team and project goals.

Symptoms can easily be ignored in the fast-paced workplace. If a staff member is experiencing unusual fatigue, appetite or mood changes, difficulty concentrating and making decisions, increases in risk-taking behavior or in the use of alcohol and/or nicotine, a sense of cynicism, or a loss of caring or feeling, they may be experiencing the harmful effects of work-related cumulative stress and are at risk of burning out.

If you are experiencing these symptoms in response to workplace stress, it is important to address the causes with your colleagues, a peer support volunteer, or your supervisor. Failure to recognize stress problems over time increases the risk of burnout for all staff. The result of stress overload and lack of self-care can be burnout. This is a professional risk for those in helping professions worldwide. Professional exhaustion – feeling like you cannot take it any more – is caused by not recognizing and dealing with cumulative stressors.

Each person will experience burnout in his or her own individual way. It will also affect colleagues, the team, and the work itself. Burnout symptoms include feeling chronically tired, disillusioned, or unmotivated. The staff member usually experiences a loss of objectivity in carrying out professional responsibilities, and difficulty making decisions. Increased irritability and unusual feelings of sadness are often present.

Test yourself to see whether you are at risk of burnout. It can be useful to do this at

regular intervals and keep track of your scores. This way you can monitor yourself and see whether your risk is increasing or decreasing, and whether you are managing stress effectively.

Traumatic Stress

Traumatic stress (or critical incident stress) is caused by witnessing or personally experiencing sudden or violent events that are very different from our everyday experiences. Exposure to traumatic stress can cause emotional reactions such as intense fear, helplessness, or horror. Examples of events that cause traumatic stress include witnessing or experiencing hostage-taking, armed robbery, assault, or any other act of violence, especially when this involves children.

Personal losses, a sense of mission failure, feelings of outrage and negative media coverage are all aspects that can contribute to traumatic stress. Personal losses can include the death of a colleague, a lost sense of your own strength and resilience if you are injured or feel otherwise unable to cope, or a feeling of survival guilt if colleagues are injured or otherwise affected and you escape unharmed. A team can experience a sense of mission failure if their intense efforts have proved ineffective in dealing with a crisis, or if they are unable to save beneficiaries. Feelings of outrage can be caused by anger at the perpetrators of the crisis, a sense of being unsupported by donors, or the beneficiaries' anger when they make the team a scapegoat. Negative media coverage, inaccurate reporting or media scrutiny can result in overanxious supervision and concerns about one's performance, which can push stress levels even higher.

People's immediate reactions to a critical incident during or right after it may leave them feeling as if they are strangers to themselves. Often the affected staff member is not aware that they have lost their ability to function effectively. Colleagues and supervisors need to provide support as soon as possible, as intense reactions are common, and the distressed staff member needs help and protection. Usually reactions gradually decrease in the days or weeks following the event. However, similar reactions to those experienced originally may occur if the staff member is re-exposed to a similar event, or when the anniversary of the event is near. Many people are taken by surprise if they experience delayed reactions after a critical incident. In some cases, it may take weeks or even months before the staff member feels affected.

Strong reactions are normal, and can be the mind and body's way of helping one to work through the experience. Step-by-step, one can recover from the traumatic event and move forward. Emotional support from loved ones and colleagues, with the addition of professional guidance if needed, can make all the difference in the healing process.

WHAT IS POST-TRAUMATIC STRESS DISORDER?

Post-Traumatic Stress Disorder (PTSD) can develop as a result of witnessing or experiencing a traumatic event. PTSD is a serious condition, and its impact is severe. The symptoms fall into three basic categories:

1. Intrusive reminders of the event
2. Avoiding anything associated with the trauma
3. Heightened alertness and responses

To meet a PTSD diagnosis, a person needs to have a certain number of symptoms from each category. This disorder should only be diagnosed and treated by a mental health professional who specializes in trauma.

HOW IT AFFECTS YOU: SYMPTOMS OF STRESS

Stress can affect you on all levels: physically, cognitively, emotionally, behaviorally, socially, and spiritually/philosophically.

Physically, stress often manifests as headaches. The body expresses its pains; you may have difficulty with sleep – too much or not enough; and a variety of stomach upsets may develop. Immediate physical reactions to a traumatic incident include rapid heartbeat, dizziness, shivering, extreme fatigue or hyper-alertness.

Cognitively, memory may be affected, and you may struggle with concentration. Following a traumatic event, racing streams of thought and impaired judgment may be experienced, as well as, in the longer term, flashbacks to the event, disturbing memories or nightmares.

Emotionally, you may feel anxious, depressed and withdrawn. Immediate reactions to trauma include feelings of elation, being overwhelmed, nervousness, rapidly changing responses, or a deadening of feeling or numbness.

Behavioral reactions include irritability, and a tendency to rely on 'comfort' foods, tobacco or alcohol to manage the stress. After a traumatic incident, outbursts of anger or becoming easily startled are also common. Immediately after the event there may be a need to talk about what happened. You may also experience extreme restlessness or try to isolate yourself from colleagues, friends and family.

Social interactions can also be affected by stress, often as a result of many of the changes listed above. Irritability and outbursts of anger, withdrawal and substance abuse will clearly have an impact on personal relationships as well as interactions with colleagues.

Stress can also affect you spiritually. You can experience a sense of lost values, cynicism or a lack of trust. Some people also encounter a crisis of faith, or alternatively flee into excessive religious practices.

Having knowledge of what stress is and being familiar with different reactions to various stressors – from day-to-day events to critical incidents – empowers individuals and the team to manage whatever stresses they confront in the execution of their duties.

B. Work-related stress and how it can be managed.

Retrieved from: Lisa Clefberg & Kent Drougge, https://www.unssc.org/news-and-insights/blog/work-related-stress-and-how-it-can-be-managed/

[2]The American Psychological Association has carried out stress surveys every year since 2007 to examine the state of stress across the United States and contribute to an understanding of its impact. In all of these surveys more than 60% of the respondents have rated work as a primary source of stress. In a study on work-related stress, anxiety and depression in Great Britain carried out by the Health and Safety Executive in 2018, these three factors accounted for 57% of lost working days and 44% of all work-related illness.

[2] Clefberg & Drougge , United Nations System Staff College, Work-related stress and how it can be managed, 2019, https://www.unssc.org/news-and-insights/blog/work-related-stress-and-how-it-can-be-managed/

There is a general consensus that people are stressed at work, but there are different views on the primary cause of this stress: should we “blame” workers’ individual characteristics or organizations’ working conditions? The different views may lead us toward different interventions to prevent or manage work-related stress. Even though we cannot ignore the importance of individual characteristics, research suggests that certain working conditions are stressful to most people and stress in the workplace can be “contagious” in the sense that our stress will also affect the people around us. Scientific evidence states that stress-related issues cost organizations billions of dollars per year in accidents, lost productivity, and absenteeism. Therefore, it ought to be in organizations’ best interest to prevent and manage employee stress.

The main work-related stressors
Task demands: this may have to do with an uncertainty about where the job will take you. Decisions might be made quickly (sometimes over your head) or you may not have access to sufficient information to make the decisions that you need to make for the job. These demands tend to be experienced as even more stressful when there is an increase in the task demands but not in the rewards.
Role demands: these tend to be divided into two groups: role ambiguity, which refers to an uncertainty and lack of clarity about what’s expected of you, and role conflict, which happens when you need to take on several, often incompatible roles to get the job done or when there is an incompatibility between your expectations and your role.
Interpersonal demands: these might include team dynamics, office politics, a negative leadership style (lack of management experience, poor communication,

power struggles, etc.), emotional issues (abrasive or offensive co-workers), psychological or sexual harassment
Physical demands: including a strenuous activity, a lot of travel or working conditions such as excessive noise, small working space, poor lighting, inadequate temperature and hazards.
Workload: the most common problem when it comes to workload is having too much to do, resulting in too many work hours. This is also related to the information overload that many workers experience. However, we can also become stressed by having too little engaging work to do when our knowledge and abilities are not sufficiently utilized, resulting in feelings of inadequacy and boredom. This can often have a detrimental effect on our self-esteem, as we might feel overseen or not trusted.
Work-home conflict: this may happen when the demands from work and our personal life affect one another negatively. Maybe work and home demands are incompatible or you might be unable to disconnect from work when you get home.

Scientific evidence suggests that employees experience more stress when they lack control over how and when to perform their job tasks and over the pace of their work activity. People tend to mention working conditions, task ambiguity and interpersonal demands as the main sources for their stress at work, regardless of the sectors they work in.

Now that we know what causes work stress, we need to know how we can prevent it or manage it if it appears. Individual interventions have been found to show larger effects on individual outcomes such as depression and anxiety compared to organizational interventions. However, those individual interventions did not improve organizational outcomes such as absenteeism, which is considered the most important indicator of loss of productivity. Therefore, in order to reach sustainable positive outcomes, interventions need to be aimed both at the individual and the organization.

C. COPING WITH STRESS AND SELF-CARE

Caring for us. Stress in our workplace.

Retrieved from:
http://www.unicefinemergencies.com/downloads/eresource/docs/3.3%20Human%20Resources/Stress%20in%20Our%20Workplace%20-%202nd%20Edition%20-%20FINAL.pdf

[1]**What is self-care?** Self-care is what we do to manage our physical and mental health, as well as nurture our philosophical/spiritual balance on a day-to-day level. Self-care begins with you, the individual. In order to take care of yourself, it is important to make

time for recreation and relaxation to keep a healthy balance between work and personal life. Self-care helps us to maintain stability in our personal and professional lives, and helps us to keep functioning, with our sense of humor intact, in the midst of adversity.

Identify your stressors. In order to manage stress, you need to first identify the sources of stress in your life. This starts with being more in touch with how you feel, and more conscious of how people and events affect you. Are your relationships with your colleagues a source of stress? Are you supported in your personal relationships? Are you affected by the dirt, traffic, noise and pollution that may surround you? Do you feel under pressure to perform or meet deadlines, or feel overloaded by work demands? Do you have enough time to do the things you love, that help you to relax?

A number of psychological and social factors can make it difficult for us to recognize and manage stress in our daily lives. Some of the obstacles include:

- Getting used to and adapting to stressful situations. While adaptability is a useful and positive characteristic, it can be harmful when we over-adapt to stress in our environment and relationships, and fail to see how they may be harming us.
- The pressure of social norms, obligations and taboos can make it hard to admit that something is causing us stress, even to ourselves. While we may love our families, the demands of children, parents and partners can leave us feeling burdened and resentful.
- Feeling guilty about negative thoughts and feelings can cause us even more stress. Guilty feelings will also get in the way of allowing us to analyze what it is that we're reacting to, and what is causing our negative thoughts and feelings in the first place.
- When we pretend to ourselves that something is not upsetting us, this is called denial. At times we have so much pressure on us to think, feel or behave a certain way that we are not able to see what is causing us stress. Denial makes it impossible for us to tackle what is causing us stress. Being honest with ourselves is difficult and takes hard work. Being in touch with how you really feel and accepting your feelings can take some practice, but this is an important step in reducing stress.
- Blaming others for our stress can be counter-productive. While most of the causes of stress may be external, complaining about them will usually result in an even more negative environment, and can leave us feeling helpless and out of control. We need to realize that it is our own responsibility to deal with the causes and symptoms of stress, and take realistic action.

Identify the things that you can change. Once you've become aware of what is causing your stress and how you are reacting to it, you can explore ways of changing the situation. The best way to manage stress is to simply avoid it; easier said than done! But we can strive to eliminate as many stressors as possible. Identify which causes of stress you can avoid or eliminate, even if it may take some time. It may be that you need to limit interruptions, set more realistic goals or manage your time more effectively, so that you do not feel pressured, overwhelmed or irritated. Also look at ways you can reduce the intensity of your stressors. Perhaps take more frequent breaks, try rotating your tasks, or deal with the stressors over a period of time rather than all at once.

HOW CAN YOU ALLEVIATE STRESS IN THE WORKPLACE?

Time pressures and deadlines can be adjusted if you are not caught up in a crisis. Learn how to manage your time well. Organize your workspace. Label all files and keep them where you see them. Create a specific space for incoming mail, items to file and work that must be completed for the day. Create a ‘to do’ list for the week with three levels of priority: high, medium and low. Start with the most important tasks, and break down the list into a manageable, realistic daily schedule.

Include time to answer calls, send and respond to e-mails, and attend meetings. Avoid scheduling back-to-back meetings. Limit interruptions. Stick to the task at hand. Know your own limits. Do not over commit yourself. Learn to say no! You may need an assertive attitude if the demands on you are excessive. Although sometimes it may be impossible to confront an unreasonable supervisor, when the situation is appropriate, clearly and calmly express what you can reasonably accomplish in a given time.

If you are caught up in a conflict with your supervisor, and you cannot solve the issue with him or her, you should speak to your second reporting officer, usually your supervisor’s supervisor. If they are unable or unwilling to help, then you might consider approaching the ombudsperson or human resources for mediation. Find someone you trust and who will be supportive of your feelings about what you are going through.

Take ‘time out’ on lunch breaks. Leave your workspace and take a walk if it is possible. Avoid talking with colleagues about work-related problems during breaks. If it is not possible to physically leave your work space, take ‘mini-breaks’: Move your focus away from your computer or the task at hand, close your eyes for a few seconds, and focus on an image or a memory that you find uplifting or soothing. Or practice one of the short self-care exercises listed on pages 43-50.

If your assignment is away from home and family, and in a place where there is unrest or crisis, stress will be even greater. Support colleagues by listening to them: Find out how they are coping with their stress. In case of security incidents, take time to share emotions and experiences with each other.

HOW DO YOU MANAGE THE IMPACT OF STRESS?

You may also need to learn how to better manage the sources of stress that you cannot avoid or have not yet been able to eliminate. Because stress affects everyone on various levels – physically, emotionally, socially, cognitively, behaviorally, and spiritually/philosophically – you need to develop and implement reliable strategies to cope in difficult situations. Find the ways that work for you and put them into practice. Be flexible and creative: Some strategies will work better at different times or under different circumstances.

Physically, a healthy lifestyle is the most effective way to handle stress with energy and efficiency. Go to bed early and try to get enough sleep. If you're having difficulties sleeping, make sure that at least you get enough rest. Lack of adequate rest and sleep add to stress levels. Exercise vigorously at least three times a week for 20 to 30 minutes. This is possible even in the most difficult of duty stations: Do calisthenics, run up the stairs, do sit-ups or jump rope. If you are familiar with meditation, yoga, tai-chi or other such techniques, these can help you keep your equilibrium. Eat regular, healthy meals whenever possible and keep nutritious snacks, like fruit and nuts, and plenty of water at the workplace. Avoid relying on alcohol, nicotine, sugar and drugs to help you manage stress: These only lead to further health problems, which in turn are the cause of even more stress. Keep up the activities that you enjoy.

Listening to or playing music can be very emotionally nurturing. It can also be a great release to express your feelings through creative writing, painting, drawing or keeping a journal (see the self-care exercises on page 48 for some ideas).

Nurturing social interactions are also very important. Set aside family time if you are with your family, and take the time to communicate with loved ones, as well as schedule leisure activities in your daily schedule. Nurture a mutually supportive relationship with a special colleague to help each other through your assignments. Develop a sense of 'community' in your work group by organizing and participating in social events, including music, dance, sports, games, storytelling, picnics and dinners. If you have been faced with any sadness or losses on your team, it can be helpful and supportive to individual staff and the team as a whole to follow local customs of mourning, or create your own rituals with your peer group to work through these losses.

Give your mind a rest. Take a short nap if it is possible, or meditate. At the very least, give yourself small breaks from the tasks you are working on. Socialize with your colleagues during breaks, and do not focus on work and problem solving during mealtimes. Try to examine things from a new perspective, and look for the positive elements. Changes in perception and setting realistic expectations are crucial to managing much of the stress we experience in our daily lives. Keep a healthy sense of humor!

Changes in your behavior may be necessary if you find that you are under intense stress. Slow down your breathing by practicing deep breathing exercises (see the self-care exercises on page 44). This will also help reduce your heart rate. Make an effort to slow your speech, especially when you're angry or nervous. Adopt other healthy behaviors, such as nutritious eating patterns and regular exercise, and limit use of alcohol, cigarettes, caffeine, and other drugs. Identify things that you can change to help you to reduce stress, and implement them, even if only for a few days, to see whether they are effective.

To support the spiritual and philosophical aspects in your life, read texts that comfort or inspire you; write in your journal; talk with your friends, family and colleagues. Focus on parts of nature and life that you admire, and let them uplift you. Attend ceremonies or services if available, and meditate or pray, according to your religious, cultural or private beliefs.

The importance of managing stress cannot be over-emphasized. Please explore the various self-care exercises described in this booklet, which can be practiced in various situations and locations.

HOW TO COPE WITH A TRAUMATIC EVENT

Traumatic events (or critical incidents) are sudden, violent occurrences that claim or threaten life and are not part of the range of normal human experiences. Even witnessing such an event can be traumatic. During the incident, recognizing the signs of traumatic stress helps to normalize the stress reactions, and is the first step to managing them. These can include nausea, tremors, hyper-alertness, extreme fatigue, headache, anxiety, fear, feeling unreal, numbness,

intense anger, difficulty making decisions, slowed thinking or racing thoughts, restlessness and a profound loss of trust. Most people's responses to traumatic events are intense, and they typically overwhelm coping abilities. Remember, these are normal reactions to abnormal events.

Helpful coping skills in the moment include maintaining a positive attitude and positive self talk: Tell yourself that you can cope with the situation and that you will get through it. Consciously slow your breathing rhythm, and focus on the task in front of you. Rotate tasks so that staff, including you, can take breaks. Keep in contact with colleagues where possible. Take care of yourself and each other by making sure that you have enough food, water and rest.

Shortly after the traumatic event, you may feel the need to talk to others about what happened – what you saw and perceived with all of your senses, and what you were thinking at the time. Try to share your reactions and how you felt – both emotionally and physically. Express how you are feeling now. Write down your feelings, or find other ways to express them, such as through drawing, poetry or even dance. Do self-care exercises including deep breathing, relaxation, prayer and/or meditation. Plan quiet time and read, reflect and listen to or make music. Start doing some physical activities once you have regained your energy. Keep a healthy, balanced sense of humor.

In the longer term, some people may develop reactions to their traumatic experience. Three common types are: hyper-alertness, avoidance of reminders of the event and intrusive memories. These reactions coincide with the three symptom clusters of Post-Traumatic Stress Disorder.

Hyper-alertness is a protective mechanism to prevent a recurrence of the shocking event, and behavior comes across as 'jittery'. Your body is responding automatically to potential danger. This response can be managed by taking deep breaths. Understand that it is the body's natural reaction to protect you from a repeat of the incident. Assess if there is any realistic chance for the incident to recur. If there is no real threat, take a deep breath, and let the apprehension go. If there is danger, take protective action. Keep breathing, and allow the trembling which often accompanies these experiences to happen!

Avoidance refers to the way we tend to detach ourselves from painful memories, to protect ourselves from re-experiencing the traumatic event. Avoidance also serves to block off painful feelings linked to the experience. If you are aware that you are avoiding people and places that are connected to, or in some way reminding you of the incident, ask yourself why. If your motivation is related to security, you must make the judgment to create safety or leave the area. If avoidance is about not wanting to be reminded of

unpleasant events, it is important to find a way to make the traumatic event a part of your life, a part of your past that you can live with. Continually trying to avoid any reminders of it will have a negative impact on your life: on your emotional and mental well-being, as well as on your social life. You need to find a way to reflect on the event, and think about what it means. The goal is to incorporate the traumatic memory into your past. You may need professional help from a therapist or counsellor, and it can be a long process. We may never completely get over a traumatic experience, but we can find a way to put it behind us. Trauma changes us. The question to ask yourself is: “in what way?”

Intrusion is the experience of reliving the original event, through memories while you are awake, as ‘flashbacks’, or in dreams. This reexperiencing is nature’s way to remind us that we need to spend some time in reflection and on healing the impact that the trauma has had on our lives. To move forward, you need to reflect on what happened and re-conceptualize your life in some way. Take time to search for some meaning in the event and embrace what you feel that you can learn from it.

Any sight, smell, sound, taste, touch or even emotion that is similar to what was experienced during the trauma can trigger a physical, mental or emotional reaction similar to the original. Our natural defense is to avoid the painful reminder, and change the focus of attention to something else, which doesn’t help in the long run. Instead, calm yourself down with five minutes of deep breathing (if you are not in danger), and reflect on the source of the trigger while reminding yourself that you are in control.

It is important to try to integrate this experience into your life. If the incident has challenged your sense of meaning and who you are, it could be helpful to talk to a spiritual leader, counsellor, loved one or mentor to explore the meaning of the event and help you to incorporate the experience. This guided processing will eventually result in a reduction of the intrusive symptoms.

FIRST AID FOR POST TRAUMATIC STRESS
1. Comfort and console the distressed person 2. Protect the person from further threat or distress, including protection from onlookers, insensitive colleagues and emergency workers 3. Meet immediate physical needs, including shelter, and provide practical help 4. Facilitate access to phone, friends and family 5. Facilitate some telling of the “trauma story” and ventilation of feelings as appropriate, respecting the wishes of those who do not wish to talk about it 6. Facilitate the regaining of some sense of mastery and control. Provide goal

orientation and support for specific tasks. Encourage a return to routine, BUT guide the survivors against throwing themselves each into a heavy workload which will interfere with the natural healing process

7. Facilitate access to information about the event (what happened, who is affected and how seriously, where they are now)
8. Identify the need for further counselling or intervention and facilitate access to systems of support and sources of help that will be ongoing. Offer access to a professional for counselling, including the Staff Counsellor.
9. Provide information about common reactions to trauma, including coping reactions and natural recovery
10. Express your appreciation for the staff involved. Small signs of care can make all the difference

—Adapted from: McNally, Bryant, and Ehlers (2003)

Some people experience strong reactions to a traumatic incident, some have no symptoms at all, and some go through a delayed reaction months afterward. These traumatic stress symptoms are perfectly normal responses to abnormal events, and in most cases will lessen within a few days or weeks after the event.

The recovery period also varies greatly with each person. After a traumatic experience it is very important to take extra care of yourself: Get more rest and sleep; spend time in reflection; take time off if possible, away from the area where the event took place; and take on less taxing work assignments and responsibilities until you have had a chance to recover. You may find that you develop an appreciation for your strengths in handling a crisis, as well as new goals, values and priorities. If you allow yourself to process the experience effectively, you may discover that your personality will be enhanced and strengthened. If powerful symptoms continue and interfere in your daily functioning for more than one month after the event, it is highly recommended that you seek professional help as soon as possible to help you with the recovery process. If this is the case, contact the UNICEF Staff Counsellor (see Resources, page 41), who will try to link you to someone in your area. You may also want to get in touch with your local Peer Support Volunteer.

STAFF VULNERABILITY AND RESILIENCE

Major support for critical incidents is very important. Team leaders and managers need to be aware of the individual circumstances and life histories of staff members that may

make them more vulnerable to stress from these events. Typically, survivors who have experienced past traumas in support work or in their personal lives are more vulnerable to being re-traumatized and to developing PTSD.

Some of the positive factors in the following chart increase resilience. In contrast, the negative factors listed may create vulnerability. Refer to the chart to evaluate your resilience and vulnerability factors.

WHAT HELPS AND HINDERS STRESS MANAGEMENT		
	Positive Factors	Negative Factors
Individual	• Good health • Successful previous crisis experience; development of 'survival skills' • Crisis seen as a challenge • Focus on solutions • Supportive family/friends/colleagues, no additional outside demands	• Health problems • Extremely high self-expectations • Crisis seen as a threat to personal competence • Unresolved emotional reactions from previous trauma or personal loss • Personal/family problems; additional demands/stress
Interpersonal	• Well-balanced personality, able to accept/give support within team • Good communication skills	• Personal ties/identification with traumatized victims • Personality problems; unable to accept available support
Community	• Existence of strong leadership • Reliable public information exchange • Well-planned,	• Leadership problems • Poor/disrupted public information • Close scrutiny by

	practiced emergency procedures	media and observers

D. Self-care

World Health Organization, Q+A About Self-Care

Retrieved from: https://www.who.int/reproductivehealth/self-care-interventions/questions-answers-self-care.pdf?ua=1

What is Self-Care?

[3]World Health Organization's working definition of self-care is "the ability of individuals, families and communities to promote health, prevent disease, maintain health, and to cope with illness and disability with or without the support of a healthcare provider."

What is the scope of self-care?

The scope of self-care in this definition includes health promotion; disease prevention and control; self-medication; providing care to dependent persons; seeking hospital/specialist care if necessary; and rehabilitation, including palliative care. World Health Organization's consolidated normative guidance includes evidence-based recommendations and good practice statements covering existing and new self-care interventions.

Is Self-care new?

[3] World Health Organization, *Q+A About Self-Care*, https://www.who.int/reproductivehealth/self-care-interventions/questions-answers-self-care.pdf?ua=1

Self-care is not new. For millennia people have been taking measures to prevent disease, promote health and cope with illness and disability with and without a health care provider. Today, while self-care may be used by and benefit people across all strata of all societies, people in conditions of vulnerability are particularly inclined to use self-care as their primary form of healthcare. Self-care aligns with the long-standing commitment of WHO to people-centered care: care that is focused and organized around the health needs and expectations of people and communities rather than on diseases. The Global Conference on Primary Health Care highlights the importance of empowering individuals as self-carers and caregivers.

Why produce a consolidated Guideline for self-care?

The intention of a consolidated guideline is to recognize that many of individual interventions have commonalities. Reviewing the benefits, preferences, values, acceptability, feasibility, resource implications, equity, ethics, legal and human rights dimensions of different self-care interventions reveals they have barriers and enabling factors in common. A consolidated guideline supports health systems actors and individuals to see those commonalities from a user and health system perspective

In addition, a consolidated guideline will increase the extent to which these interventions strengthen the overall health system. The view of the WHO is that self-care interventions are still part of the health system and normative guidance will include points of interaction or linkages with the health system for accessing information, the intervention itself, or linkages to care. Self-care interventions should not be stand-alone products or cause further health system fragmentation but should rather be linked to the health system and supported by it. This will ensure that the health system remains accountable and can determine how to appropriately interact with and support implementation of self-care interventions. This interaction with the health system should maximize the positive benefits that can accrue to individuals through self-care and balance this with the health system as currently configured to provide access to quality, affordable healthcare.

Is self-care specific to Sexual Reproductive Health and Rights?

While self-care can be particularly effective in the field of sexual and reproductive health and rights, given the stigma and difficulties people often face accessing information and services, self-care is not limited to sexual and reproductive health and rights. For example, with the increase of noncommunicable diseases such as diabetes, cancers, cardiovascular and chronic lung diseases, self-care can play a vital role in preventing and reducing underlying risk factors, optimizing treatment and managing complications.

Why this consolidated Guideline now?

The estimated shortage of 12.9 million healthcare workers by 2035, and an estimated 1 in 5 of the world's population now living in humanitarian crises, point to the urgent need to find innovative strategies that go beyond a conventional health sector response.

The value of self care is not solely as a response to resource constraints. Self-care interventions can bring users greater choice, access, control, satisfaction and affordable options to manage their healthcare needs. Self care can recognize the strengths of individuals as active agents in their own health care, and not merely passive recipients of health services.

In addition, the rapid evolution of technology is transforming healthcare. New diagnostics, devices, drugs and digital health are all transforming how patients and health systems interact.

Who is Self-Care for?

Self-care is practiced by everyone and emerging new self-care interventions have the potential to benefit even the most vulnerable populations. In the case of self-care interventions in 2019, the WHO position is that it is essential to place emphasis on the needs of populations who may neither be aware of their right to health nor able to access the services they need. These include vulnerable, marginalized and socioeconomically underprivileged populations who have the poorest health outcomes globally.

Will Health Care Providers Need Training to Promote Self-Care?

Providers and other health system actors will require evidence that self-care does no harm and is beneficial to health outcomes at both individual and population levels. As part of the consolidated guideline, WHO will review and generate evidence that assesses the role of providers and the competencies required in supporting self-care. The evidence generated to date suggests that providers can often be the beneficiary of self-care, by allowing them to serve a greater number of patients with existing resources and deploying their clinical skills where greatest need exists. Rapid change has occurred across workforces in many sectors this past 25 years and healthcare is no different. With such change comes both challenges and opportunities.

According to Global Self-Care Federation, self-care involves:

- **Making healthy lifestyle choices**
  - being physically active such as exercising, eating right by implementing and practicing healthy diet that suits your body needs. This includes creating a routine for diet, exercise, and sleep. Daily exercise can help you both physically and mentally, boosting your mood and reducing stress and anxiety, not to mention helping you shed extra weight.

- **Avoiding unhealthy lifestyle habits**
  - avoiding smoking and excessive alcohol consumption and avoid health risks associated with alcohol and tobacco use such as Cancers of the Mouth and Throat, Liver Cancer, and Cardiovascular Disease.

- **Making responsible use of prescription and non-prescription medicines**
  - Understand your timeline and treatment plan, particularly, when you should start your medication, when you can see and impact or effect of the medication, what are the side effects and when it is expected to manifest, and when or how to stop the medication.

- **Self-recognition of symptoms**

- assessing and addressing symptoms, in partnership with a healthcare professional where necessary. Aside from self-assessment, various measures were proposed, based on different assumptions about burnout, and many of them relied on the face validity of the measurement items or statements. The first burnout measure that was based on a comprehensive program of psychometric research was the Maslach Burnout Inventory (MBI).

- **Self-monitoring** - checking for signs of deterioration or improvement
- **Self-management** - managing symptoms of disease, either alone, in partnership with healthcare professionals, or alongside other people with the same health condition.

Self-Care Strategies

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[4]**Physical.** The physical dimension of self-care is broadly defined as an activity that involves physical activity (Carroll, Gilroy, & Murra, 1999[5]) or bodily movement in which the result is expending energy, such as sports, household activities, or exercise (Henderson & Ainsworth, 2001[6]). Physical activity has been shown to demonstrate a decrease in anxiety and depression symptoms (Callaghan, 2004), as well as increase the health component of quality of life (Lustyk, Widman, Paschane, & Olson, 2004[7]). These positive effects on well-being may increase women's satisfaction with body functioning and their overall ability to cope with stresses of daily living (Anderson, King, Stewart, Camacho, & Rejeski, 2005[8]).

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[4] Catlin-Rakoski, Stephanie, "Therapist's Perceptions of Self-Care" (2012). Counselor Education Master's Theses. 123. http://digitalcommons.brockport.edu/edc_theses/123
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[6] Henderson, K.A., & Ainsworth, B.E. (2001). Researching leisure and physical activity with women of color: Issues and emerging questions. Leisure Sciences, 21, 21-34.
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Psychological. A therapist seeking out his or her own personal counseling, or treatment for an impairment (Norcross, 2005[13]) is a demonstration of psychological self-care (Coster & Schwebel, 1997[14]; O'Connor, 2001[15]). Due to the demanding nature of the counseling relationship requiring the therapist to provide help to a client with a psychological problem, it is suggested that the therapist seek out the benefits of counseling as well (Richards, Campenni, & MuseBurke, 2010[16]). Personal counseling has been known to enhance personal and professional development, as well as self-awareness (Mackey & Mackey, 1994[17]; Macran, Stiles, & Smith, 1999[18]).

Spiritual. Spirituality is defined as "a developmental process that is both active and passive wherein beliefs, disciplines, practice, and experiences are grounded and integrated to result in mindfulness (non-judgmental awareness of present experiences), heartfulness (experience of compassion and love), and soulfulness (connections beyond ourselves)" (Cashwell, Bentley, & Bigbee, 2007, p. 67[19]). Spiritual self-care strategies include mindfulness, self-hypnosis, music, and balance (Esch, et al., 2003; Juslin, et al., 2008[20]; Schure, et al., 2008[21]; Williams, et al., 2010[22]). A growing body of research suggests the need for a stress reduction program that emphasizes mindfulness to enhance overall well-being (Baer, 2003; Grossman, Niemann, Schmidt, & Walach, 2004[23]). The mindfulness-based stress reduction program (MBSR; Kabat-Zinn, 1990) is based on the premise of mindfulness, or non-judgmentally focusing on the present moment, as a way to reduce distress and augment well-being (Baer, 2003; Bishop, 2002[24]; Grossman, et al., 2004[19]).

Support. Professional support systems, including supervision, consultation, and professional education; and personal support systems, including relationships with partner, friends, and family, are critical elements of a therapist's self-care (Coster & Schwebel, 1997[10]; O'Connor, 2001[11]; Stevanovic, & Rupert, 2004[25]). Coster and

[13] Norcross, J. C. (2005). The psychotherapist's own psychotherapy: Educating and developing psychologists. American Psychologist, 60, 840-850.
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[24] Bishop, S.R. (2002). What do we really know about mindfulness-based stress reduction? Psychosomatic Medicine, 64, 71-83.
[25] Stevanovic, P., & Rupert, P. A. (2004). Career-sustaining behaviors, satisfactions, and stresses of professional psychologists. Psychology: Theory, Research, Practice, Training, 41, 301- 309.

Schwebel (1997) found that mental health professionals indicated that professional support gave them valuable input into different client situations, thus reporting professional support to be their main reason for their overall well-being. Speaking openly with colleagues has also been suggested as a way to combat burnout, as well as individual counseling, possibly with some form of desensitization program (Figley, 2002). Educating therapists about burnout and self-care strategies may help a therapist recognize the symptoms in him or herself or a colleague, thus minimizing potential maltreatment of clients (Figley, 2002).

E. Compassion Fatigue

Tips for Disaster Responders: Understanding Compassion Fatigue
Retrieved from: https://store.samhsa.gov/product/Understanding-Compassion-Fatigue/sma14-4869

[26]Research indicates that Compassion Fatigue is made up of two main components: burnout and secondary traumatic stress. When experiencing burnout, you may feel exhausted and overwhelmed, like nothing you do will help make the situation better. For some responders, the negative effects of this work can make them feel like the trauma of the people they are helping is happening to them or the people they love. This is called secondary traumatic stress. When these feelings go on for a long time, they can develop into "vicarious trauma." This type of trauma is rare but can be so distressing that the way a person views the world changes for the worse.

Signs of Burnout and Secondary Traumatic Stress

It is important to acknowledge the limitations of your skills and your own personal risks (such as a history of trauma) and other negative aspects of the disaster response experience (e.g., gruesome scenes or intense grieving) so that you recognize how they may be affecting your feelings as well as your behavior. Some responders may experience several of the following signs of burnout and the more serious component of

[26] Substance Abuse and Mental Health Services Administration, *Tips for Disaster Responders: Understanding Compassion Fatigue*, 2014

CF, secondary traumatic stress. Remember, not all disaster behavioral health responders will experience every symptom.

When you experience burnout, a symptom of Compassion Fatigue, you may have some of the following feelings:

- As if nothing you can do will help
- Tired—even exhausted—and overwhelmed
- Like a failure
- As though you are not doing your job well
- Frustrated
- Cynical
- Disconnected from others, lacking feelings, indifferent
- Depressed
- As if you need to use alcohol or other mind-altering substances to cope

Signs of secondary traumatic stress, a more serious component of Compassion Fatigue, may include the following:

- Fear in situations that others would not think were frightening
- Excessive worry that something bad will happen to you, your loved ones, or colleagues
- Easily startled, feeling “jumpy” or “on guard” all of the time
- Wary of every situation, expecting a traumatic outcome
- Physical signs like a racing heart, shortness of breath, and increased tension headaches
- Sense of being haunted by the troubles you see and hear from others and not being able to make them go away
- The feeling that others’ trauma is yours

If you are experiencing any of these signs of stress, talk with a friend or colleague, seek wise counsel from a trusted mentor, or ask your supervisor to help you determine a course of action. You may also consider seeking help from a qualified mental health professional.

Tips for Coping with Compassion Fatigue

Traditionally, disaster workers have been trained to screen survivors for negative behavioral health effects. More recently, the field is also focusing on identifying survivor resilience, fostering strengths, and encouraging self-care. Just as you assist survivors in this process, you can apply this approach to yourself on a routine basis—even when not on a disaster assignment—to avoid CF. By focusing on building your strengths and carrying out self-care activities, you are contributing to your behavioral, cognitive, physical, spiritual, and emotional resilience. The following strategies can help you do just that:

- Focus on the four core components of resilience: adequate sleep, good nutrition, regular physical activity, and active relaxation (e.g., yoga or meditation).
- Get enough sleep or at least rest. This is of great importance, as it affects all other aspects of your work—your physical strength, your decision making, your temperament.
- Drink enough fluids to stay hydrated, and eat the best quality food that you can access.
- Complete basic hygiene tasks like combing your hair, brushing your teeth, and changing clothes when possible. Wearing clean clothes can make you feel better.
- Try to wash up, even just your hands and face, after you leave your work shift. Think of it as a symbolic “washing away” of the hardness of the day.
- Make time to learn about the people with whom you work. Taking time for conversations will help foster feelings of positive regard toward yourself and others.

- Engage with your fellow workers to celebrate successes and mourn sorrows as a group.
- Take time to be alone so you can think, meditate, and rest.
- Practice your spiritual beliefs or reach out to a faith leader for support.
- Take time away from the work when possible. Removing yourself from the disaster area can help you remember that not every place is so troubled.
- Try to find things to look forward to.
- Communicate with friends and family as best you can. If you do not have Internet or cell phone access or ways to mail letters, write to loved ones anyway and send the letters later.
- Create individual ceremonies or rituals. For example, write down something that bothers you and then burn it as a symbolic goodbye. Focus your thoughts on letting go of stress or anger or on honoring the memory, depending on the situation.

Prevention

When combined, the self-care practices mentioned above can help prevent the development of CF. Once you begin to routinely practice these healthy habits, they become part of your overall prevention plan. Not only do healthy habits strengthen your ability to cope while in the moment, they can help your body remember how to bounce back to a healthier state. Remember, prevention is part of a good preparedness plan.

Compassion Satisfaction

Compassion satisfaction (CS) refers to the sense of fulfillment you feel for the work you do. It can be a source of hope, strength, and ultimately resilience. This satisfaction with your work is also what allows you to face another day, another disaster, another tragedy. It is the quiet knowledge that what you do makes a difference, and that you possess the same strengths you see and support in the survivors with whom you work. Appreciating each encounter with a disaster survivor can add to your CS and help protect you from CF. Even when things do not go as well as you had hoped, you can try to appreciate these encounters, knowing that you took action and extended yourself to others. In these ways, CS can serve as a natural, protective tool against the negative aspects of

disaster response work. By noticing, acknowledging, and appreciating the work you do, you can build CS in yourself and encourage it in your colleagues.

When to Get Help

Regular meetings with your supervisor and peer support group during and after a disaster assignment can be a significant help in managing stress and CF. But when signs and symptoms continue for more than 2 weeks or are truly bothersome at any point, seek out professional help. You can start by contacting your employee assistance program or a primary care physician, who may be able to rule out any physical concerns and recommend a counselor or therapist familiar with traumatic stress. You can also download the SAMHSA Behavioral Health Disaster Response Mobile App and access a directory of behavioral health service providers in your area.

Helpful Resources

1. Substance Abuse and Mental Health Services Administration Disaster Technical Assistance Center (SAMHSA DTAC) Toll-Free: 1-800-308-3515
   Website: http://www.samhsa.gov/dtac
2. SAMHSA's National Recovery Month
   Website: http://www.recoverymonth.gov
3. SAMHSA Behavioral Health Disaster Response Mobile App
   Website: http://store.samhsa.gov/product/PEP13-DKAPP-1
4. Federal Employee Assistance Program
   Toll-Free: 1-800-222-0364
   TTY: 1-888-262-7848
   Website: http://foh.hhs.gov/services/EAP/EAP.asp
5. National Institute on Drug Abuse
   Website: http://www.drugabuse.gov/publications/seeking-drug-abuse-treatment
6. U.S. Department of Homeland Security: FirstResponder.gov*
   Website: http://www.firstresponder.gov
7. U.S. Department of Veterans Affairs* National Center for Posttraumatic Stress Disorder (PTSD) PTSD Information Voicemail: 1-802-296-6300
   Website: http://www.ptsd.va.gov

Treatment Locators

1. Mental Health Treatment Facility Locator
   Toll-Free: 1-800-789-2647 (English and español)
   TDD: 1-866-889-2647

Website: http://findtreatment.samhsa.gov/MHTreatmentLocator

2. MentalHealth.gov
   Website: http://www.mentalhealth.gov
   MentalHealth.gov provides U.S. government information and resources on mental health.
3. Substance Abuse Treatment Facility Locator
   Toll-Free: 1-800-662-HELP (1-800-662-4357) (24/7 English and español); TDD: 1-800-487-4889
   Website: http://www.findtreatment.samhsa.gov

Hotlines

1. SAMHSA Disaster Distress Helpline
   Toll-Free: 1-800-985-5990 Text "TalkWithUs" to 66746
   Website: http://disasterdistress.samhsa.gov
2. National Suicide Prevention Lifeline
   Toll-Free: 1-800-273-TALK (1-800-273-8255) TTY: 1-800-799-4TTY (1-800-799-4889)
   Website: http://www.samhsa.gov
   This resource can be found by accessing the Suicide Prevention Lifeline box once on the SAMHSA website.
3. Workplace Helpline
   Toll-Free: 1-800-WORKPLACE (1-800-967-5752)
   Website: http://workplace.samhsa.gov

Wellness

Therapist's Perceptions of Self-Care Stephanie Catlin-Rakoski

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[27]The World Health Organization (WHO) defined wellness as “physical, mental, and social well-being, not merely the absence of disease,” dating as far back as 1947 (WHO, 1958, p.1[28]). A few years later, WHO defined optimal health as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity” (WHO, 1964, p.1[29]). Wellness encompasses several dimensions of a person, not simply physical health (Myers & Sweeney, 2005[30]; Lawson, Venart, Hazler & Kottler, 2007[31]). Prilleltensky and Prilleltensky (2003) suggested that wellness operates on the balance of three levels: (1) the personal level, which emphasizes the personal need to have control over one’s life, leading to personal empowerment; (2) the relational level, which emphasizes the concern for people, and honoring diversity; and (3) the collective level, which mirrors social justice and equality among people, and emphasizes economic well-being, safety and security.

The Wheel of Wellness model established five life tasks, demonstrated by the image of a wheel. The five tasks are: spirituality, self-regulation or self-direction, work and leisure, friendship, and love (Hattie, et al., 2004[32]; Myers, et al., 2000[33]; Sweeney & Witmer, 1991[34]; Witmer & Sweeney, 1992; Witmer, et al., 1998). The assessment tool used to measure the components of this model is called the Wellness Evaluation of Lifestyle (WEL; Myers, 1998[35]; Myers, et al., 1996). After many years of conducting research using the WEL, Myers and Sweeney (2005)[28] revised the Wheel of Wellness and named the new model the Indivisible Self. They identified five factors that comprise the Indivisible Self, including “Essential Self,” “Social self,” “Creative Self,” “Physical Self,” and “Coping Self” (Myers & Sweeney, 2005[28]). The new model emphasizes whole and integrated components of self across the lifespan, rather than discrete components of self (Myers & Sweeney, 2005[28]; Tanigoshi, Kontos & Remley, 2008).

The Essential Self is comprised of spirituality, gender identity, cultural identity, and selfcare. Alfred Adler, a leading figure in the world of psychotherapy, said that spirituality was a vital part of holism and wellness (Mansager, 2000). Distinctly different from religion, spirituality has been connected with quality of life and wellness (Myers &

[27] Catlin-Rakoski, Stephanie, "Therapist’s Perceptions of Self-Care" (2012). Counselor Education Master’s Theses. 123. http://digitalcommons.brockport.edu/edc_theses/123
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Sweeney, 2005[28]; DayVines & Holcomb-Mccoy, 2007[36]). The Essential Self is where a person finds his or her existential meaning of life. Gender and cultural identity are identified as the "filters" through which people view their experiences, as well as their interactions with other people in the world.

The Creative Self is comprised of a person's thinking, emotions, control, work, and positive humor (Myers & Sweeney, 2005[28]). Simply stated, the Creative Self is what makes each person unique in social situations. Myers and Sweeney identified previous research, which revealed that one's cognitions affect one's emotions, which affect one's body. Correspondingly, the way a person experiences an emotion has the capacity to influence the way he or she thinks about a similar situation. Control is the perceived personal ability to have an effect on the events one experiences throughout life (Myers & Sweeney, 2005[28]). According to Donald Super, work is a critical element in human experience that can enhance a person's ability to live life fully (Niles & Harris-Bowlsbey, 2005[37]). Finally, humor can increase physical and mental functioning (Kuiper & Nicholl, 2004).

The Coping Self includes the elements of leisure, stress management, self-worth, and realistic beliefs which help a person manage his or her responses to negative life events. Engagement in leisure activities, or behaviors that allow a person to escape the negative aspects of his or her life for a brief time, is considered helpful to the coping process (Myers & Sweeney, 2005[28]). Mindfulness, or the ability to hold both positive and negative experiences in awareness, has been shown to be a necessary skill for coping and, ultimately, counselor wellness (Baker, 2002[38]; Skovholt, 2001[39]). Mindfulness allows a therapist to bring attention to psychological needs, and allows the therapist to adjust his or her behaviors to get those needs met (Brown & Ryan, 2003[40]). Shapiro, et al., (2007)[41], investigated a mindfulness-based stress reduction program (MBSR) that taught graduate-level counseling psychology students techniques such as sitting meditation, body scan, yoga, and informal mindfulness practices. They found a decline in perceived stress, negative affect, anxiety, and rumination; as well as an increase in positive affect and self-compassion (Shapiro, et al., 2007)[37]. Norcross and Guy (2005)[42] suggest that 75% of all mental health professionals have engaged in personal therapy at some point throughout his or her career to manage stress, seek personal growth, or improve interpersonal skills.

[36] Day-Vines, N.L., & Holcomb-McCoy, C. (2007). Wellness among African American counselors. Journal of Humanistic Counseling, Education, and Development, 46, 82-97.
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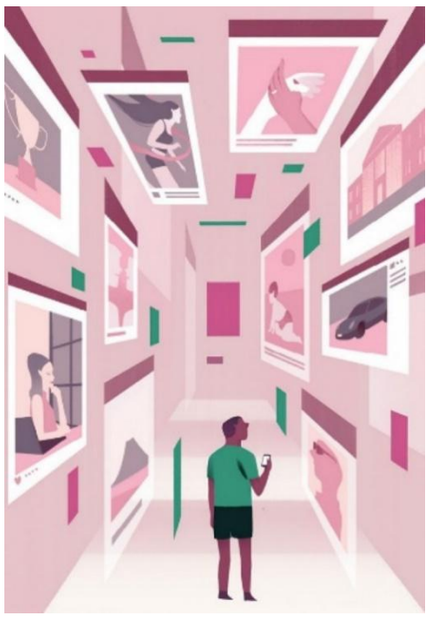
[42] Norcross, J. C. (2005). The psychotherapist's own psychotherapy: Educating and developing psychologists. American Psychologist, 60, 840-850.



The Social Self includes both friendship and love, which often exist on a continuum. It is often difficult to discern between a relationship with a significant other and a relationship with a friend. What is clear is that close relationships enhance a person's quality of life and overall wellness (Shurts & Meyers, 2008)[43]. Myers and Sweeney (2005)[28] suggested that family support, either biological, or chosen, is the most critical type of relationship, stating that healthy family support directly affects a person's overall wellness. Sinclair and Myers (2003)[44], found social wellness to be the most highly rated wellness factor by college students.

Finally, Physical Self, including exercise and nutrition, may be the most widely emphasized and researched component of the self, often over-stated in its importance and in effect, neglecting the other components of the self in trying to attain holistic wellness (Myers & Sweeney, 2005)[28]. Biddle, Fox, Boucher, and Faulkner (2000)[45] conducted an extensive review of the existing literature, and found that exercise is directly correlated with overall well-being. Also, exercising for enjoyment because a person desires to exercise has significant positive effects on mental well-being as well (Thogersen-Ntoumani & Fox, 2007)[46].

The Indivisible Self has been described using five major components that comprise the whole self. From a systems perspective, a person has the ability to have a positive or negative effect on the environment, as does the environment on the person. Therefore, the Indivisible Self cannot be completely understood without examining it in different contexts such as local, institutional, global, and chronometrical (Myers & Sweeney, 2005). The local context, which concentrates on a person's sense of safety, is comprised of a person's family, neighborhood, and community. The local context is the one with which most people have the most contact (Myers & Sweeney, 2005).

The institutional context, is closely tied to policies and laws. In terms of the Indivisible Self, the institutional context includes education, religion, government, business and industry, which affect people directly and indirectly, and often powerfully (Myers & Sweeney, 2005)[28].

The global context includes world events, politics, culture, and the environment. These types of events are often made personal through the invasive nature of the media, for

[43] Shurts, W.M., & Meyers, J.E. (2008). An examination of liking, love styles, and wellness among emerging adults: Implications for social wellness and development. Adultspan Journal, 7(2), 51-68.
[44] Sinclair, S. L., & Myers, J. E, (2004), The relationship between objectified body consciousness and wellness in a group of college women. Journal of College Counseling, 7, 150-161.
[45] Biddle, S.J.H., Fox, K.R., Boutcher, S.H., & Faulkner, G.E. The way forward for physical activity and the promotion of psychological wellbeing. In: Biddle SJH., Fox KR, Boutcher SH, eds. Physical activity and psychological well-being. New York: Routledge; 2000;154–168.
[46] Thogersen-Ntoumani, C., & Fox, K.R., Exploring the role of autonomy for exercise and its relationship with mental well-being: A study with non-academic university employees. Int J Sport Exercise Psychol. 2007;5:227–239.

example, the persistent media coverage of the tragedy on September 11, 2001 (Myers & Sweeney, 2005)[28].

Finally, the chronometrical context, simply stated, the lifespan, emphasizes the fact that people change and develop over time. For example, if a person decides to make choices that promote wellness and a healthy lifestyle at a young age, he or she is more apt to make similar choices later in life. Movement of time throughout the lifespan is seen as perpetual, positive, and purposeful (Myers & Sweeney, 2005)[28].

Simply stated, from a holistic perspective, each component of the Indivisible Self interacts in one way or another with each other, and contributes to overall well-being. Likewise, the different contexts presented by Myers and Sweeney (2005)[28] affect the whole person positively or negatively, directly, or indirectly. Strengths in any component of the holistic view of the self can be fostered to improve other areas of functioning to enhance the overall well-being of the individual.

How Individuals Experience Secondary Traumatic Stress

Secondary traumatic stress or STS, according to National Child Traumatic Stress Network, Secondary Traumatic Stress Committee. (2011), is the emotional duress that results when an individual hears about the firsthand trauma experiences of another and its symptoms mimic those of post-traumatic stress disorder (PTSD). It was also discussed that individuals affected by secondary traumatic stress (STS) may find themselves re-experiencing personal trauma or notice an increase in arousal and avoidance reactions related to the indirect trauma exposure. They may also experience changes in memory and perception; alterations in their sense of self-efficacy; a depletion of personal resources; and disruption in their perceptions of safety, trust, and independence. A partial list of symptoms and conditions associated with secondary traumatic stress includes:

- Hypervigilance
- Hopelessness
- Inability to embrace complexity
- Inability to listen, avoidance of clients
- Anger and cynicism
- Sleeplessness
- Fear

- Chronic exhaustion
- Physical ailments
- Minimizing
- Guilt

Furthermore, National Child Traumatic Stress Network, Secondary Traumatic Stress Committee. (2011) further conclude that the client care can be compromised if the therapist or the professional helper is emotionally depleted or cognitively affected by secondary trauma. A number of traumatized professionals, believing they can no longer be of service to their clients, end up leaving their jobs or the serving field altogether. Several studies have shown that the development of secondary traumatic stress often predicts that the helping professional will eventually leave the field for another type of work.

Understanding Who is at Risk

[47]The development of secondary traumatic stress is recognized as a common occupational hazard for professionals working with traumatized children. Studies show that from 6% to 26% of therapists working with traumatized populations, and up to 50% of child welfare workers, are at high risk of secondary traumatic stress or the related conditions of PTSD and vicarious trauma.

Any professional who works directly with traumatized children, elders, veteran, and even those early adults is in a position to hear the recounting of traumatic experiences, is at risk of secondary traumatic stress. It is also important to note that this professionals often, if not almost everyday, encounter and deals with clients that have emotional luggage and other traumatic experiences. That being said, the risk appears to be greater among women and among individuals who are highly empathetic by nature or

[47] The National Child Traumatic Stress Network, *Secondary Traumatic Stress: Understanding Who is at Risk*, https://www.nctsn.org/trauma-informed-care/secondary-traumatic-stress/introduction

have unresolved personal trauma. Risk is also higher for professionals who carry a heavy caseload of traumatized children; are socially or organizationally isolated; or feel professionally compromised due to inadequate training. Protecting against the development of secondary traumatic stress are factors such as longer duration of professional experience, and the use of evidence-based practices in the course of providing care, as discussed by National Child Traumatic Stress Network, Secondary Traumatic Stress Committee. (2011)

Secondary Traumatic Stress and Related Conditions: Sorting One from Another

Secondary traumatic stress refers to the presence of PTSD symptoms caused by at least one indirect exposure to traumatic material. Several other terms capture elements of this definition but are not all interchangeable with it.

Compassion fatigue, a label proposed by Figley 4 as a less stigmatizing way to describe secondary traumatic stress, has been used interchangeably with that term.

Vicarious trauma refers to changes in the inner experience of the therapist resulting from empathic engagement with a traumatized client. It is a theoretical term that focuses less on trauma symptoms and more on the covert cognitive changes that occur following cumulative exposure to another person's traumatic material. The primary symptoms of vicarious trauma are disturbances in the professional's cognitive frame of reference in the areas of trust, safety, control, esteem, and intimacy.

Burnout is characterized by emotional exhaustion, depersonalization, and a reduced feeling of personal accomplishment. While it is also work-related, burnout develops as a result of general occupational stress; the term is not used to describe the effects of indirect trauma exposure specifically.

Compassion satisfaction refers to the positive feelings derived from competent performance as a trauma professional. It is characterized by positive relationships with colleagues, and the conviction that one's work makes a meaningful contribution to clients and society

Adopted from: *National Child Traumatic Stress Network, Secondary Traumatic Stress Committee. (2011). Secondary traumatic stress: A fact sheet for child-serving professionals. Los Angeles, CA, and Durham, NC: National Center for Child Traumatic Stress.*

Identifying Secondary Traumatic Stress

Supervisors and organizational leaders in child-serving systems may utilize a variety of assessment strategies to help them identify and address secondary traumatic stress affecting staff members. The most widely used approaches are informal self-assessment strategies, usually employed in conjunction with formal or informal education for the worker on the impact of secondary traumatic stress. These self-assessment tools, administered in the form of questionnaires, checklists, or scales, help characterize the individual's trauma history, emotional relationship with work and the work environment, and symptoms or experiences that may be associated with traumatic stress.

Supervisors might also assess secondary stress as part of a reflective supervision model. This type of supervision fosters professional and personal development within the context of a supervisory relationship. It is attentive to the emotional content of the work at hand and to the professional's responses as they affect interactions with clients. The reflective model promotes greater awareness of the impact of indirect trauma exposure, and it can provide a structure for screening for emerging signs of secondary traumatic stress. Moreover, because the model supports consistent attention to secondary stress, it gives supervisors and managers an ongoing opportunity to develop policy and procedures for stress-related issues as they arise.

Formal assessment of secondary traumatic stress and the related conditions of burnout, compassion fatigue, and compassion satisfaction is often conducted through use of the Professional Quality of Life Measure (ProQOL). This questionnaire has been adapted to measure symptoms and behaviors reflective of secondary stress. The ProQOL can be used at regular intervals to track changes over time, especially when strategies for prevention or intervention are being tried.

Strategies for Prevention

A multidimensional approach to prevention and intervention—involving the individual, supervisors, and organizational policy—will yield the most positive outcomes for those affected

by secondary traumatic stress. The most important strategy for preventing the development of secondary traumatic stress is the triad of psychoeducation, skills training, and supervision. As workers gain knowledge and awareness of the hazards of indirect trauma exposure, they become empowered to explore and utilize prevention strategies to both reduce their risk and increase their resiliency to secondary stress. Preventive strategies may include self-report assessments, participation in self-care groups in the workplace, caseload balancing, use of flextime scheduling, and use of the self-care accountability buddy system. Proper rest, nutrition, exercise, and stress reduction activities are also important in preventing secondary traumatic stress.

PREVENTION
• Psychoeducation • Clinical supervision • Ongoing skills training Informal/formal self-report screening • Workplace self-care groups (for example, yoga or meditation) • Creation of a balanced caseload • Flextime scheduling • Self-care accountability buddy system • Use of evidence-based practices • Exercise and good nutrition

Strategies for Intervention

Although evidence regarding the effectiveness of interventions in secondary traumatic stress is limited, cognitive-behavioral strategies and mindfulness-based methods are

emerging as best practices. In addition, caseload management, training, reflective supervision, and peer supervision or external group processing have been shown to reduce the impact of secondary traumatic stress. Many organizations make referrals for formal intervention from outside providers such as individual therapists or Employee Assistance Programs. External group supervision services may be especially important in cases of disasters or community violence where a large number of staff have been affected.

INTERVENTION
• Strategies to evaluate secondary stress • Cognitive behavioral interventions • Mindfulness training • Reflective supervision • Caseload adjustment • Informal gatherings following crisis events (to allow for voluntary, spontaneous discussions) • Change in job assignment or workgroup • Referrals to Employee Assistance Programs or outside agencies

Risk Factors

[48]Middleton (2015) discussed that younger workers and workers with less experience in the field are more affected by Secondary Traumatic Stress or STS (Bride, 2007[49]; Bride et al., 2007[50]). Moreover, helping professional who experienced childhood trauma are more likely to experience higher Secondary Traumatic Stress or STS scores as well (Nelson-Gardell & Harris, 2003)[51]. However, there are risk factors specifically associated with working with older adults (Leon, Altholz, & Dziegielewski, 1999)[52]. Countertransference is the most commonly discussed risk factor in work with older adults (Leon et al., 1999)[48], and is especially relevant to geriatric care management work. While trying to help the client, the care manager is also forced to confront issues with regard to his or her aging, the aging process of loved ones, as well as issues surrounding mortality. In situations like this, typical counter-transferential (Freud, 1959)[53] feelings related to one's own perceptions of aging and dying can become

[48] Middleton, *Addressing Secondary Trauma and Compassion Fatigue in Work with Older Veterans: An Ethical Imperative*, 2015, https://www.aginglifecarejournal.org/addressing-secondary-trauma-and-compassion-fatigue-in-work-with-older-veterans-an-ethical-imperative/
[49] Bride, B.E. (2007). Prevalence of secondary traumatic stress among social workers. Journal of Social Work, 52(1), 63-70.
[50] Bride, B.E., Jones, J.L., & MacMaster, S.A. (2007). Correlates of secondary traumatic stress in child protective services workers. Journal of Evidence-Based Social Work, 4(3/4), 69-80
[51] Nelson-Gardell, D., & Harris, D. (2003). Child abuse history, secondary traumatic stress, and child welfare workers. Child Welfare: Journal of Policy, Practice, and Program, 82(1), 5-26.
[52] Leon, A.M., Altholz, J.A.S., & Dziegielewski, S.F. (1999). Compassion Fatigue. Journal of Gerontological Social Work, 32(1), 43-62.
[53] Freud, S. (1959). Future prospects of psychoanalytic psychotherapy. In J. Strachey (Ed., Trans.), The standard edition of the complete psychological works of Sigmund Freud (Vol. 2, pp.139-151). London: Hogarth Press.

significant and intrusive to the helping process and lead to compassion fatigue. In addition, the greater the degree to which the helping professional has unresolved trauma, and/or has prolonged exposure to the suffering of her clients, the greater the possibility of compassion fatigue. Since many of our values and beliefs have their roots in our family experiences, care managers working with this population must also be aware of how their own families of origin handled fears and concerns related to the process of aging and death. Other common risk factors associated with work with older adults include unjust system failures; increased frustration regarding limited financial, social and medical services for the elderly; the unpredictable nature of the work (often crisis-driven); the intensive nature of the work (often in home and ongoing); and working in rural settings (Leon et al., 1999)[48]. Awareness of these risk factors is important for geriatric care managers in order to develop intentional self-care mechanisms aimed at mitigating the impact of these risk factors on their overall work experience.

F. Vicarious Trauma

The Vicarious Trauma Toolkit

Retrieved from: https://ovc.ojp.gov/program/vtt/what-is-vicarious-trauma

What Is Vicarious Trauma?

[54]**Vicarious trauma** is an occupational challenge for people working and volunteering in the fields of victim services, law enforcement, emergency medical services, fire services, and other allied professions, due to their continuous exposure to victims of trauma and violence. This work-related trauma exposure can occur from such experiences as listening to individual clients recount their victimization; looking at videos of exploited children; reviewing case files; hearing about or responding to the aftermath of violence and other traumatic events day after day; and responding to mass violence incidents that have resulted in numerous injuries and deaths.

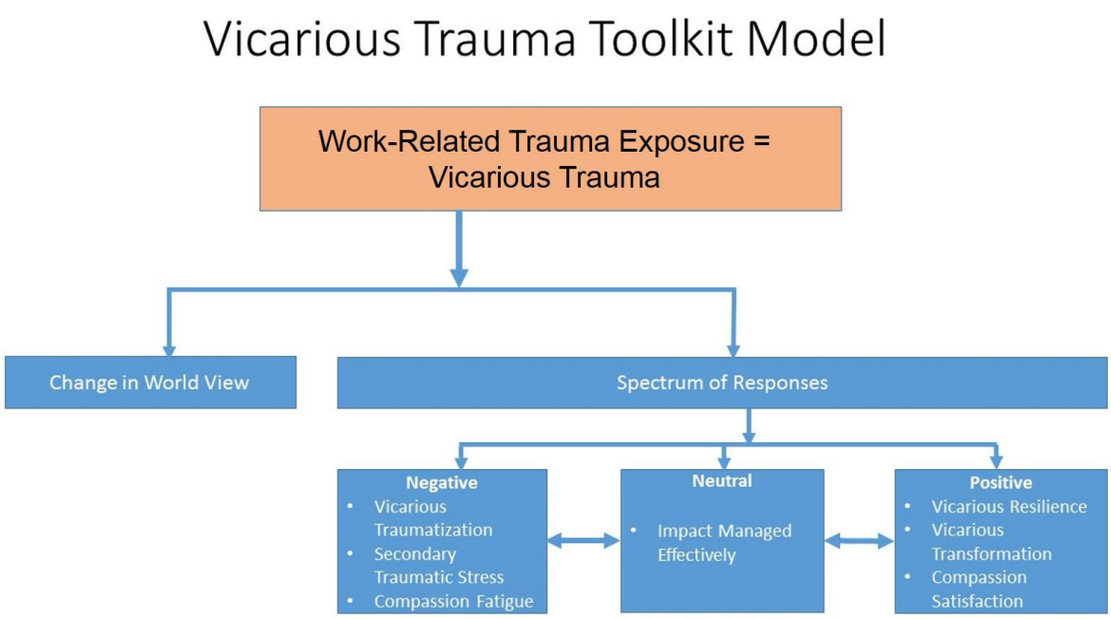
What Happens to Those Exposed to Vicarious Trauma?

The *Vicarious Trauma Toolkit* (VTT) introduces a new model for examining and conceptualizing the impact of vicarious trauma and the reactions and experiences of

[54] Office for Victims of Crime (OVC), *The Vicarious Trauma Toolkit*, https://ovc.ojp.gov/program/vtt/what-is-vicarious-trauma

victim service providers and first responders. The VTT also introduces the roles and responsibilities of organizations in addressing the negative impact of this occupational challenge on their employees.

While individuals respond to vicarious trauma in a number of ways, ***a change in their world-view is considered inevitable***—people can either become more cynical or fearful, or they can become more appreciative of what they have, or both. Responses to vicarious trauma can be negative, neutral, or positive; can change over time; and can vary from individual to individual, particularly with prolonged exposure. The chart below illustrates the VTT Model.



- Vicarious traumatization is a ***negative*** reaction to trauma exposure and includes a range of psychosocial symptoms. (In the VTT, the term “vicarious traumatization” is used broadly to include other related terms such as secondary traumatic stress (STS), compassion fatigue (CF), and critical incident stress (CIS). These terms, often used interchangeably, have distinct and overlapping definitions, as illustrated in the Glossary of Terms.)
- A ***neutral*** reaction signifies the ways that an individual's resilience, experiences, support, and coping strategies manage the traumatic material, not that it has no effect.
- Vicarious resilience and vicarious transformation are newer concepts reflecting the ***positive*** effects of this work. For instance, individuals may draw inspiration from a victim’s resilience that strengthens their own mental and emotional

fortitude. Just as victims can be transformed in positive ways by their trauma, so can victim service providers and first responders.

- Compassion satisfaction reflects the sense of meaning that is gained from working in the fields of victim services and first responders. Such positive outcomes can motivate and, in turn, protect against the negative effects of trauma exposure.

Who Is at Risk of Being Affected by Vicarious Trauma?

Anyone working with survivors of trauma and violence is at risk of being negatively impacted by the varied effects of vicarious trauma. Factors that may make employees or volunteers more vulnerable to this occupational risk include—

- prior traumatic experiences;
- social isolation, both on and off the job;
- a tendency to avoid feelings, withdraw, or assign blame to others in stressful situations;
- difficulty expressing feelings;
- lack of preparation, orientation, training, and supervision in their jobs;
- being newer employees and less experienced at their jobs;
- constant and intense exposure to trauma with little or no variation in work tasks; and
- lack of an effective and supportive process for discussing traumatic content of the work.

What Are Some Common Negative Reactions to Vicarious Trauma?

Each individual may experience the effects of vicarious trauma differently. Some of the potential negative reactions include, but are not limited to—

- difficulty managing emotions;
- feeling emotionally numb or shut down;
- fatigue, sleepiness, or difficulty falling asleep;

- physical problems or complaints, such as aches, pains, and decreased resistance to illness;
- being easily distracted, which can increase one's risk of accidents;
- loss of a sense of meaning in life and/or feeling hopeless about the future;
- relationship problems (e.g., withdrawing from friends and family, increased interpersonal conflicts, avoiding intimacy);
- feeling vulnerable or worrying excessively about potential dangers in the world and loved ones' safety;
- increased irritability; aggressive, explosive, or violent outbursts and behavior;
- destructive coping or addictive behaviors (e.g., over/under eating, substance abuse, gambling, taking undue risks in sports or driving);
- lack of or decreased participation in activities that used to be enjoyable;
- avoiding work and interactions with clients or constituents; and
- a combination of symptoms that comprise a diagnosis of Posttraumatic Stress Disorder (PTSD).

Suggestions for Coworkers

If you believe a coworker might be experiencing negative reactions to vicarious trauma, consider—

- reaching out and talking to them individually about the impact of the work;
- helping them establish a consistent work-to-home transition that creates an important boundary and safe place outside the workplace;
- encouraging them to attend to the basics—sleep, healthy eating, hygiene, and exercise;
- supporting connections with family, friends, and coworkers;

- referring them to organizational supports such as a peer support team, employee assistance program, or chaplain; and
- encouraging them to discuss their experience with their supervisor.

Suggestions for Supervisors

The VTT includes a number of suggestions for supervisors of individuals who may be experiencing vicarious trauma, including—

- discussing vicarious trauma as part of supervision;
- allowing flexible work schedules, recognizing the need for and protecting down time, while staying attuned to the possibility of withdrawal or isolation;
- creating time and a physical space at work for reflection through reading, writing, prayer, and meditation, among other activities; and
- referring to therapeutic and professional assistance, when appropriate.

Suggestions for Family Members

Family members of victim service providers and first responders are also often affected by work-related trauma exposure. In addition to the suggestions offered above, consider these additional ways to address your own needs and those of your family:

- Share your concerns and develop supportive strategies with your loved one.
- Do your best not to take your loved one's reactions personally; remind yourself that what your loved one may be experiencing is related to the job, not you.
- Maintain daily life routines (predictability helps).
- Stay connected with family and friends.
- Discuss the demands of your loved one's job and its impact with other family members, including responding to children's questions in an age-appropriate manner.
- Take time to engage in social, creative, and self-care activities such as reading, writing, prayer, and meditation.
- Seek therapeutic or professional assistance, when needed.

Guidelines for the prevention and management of vicarious trauma among researchers of sexual and intimate partner violence. (2015). Sexual Violence Research Initiative. Pretoria: South Africa.

Retrieved from: https://svri.org/sites/default/files/attachments/2016-06-02/SVRIVTguidelines.pdf

What is Vicarious Trauma?

'Trauma does not have to occur by abuse alone...' (Brown, 2011)

[55]Researchers and others involved in the area of sexual and intimate partner violence are often required to listen to, or are exposed to, deeply personal accounts of participants' experiences of violence. Working with, and listening to traumatic accounts of sexual violence can carry a significant emotional cost (Figley 1995[56]; Morrison 2007[57]; Theidon 2014). As researchers, we aim to understand the impact of sexual and interpersonal violence on the lives of participants, and we want to know more about participants' thoughts, feelings and behaviors. Emotional engagement is a tool we use to gather such information. Listening to explicit accounts of a traumatic event or having explicit knowledge of an event may cause stress, to varying degrees (American Psychiatric Association 2000)[58].

Bearing witness to survivors' stories, and engaging with their stories emotionally and with empathy - whilst essential skills for researchers - can create similar responses in researchers as have previously been reported by trauma workers such as counsellors, therapists and other caregivers (Coles, Astbury et al. 2014)[59]. These responses may place researchers at risk of vicarious trauma. Pearlman and Saakvitne describes 'vicarious traumatisation' (Pearlman and Saakvitne 1995)[60] as, 'a transformation in the therapist's (or other trauma worker's) inner experience resulting from empathic engagement with the client's trauma material.'

Vicarious trauma is the result of being exposed and empathically listening to stories of trauma, suffering and violence, caused by humans to other humans (Pearlman and Saakvitne 1995)[56]. The trauma response may worsen with repeated exposure to traumatic material. Repeated exposure to traumatic interview material is an unavoidable

[55] Guidelines for the prevention and management of vicarious trauma among researchers of sexual and intimate partner violence. (2015). Sexual Violence Research Initiative. Pretoria: South Africa.
[56] Figley, C. (1995). Compassion fatigue as secondary traumatic stress disorder: an overview. Compassion Fatigue: Coping With Secondary Traumatic Stress Disorder In Those Who Treat The Traumatised. C. Figley. New York, Brunner-Routledge.
[57] Morrison, Z. (2007). 'Feeling heavy': Vicarious trauma and other issues facing those who work in the sexual assault field. ACSSA Wrap. A. I. o. F. Studies. Australia, ISSN 1833-1483 (Print); ISSN 1834-0148 (Online).
[58] American Psychiatric Association (2000). Diagnostic and statistical manual of psychiatric disorders. Washington DC, APA.
[59] Coles, J., J. Astbury, E. Dartnall and S. Limjerwala (2014). "A qualitative exploration of researcher trauma and researchers' responses to investigating sexual violence." Violence Against Women 20(1): 95-117.
[60] Pearlman, L. and K. Saakvitne (1995). Trauma and the therapist: Countertransference and vicarious traumatisation in psychotherapy with incest survivors. New York, W.W. Norton & Company

part of the research process, and vicarious trauma is thought to be a normal process resulting from exposure to such traumatic materials (Campbell 2002[61]; Morrison 2007)[53].

The concept of vicarious trauma has often been used interchangeably in the literature with secondary traumatic stress, compassion fatigue and burn-out (Sexton 1999; Hernandez, Gangsei et al. 2007)[62]. Although the terms overlap with vicarious trauma, these are viewed as distinct concepts in this document and are not addressed within the scope of these Guidelines (definitions of these different concepts are provided in the section Key Terms and Concepts).

> ’Even those who study rape can become emotionally affected by bearing witness to the devastating impact of this crime’
> *Campbell and Wasco 2005*

Impact of Vicarious Trauma

‘Experiencing some of the worst aspects of human nature on a daily basis and over time can have a variety of effects on a professional, including low self-esteem, emotional numbing, cynicism, and loss of confidence.’ (NSPCC 2013)[63].

Vicarious trauma can have a range of effects on professionals, many of which are similar to those experienced by trauma survivors (Morrison, Quadara et al. 2007)[64]. Those working closely with survivors of trauma, particularly survivors of human perpetrated trauma, can be affected in significant ways, including (CME 2011)[65]:

- Post-Traumatic Stress Disorder (PTSD) symptoms (nightmares, intrusive images and thoughts, emotional numbing) and / or depression (hopelessness, depressed mood, despair);
- Alterations in views of themselves, their identity, their society, and the larger world;
- Loss of a sense of personal safety and control;
- Feelings of fear, anger, and being overwhelmed;
- Feelings of guilt and/or diminished confidence in capacities and frustration with the limits of what one can do to improve a situation;
- Increased sensitivity to violence;
- Altered sensory experiences, such as symptoms of dissociation;
- Loss of ability to trust other individuals and institutions;

[61] Campbell, R. (2002). Emotionally Involved: The impact of researching rape. London, Routledge.
[62] Hernandez, P., D. Gangsei and D. Engstrom (2007). “Vicarious resilience: a new concept in work with those who survive trauma.” Fam Process 46(2): 229-241.
[63] NSPCC (2013). Vicarious trauma: the consequences of working with abuse. . NSPCC research briefing. . N. S. f. t. P. o. C. t. Children.
[64] Morrison, Z., A. Quadara and C. Boyd (2007) ““Ripple effects” of sexual assault.” ACSSA Issues 7
[65] CME. (2011). “ Vicarious Trauma and Resilience. Course #6662.” from www.NetCe.com.

- Inability to empathize with others;
- Social withdrawal;
- Disconnection from loved ones;
- Inability to be emotionally and / or sexually intimate with others;
- Lack of time or energy for oneself;
- Changes in spirituality and belief systems;
- Cynicism;
- Loss of self-esteem and sense of independence; and
- Minimizing the experience of vicarious trauma as trivial compared to the problems of respondents.

Vicarious Trauma and the Socio-Ecological Model

The Guidelines apply an adapted version of the socio-ecological model for violence against women (Heise 1998)[66] to help explore potential risk and protective factors related to vicarious trauma. This model allows us to address factors at multiple levels, which determine and reinforce each other, and that place researchers at risk of experiencing vicarious trauma. The model also discusses strategies for its prevention and timely response.

Table 1: Applying the Socio-Ecological Model to Vicarious Trauma and Conducting Research on Sexual and Intimate Partner Violence

Level	Risk Factors	Protective Factors
Organizational	• Institutions that tolerate or fail to respond to vicarious trauma (Rosenbloom, Pratt et al. 1995). • Stigma associated with experiencing trauma as a result of a workplace /research-related experience	• Institutions recognize and actively put in place strategies for vicarious trauma. • Self-care valued and included in organisational policies and training. • Organisational culture that fosters

[66] Heise, L. L. (1998). "Violence against women: an integrated, ecological framework." Violence Against Women 4(3): 262-290.

	(Urquiza, Wyatt et al. 1997, Richardson 2001). • Lack of 'space' or support for self-care (Yassen 1995)	team work and provides space and time for debriefing and self-care (Rosenbloom, Pratt et al. 1995, Regehr and Cadell 1999, Richardson 2001).
Project	• Exposure to research-related violence directed at the researcher while undertaking field or project work (Coles, Astbury et al. 2014). • No safety planning or recognition of the need to address vicarious trauma in project plans and research protocols. • Working in places with limited services and support for survivors (Social Research Association 2006, Coles, Dartnall et al. 2010). • Working in isolation (Ellsberg and Heise 2005, Pearlman and McKay 2008).	• Researcher safety is built into project design (Social Research Association 2006). Researchers trained to recognise stress, how to manage it, and how to access supportive supervision and trauma counselling (Coles, Astbury et al. 2014). • Team approach to debriefing and consistent check-ins with managers and colleagues (Hatcher, Porter et al. 2015). • Connection to other projects working on violence-related issues (Hatcher, Porter et al. 2015).
Individual	• Young age and inexperience. • Personal coping	• Recognition of importance of self-care.

	styles . • Lack of support (family / friends / colleagues). • Personal history and exposure to violence (Bloom 2003). • Previous exposure to research-related vicarious trauma that was unaddressed or stigmatised (Hatcher, Porter et al. 2015).	• Recognition and understanding of the impact of researching sexual and intimate partner violence on health and well-being. • Knowledge of what to do and where to access support if needed. • Belief that research will be used for positive change (Coles, Astbury et al. 2014).

Risk and Protective Factors

Risk Factors

At the organizational level

'The values and culture of an organization set the expectations about work' (Bell, Kulkarni et al. 2003)[67].

Risk of vicarious trauma is minimized if organizational culture recognizes that this research can impact the health and well-being of researchers, and organizations have strategies in place to respond to vicarious trauma. Institutions that tolerate and / or do not respond to vicarious trauma at a policy level increase the risk of vicarious trauma occurring among their staff (Rosenbloom, Pratt et al. 1995)[68]. By not acknowledging vicarious trauma as a potential outcome of this work, organizations can stigmatize the emotional impact of researching sexual and intimate partner violence,

[67] Bell, H., S. Kulkarni and L. Dalton (2003). "Organizational Prevention of Vicarious Trauma." Families in Society: The Journal of Contemporary Social Services 84(4): 463-470.
[68] Rosenbloom, D., A. Pratt and L. A. Pearlman (1995). Helpers' responses to trauma work: Understanding and intervening in an organization. Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators B. Stamm. Lutherville, MD:Sidran: 65-79.

which then create barriers for accessing help and support (Urquiza, Wyatt et al. 1997; Richardson 2001)[69] as well as promoting the importance of self-care (Yassen 1995).

At the project level

Risks at project level are situated in the physical, social, and cultural settings in which researchers conduct their studies, such as:

- **Insecurity**: Researchers working in post-conflict, conflict areas, or emergency settings, will face severe insecurity for themselves as well as for their research participants (Ford, Mills et al. 2009)[70]. These experiences are not limited to war zones. In countries or areas with extremely high crime rates and/or over-populated areas, it is researchers may experienced victimization or are at risk. This risk needs to be addressed appropriately in order for them to work in optimal ways (World Health Organization and Public Services International 2002; Coles, Astbury et al. 2014)[55].
- **Lack of services:** In many countries, especially in low and middle income countries, health care, and justice services for survivors are limited or even non-existent. Lack of services can be emotionally challenging for the research team, who know that survivors are unlikely to receive adequate assistance and support they require (Social Research Association 2006; Coles, Dartnall et al. 2010)[71].
- **Working in isolation:** Working alone, sometimes in difficult circumstances, in isolated or even insecure areas, and in unfamiliar cultures can increase the risk of vicarious trauma (Ellsberg and Heise 2005[72]; Pearlman and McKay 2008).

> ‘Exposure to violence directed at the researcher while collecting data or undertaking project work was the most significant predictor of high levels of stress after controlling for individual factors such as age, gender and research method’.
>
> Coles, Astbury et al. 2014

At the individual level

Whether interviewing participants or reading transcripts of experiences of sexual and intimate partner violence, all researchers are potentially at risk of experiencing vicarious trauma (Rager 2005)[73]. Individual factors may, however, increase an individual’s vicarious trauma risk.

These include:

[69] Richardson, J. I. (2001). Guidebook on vicarious trauma: Recommended solutions for antiviolence workers. Ottawa, Canada, National Clearinghouse on Family Violence.
[70] Ford, N., E. Mills, R. Zachariah and R. Upshur (2009). “Ethics of conducting research in conflict settings.” Conflict and Health 3(1): 7
[71] Coles, J., E. Dartnall, S. Limjerwala and J. Astbury (2010) “Researcher Trauma, Safety and Sexual Violence Research.” SVRI Briefing Paper.
[72] Ellsberg, M. and L. Heise (2005). Researching violence against women: A practical guide for researchers and activists Washington DC, United States, WHO, PATH.
[73] Rager, K. B. (2005). “Self-Care and the qualitative researcher: When collecting data can break your heart.” Educational Researcher 34(4): 23-27.

- **Empathy:** Having a high level of interpersonal empathy or caring deeply about the work.
- **Age and experience.** Listening for the first time to stories of abuse and violence can affect researchers' opinions and attitudes about humanity, life and their worldview (Jenkins and Baird 2002[74]; Baird and Kracen 2006)[75]. Being young and inexperienced may expose the researcher to greater personal distress because she/he has not yet developed mechanisms to cope with these new world views in their own life (Pearlman and MacIan 1995[76]; Bell, Kulkarni et al. 2003)[63].
- **Lack of training:** Responding to, and knowing how to manage the emotions of respondents may be difficult without training or skills in counselling techniques (Coles, Dartnall et al. 2010)[77]. However, through proactive training to strengthen skills like emotional containment and responding to clients in crisis, researchers can develop successful methods or protecting the well-being of themselves and their respondents (Hatcher, Porter et al. 2015)[78]
- **Gender**: Females are more likely to experience a greater number of trauma like symptoms than males (Tolin & Foa 2006)
- **Own personal history of violence and mental health problems:** Traumatic past life events and mental health conditions such as a pre-existing anxiety disorder or depression may impair an individual's capacity for coping and increase post-traumatic stress symptoms (Lerias and Byrne 2003[79]; Newell and MacNeil 2010)[80]. A personal history of trauma, and in particular child abuse and neglect, places individuals at greater risk as they may find it difficult to adjust to current traumatic events, and/or experience more anxiety than those without such histories (Pearlman and Mac Ian 1995; Brewin, Andrews et al. 2000[81], Cunningham 2003[82]; Lerias and Byrne 2003)[75].
- **Wanting research to make a difference:** The extent to which research findings are taken up by policy makers or make a difference to survivors are often out of the control of an individual researcher. Further, the long time lag between the completion of a research project and the potential implementation and use of research findings can be a source of frustration and stress for researchers.
- **Researcher guilt and discomfort:** Researchers may feel guilty that they are not able to directly assist research participants in spite of their many needs, whilst at the same time researchers personally and professionally benefit from the

[74] Jenkins, S. R. and S. Baird (2002). "Secondary traumatic stress and vicarious trauma: A validational study." Journal of Traumatic Stress 15(5): 423-432.
[75] Baird, K. and A. C. Kracen (2006). "Vicarious traumatization and secondary traumatic stress: A research synthesis." Counselling Psychology Quarterly 19(2): 181-188.
[76] Pearlman, L. and P. MacIan (1995). "Vicarious traumatization: An empirical study of the effects of trauma work on trauma therapists." Professional Psychology, Research and Practice 26(6): 558–565.
[77] Coles, J., E. Dartnall, S. Limjerwala and J. Astbury (2010). Briefing paper: Researcher trauma, safety and sexual violence research, SVRI.
[78] Hatcher, A. M., O. Porter, N. Woollett, C. Pallitto, H. Stockl, T. Palanee, J. MacFarlane and C. Garcia-Moreno (2015). "Adaptation of nurse-led empowerment counseling for South African antenatal clinics: Lessons for clinical training and mentorship." Nursing Network for Violence Against Women International.
[79] Lerias, D. and M. K. Byrne (2003). "Vicarious traumatization: symptoms and predictors." Stress and Health 19: 129–138.
[80] Newell, J. M. and G. A. MacNeil (2010). "Professional Burnout, Vicarious Trauma, Secondary Traumatic Stress, and Compassion Fatigue: A Review of Theoretical Terms, Risk Factors, and Preventive Methods for Clinicians and Researchers." Best Practice in Mental Health 6(2): 57- 68.
[81] Brewin, C., B. Andrews and B. Valentine (2000). "Meta analysis of risk factors for posttraumatic stress disorder in trauma exposed adults " Journal of Consulting and Clinical Psychology 68: 748-766.
[82] Cunningham, M. (2003). "Impact of Trauma Work on Social Work Clinicians: Empirical findings." Social Work 48(14): 451-459.

research data and participants' personal stories of trauma. This conflict and unresolved feelings of guilt can increase researcher stress and may contribute to trauma. (SVRI 2010)

- **Individual coping styles:** How an individual reacts to stress can also influence a person's sense of well-being. For example, active coping styles such as seeking emotional support, and preparation for projects have been associated with lower symptom levels of vicarious trauma, whereas substance misuse, avoidance and disengagement may lead to higher symptom levels (Dunkley and Whelan 2006[83]; Pearlman and McKay 2008)[84].

Protective Factors

At the organizational level

Creating an organizational culture which accepts vicarious trauma as a 'normal' outcome of conducting sexual and intimate partner violence research and offering ways to address it in their work and everyday lives is needed (Bloom 2003)[85]. Such education should begin as early as the job interview during which applicants' own resilience and experience with research on sexual and intimate partner violence and related research is assessed (Urquiza, Wyatt et al. 1997). Coordinators also need to orient, train and supervise research teams on vicarious trauma recognition, risk identification and mitigation (Richardson 2001; Pearlman and McKay 2009). An organizational environment that fosters team interaction and celebration, as well as spaces for debriefing may also lessen the risk of vicarious trauma. (Rosenbloom, Pratt et al. 1995[64]; Regehr and Cadell 1999[86]; Richardson 2001; Hatcher, Porter et al. 2015).

Other organizational strategies to minimize the impact of stress on researchers could include providing access to a trauma-trained counsellor who can offer pre-project, as well as ongoing counselling to interviewers and other research staff (Ellsberg and Heise 2005)[87]. In practice, this can be led by a social worker within the organization or a psychologist external to the organization. Post-project counselling is ideal to settle researchers back into 'normal' life, however, this may not always be feasible as such expenses may not be covered by organizations after a projects end.

At the project level

[83] Dunkley, J. and T. Whelan (2006). " Vicarious traumatization: Current status and future directions." British Journal of Guidance & Counselling 34(1): 107-116.
[84] Pearlman, L. A. and L. McKay (2008). Understanding and addressing vicarious trauma: Online training module four. Pasadena: USA, Headington Institute.
[85] Bloom, S. L. (2003). Caring for the caregiver: Avoiding and treating vicarious traumatization. Maryland Heights, MO, GW Medical Publishing.
[86] Regehr, C. and S. Cadell (1999). "Secondary trauma in sexual assault crisis work: Implications for therapists and therapy." Canadian Social Work 1(1): 56-63.
[87] Ellsberg, M. and L. Heise (2005). Researching violence against women: A practical guide for researchers and activists Washington DC, United States, WHO, PATH.

Project level planning should start with incorporating researcher safety into the project design (Social Research Association 2006). This involves considering the benefits and risk of various research methods for gathering data and alternative methods of data collection should researcher risk outweigh the scientific merit of the methodology. It may also involve limiting exposure to traumatic material by varying and balancing the workload (Social Research Association 2006). Examples may include: rotating job responsibilities so interviewers have a break from listening to victim or perpetrator stories; researchers working in teams, so team members can temporarily shift from field interviews to quality control, driving, data entry, clerical and/or administrative tasks.

Preparation and training on the impact of sexual and intimate partner violence research and exploring ways in which to reduce stress should be undertaken before fieldwork starts, in addition to standard methods training (Abraham 1998; World Health Organization 2001)[88]. Researchers should be trained to recognise when they are stressed, and how to cope with these stressors, including how to access supportive supervision and trauma counselling when needed (Coles, Astbury et al. 2014).

Other researcher trauma mitigation strategies may include: capping the number of interviews researchers undertake per day; making sure researchers take adequate breaks between interviews; devising brief strategies for returning to balance (such as progressive muscle relaxation or deep breathing); balancing trauma research workload with other activities; limiting exposure to traumatic experiences and recognizing the increased risk of vicarious trauma of doing research in one's own communities. These are important precautions to minimize personal risk of experiencing trauma-like symptoms (Chrestman 1995[89]; Pearlman and Saakvitne 1995[56]; SVRI 2010).

Confidential team meetings to specifically address the emotional impact of undertaking research should also form part of a researcher safety strategy. These meetings, similar to a 'self-help group', should be separate from meetings for reviewing technical aspects of the research. The goal is to reduce the stress of the fieldwork and prevent any negative consequences that may arise from it. Scheduling weekly sessions are particularly encouraged to meet the needs of most research teams (Ellsberg and Heise 2005)[68].

It is important for research managers to be aware of signs of 'burnout', and where indicated, to take immediate steps to address this.

At the individual level

[88] Abraham, S. (1998). "Sexuality and reproduction in bulimia nervosa patients over 10 years." Journal of Psychosomatic Research 44(3/4): 491-502.
[89] Chrestman, K. R. (1995). Secondary exposure to trauma and self reported distress among therapists Lutherville, MD, Sidran Press.

Key components to a vicarious trauma prevention strategy include: ensuring current and prospective staff members researching sexual and intimate partner violence are aware of individual factors that may increase the risk of vicarious trauma; and are aware of early warning signs of stress and the importance of maintaining emotional and psychological well-being (Rager 2005' [69]; Coles, Dartnall et al. 2010)[73].

G. Burn Out

Depression: What is Burnout?

Retrieved from: InformedHealth.org [Internet]. Cologne, Germany: Institute for Quality and Efficiency in Health Care (IQWiG); 2006-. Depression: What is burnout? [Updated 2020 Jun 18]. Available from: https://www.ncbi.nlm.nih.gov/books/NBK279286/

[90]The term "burnout" was coined in the 1970s by the American psychologist Herbert Freudenberger. He used it to describe the consequences of severe stress and high ideals in "helping" professions. Doctors and nurses, for example, who sacrifice themselves for others, would often end up being "burned out" – exhausted, listless, and

[90] InformedHealth.org [Internet]. Cologne, Germany: Institute for Quality and Efficiency in Health Care (IQWiG); 2006-. Depression: What is burnout? [Updated 2020 Jun 18]. Available from: https://www.ncbi.nlm.nih.gov/books/NBK279286/

unable to cope. Nowadays, the term is not only used for these helping professions, or for the dark side of self-sacrifice. It can affect anyone, from stressed-out career-driven people and celebrities to overworked employees and homemakers.

Surprisingly, experts don't always agree on what burnout actually is. This has consequences: Because it’s not exactly clear what burnout is and how it can be diagnosed, it's also not possible to say how common it is.

Exhaustion or Burnout?

A stressful lifestyle can put people under extreme pressure, to the point that they feel exhausted, empty, burned out, and unable to cope. Stress at work can also cause physical and mental symptoms. Possible causes include feeling either permanently overworked or under-challenged, being under time pressure, or having conflicts with colleagues. Extreme commitment that results in people neglecting their own needs may also be at the root of it. Problems caused by stress at work are a common reason for taking sick leave. If someone has problems at their workplace, changes in their working environment can already make a positive difference. For people who can no longer cope with the stress of caring for ill relatives, more concrete support can help to improve their situation.

Exhaustion is a normal reaction to stress, and not necessarily a sign of disease. So does burnout describe a set of symptoms that is more than a "normal" reaction to stress? And how is it different from other mental health problems?

What are the signs and symptoms of burnout?

All definitions of burnout given so far share the idea that the symptoms are thought to be caused by work-related or other kinds of stress. One example of a source of stress outside of work is caring for a family member.

There are three main areas of symptoms that are considered to be signs of burnout:

- **Exhaustion:** People affected feel drained and emotionally exhausted, unable to cope, tired and down, and don't have enough energy. Physical symptoms include things like pain and gastrointestinal (stomach or bowel) problems.
- **Alienation from (work-related) activities:** People who have burnout find their jobs increasingly stressful and frustrating. They may start being cynical about their working conditions and their colleagues. At the same time, they may

increasingly distance themselves emotionally, and start feeling numb about their work.

- **Reduced performance:** Burnout mainly affects everyday tasks at work, at home or when caring for family members. People with burnout are very negative about their tasks, find it hard to concentrate, are listless and lack creativity.

How is burnout diagnosed?

There are various questionnaires for self-assessment. But because there's no generally accepted definition of burnout, it isn't clear whether questionnaires can actually "measure" burnout and distinguish it from other illnesses. The most common questionnaire is the "Maslach Burnout Inventory" (MBI), which is available for different professional groups. But this questionnaire was originally developed for research purposes, not for use by doctors.

Online questionnaires on the risk of burnout aren't suitable for determining whether someone has burnout or whether the symptoms are caused by something else. The symptoms that are said to be a result of burnout can generally also have other causes, including mental or psychosomatic illnesses like depression, anxiety disorders or chronic fatigue syndrome. But physical illnesses or certain medications can cause symptoms such as exhaustion and tiredness too. So it's important to consider other possible causes first together with a doctor, and not to conclude you have burnout straight away

What is the difference between burnout and depression?

Certain symptoms that are considered to be typical for burnout also occur in depression. These include

- extreme exhaustion,
- feeling down, and
- reduced performance.

Because the symptoms are similar, some people may be diagnosed with burnout although they really have depression. So, it is important to not (self-) diagnose burnout too quickly. Doing so could lead to the wrong treatment: For instance, advising someone with depression to take a long vacation or time off work. People who are

“only” exhausted because of work can recover if they follow that advice. But if people with depression do so it might actually make things worse because the kind of help they need is very different, such as psychological treatment or medication.

Some characteristics of burnout are very specific, though. For instance, in burnout most of the problems are work-related. In depression, negative thoughts and feelings aren’t only about work, but about all areas of life. Other typical symptoms of depression include

- low self-esteem,
- hopelessness and
- suicidal tendencies (thinking about killing yourself).

These aren't regarded as typical symptoms of burnout. So people with burnout don’t always have depression. But burnout may increase the risk of someone getting depression.

H. Physician’s Burnout

Physician Burnout. Agency for Healthcare Research and Quality, Rockville, MD.

Retrieved from: https://www.ahrq.gov/prevention/clinician/ahrq-works/burnout/index.html

[91]The health care environment—with its packed work days, demanding pace, time pressures, and emotional intensity—can put physicians and other clinicians at high risk for burnout. Burnout is a long-term stress reaction marked by emotional exhaustion, depersonalization, and a lack of sense of personal accomplishment.

In recent years, the rising prevalence of burnout among clinicians (over 50 percent in some studies) has led to questions on how it affects access to care, patient safety, and care quality. Burned-out doctors are more likely to leave practice, which reduces patients’ access to and continuity of care. Burnout can also threaten

[91] Physician Burnout. Agency for Healthcare Research and Quality, Rockville, MD., https://www.ahrq.gov/prevention/clinician/ahrq-wo

patient safety and care quality when depersonalization leads to poor interactions with patients and when burned-out physicians suffer from impaired attention, memory, and executive function.

Since 2001, AHRQ has been investing in major projects that examine the effects of working conditions on health care professionals' ability to keep patients safe while providing high-quality care. This research is part of the Agency's ongoing efforts to develop evidence-based information aimed at improving the quality of the U.S. health care system by making care safer for patients and improving working conditions for clinicians.

This research on work conditions, clinician reaction (including satisfaction and burnout), and patient outcomes over the past 15 years has allowed us to make concrete recommendation to health systems on how to build healthier workplaces for providers and patients."

Mark Linzer, M.D.
Hennepin County Medical Center, Minneapolis, MN

Figure 1. Causes of clinician burnout

One AHRQ-funded project, the MEMO—Minimizing Error, Maximizing Outcome—Study (AHRQ grant HS11955), found that more than half of primary care physicians report feeling stressed because of time pressures and other work conditions. Researchers surveyed 422 family physicians and general internists who worked in 119 ambulatory care clinics and surveyed 1,795 patients from these clinics and reviewed their medical records for information on care quality and medical errors. More than half of the physicians reported experiencing time pressures when conducting physical examinations. Nearly a third felt they needed at least 50 percent more time than was allotted for this patient care function. In addition, nearly a quarter said they needed at least 50 percent more time for follow-up appointments.

Work conditions, such as time pressure, chaotic environments, low control over work pace, and unfavorable organizational culture, were strongly associated with physicians' feelings of dissatisfaction, stress, burnout, and intent to leave the practice. However, physicians' reactions to these work conditions were not consistently associated with quality of patient care. The investigators' interpretation was that, although physicians are affected by work conditions, their reactions do not translate into poorer quality care because the physicians act as buffers between the work environment and patient care. When lower quality care was seen, the investigators found it was the organization that burned doctors out that led to lower quality care, rather than the burned-out doctors themselves.

The MEMO study also found that the hope that electronic health records (EHRs) in the workplace would reduce stress has not been realized; in fact, implementation of an EHR can contribute to burnout. Researchers found that practices that implemented electronic health records saw in increase in stress as EHR use matured and then a decrease, but stress did not return to the baseline. Additionally, fully mature EHR systems, especially with shorter visits, were associated with physician stress, burnout, and intent to leave the practice. Another study, MS Squared—Minimizing Stress, Maximizing Success of the EHR (AHRQ grant HS22065)—of 400 doctors is currently identifying the amount of EHR-related burnout in practices, EHR-related stressors, and solutions for mitigating this stress.

"Physician friendly" and "family friendly" organizational settings also seem to result in greater physician well-being, according to an AHRQ-funded study involving a national sample of 171,000 primary care doctors. Doctors also fare better in organizations where they are not compensated for individual productivity, are not under time stress, have more control over clinical issues, and are able to balance family life with their work. (AHRQ grant HS00032)

Interventions

Figure 2. Promising interventions for clinician burnout

AHRQ-funded research led to a new measure of burnout and the identification of several interventions that can potentially mitigate it. AHRQ grantee Mark Linzer, M.D., FACP, of Hennepin County Medical Center in Minneapolis, MN, created the Mini Z Burnout Survey that lets practices take a quick temperature of how much stress and burnout they are experiencing and what might be causing it. Linzer's work is included in the American Medical Association's Steps Forward evidence-based module on burnout prevention for doctors and practices, created by Hennepin, the American Medical Association, and the American College of Physicians.

The AHRQ-funded Healthy Work Place Study (AHRQ grant HS18160), a cluster randomized trial of 166 physicians, nurse practitioners, and physician assistants in 34

primary care clinics, had clinicians select from a list of interventions from three categories that addressed improving communication, changing workflow, or addressing clinician concerns via quality improvement projects. Each of these categories of interventions led to improvements in some clinician outcomes, suggesting that a range of interventions that directly address clinicians' perceptions and concerns can be effective.

Some of the interventions on the list included—

- Scheduling monthly provider meetings focused on work life issues or clinical topics after surveying staff members on which topics to address.
- Enhancing team functioning through diabetes and depression screening quality improvement projects to engage office staff, enhance team work, and reduce the pressure on physicians to be responsible for all aspects of care.
- Having medical assistants enter patient data into electronic health records, track forms, and send faxes to give doctors more face-to-face time with patients.

Implementing a Patient-Centered Medical Home can also improve physician satisfaction and reduce burnout. An AHRQ study of 26 clinics in a health system found that reducing the physician panel size to 1,800 patients, increasing flexibility for longer patient visits, reducing the number of face-to-face visits per day, and increasing care team staffing improved work satisfaction and burnout rates. The percentage of staff reporting that they were "extremely satisfied" with their workplace increased from 38.5 percent at baseline to 42.2 percent at follow up, and rates of reported burnout decreased from 32.7 to 25.8 percent after implementing the Patient-Centered Medical Home. (AHRQ grant HS19129)

Additional interventions that need further testing but may be able to assist in reducing burnout are—

- Creating standing order sets.
- Providing responsive information technology support.
- Reducing required activities.
- Providing time in the workday and workflow to complete required documentation tasks and enter data into the electronic health record.
- Offering flexible or part-time work schedules.
- Having leaders model and support work-home balance.
- Hiring floating clinicians to cover unexpected leave.

- Building workplace teams that address work flow and quality measures.
- Ensuring values align between clinicians and leaders.

Finally, AHRQ's EvidenceNOW: Advancing Heart Health in Primary Care initiative is studying how best to provide external quality improvement support to small- and medium-sized primary care practices to advance heart heath, while also building the capacity of primary care practices to incorporate evidence into care delivery. Recent preliminary findings from ESCALATES, the EvidenceNOW national evaluator, indicate that more than one quarter of the physicians in the small- and medium-sized primary care practices participating in EvidenceNOW are experiencing moderate to severe levels of burnout. In addition, more than 20 percent of nurse practitioners, physician assistants, and other clinical staff reported being burned out. Of note, rural clinicians reported the highest rates of burnout. Through tailored practice facilitation that responds to the needs and challenges of individual practices, EvidenceNOW is working to increase primary care professionals' workplace satisfaction and to reduce levels of burnout. Early findings from across the EvidenceNOW cooperatives suggest that EvidenceNOW interventions are having a positive impact and creating healthier workplaces.

Conclusion

Burnout takes a toll on physicians, their patients, and their practices. Short visits, complicated patients, lack of control, electronic health record stress, and poor work-home balance can lead to physicians leaving practices they once loved, poor patient outcomes, and shortages in primary care physicians. AHRQ's extensive body of research findings clearly demonstrate what causes burnout and offers a starting point for interventions on how it can be reversed.

Chapter 2

A. Occupational Health

Stress at the Workplace

Retrieved from: https://www.who.int/occupational_health/topics/stressatwp/en/

What is a healthy job?

[92]A healthy job is likely to be one where the pressures on employees are appropriate in relation to their abilities and resources, to the amount of control they have over their work, and to the support they receive from people who matter to them. As health is not merely the absence of disease or infirmity but a positive state of complete physical, mental and social well-being (WHO, 1986), a healthy working environment is one in which there is not only an absence of harmful conditions but an abundance of health-promoting ones.

These may include continuous assessment of risks to health, the provision of appropriate information and training on health issues and the availability of health promoting organizational support practices and structures. A healthy work environment is one in which staff have made health and health promotion a priority and part of their working lives.

What is work-related stress?

- Work-related stress is the response people may have when presented with work demands and pressures that are not matched to their knowledge and abilities and which challenge their ability to cope.
- Stress occurs in a wide range of work circumstances but is often made worse when employees feel they have little support from supervisors and colleagues, as well as little control over work processes.
- There is often confusion between pressure or challenge and stress and sometimes it is used to excuse bad management practice.

Pressure at the workplace is unavoidable due to the demands of the contemporary work environment. Pressure perceived as acceptable by an individual, may even keep workers alert, motivated, able to work and learn, depending on the available resources and personal characteristics. However, when that pressure becomes excessive or otherwise unmanageable it leads to stress. Stress can damage an employees' health and the business performance.

[92] World Health Organization, Occupational Health: Stress at the Workplace, 2020, https://www.who.int/news-room/q-a-detail/ccupational-health-stress-at-the-workplace

Work-related stress can be caused by poor work organization (the way we design jobs and work systems, and the way we manage them), by poor work design (for example, lack of control over work processes), poor management, unsatisfactory working conditions, and lack of support from colleagues and supervisors.
Research findings show that the most stressful type of work is that which values excessive demands and pressures that are not matched to workers' knowledge and abilities, where there is little opportunity to exercise any choice or control, and where there is little support from others.

Employees are less likely to experience work-related stress when - demands and pressures of work are matched to their knowledge and abilities - control can be exercised over their work and the way they do it - support is received from supervisors and colleagues - participation in decisions that concern their jobs is provided.

What are stress-related hazards at work?

Stress related hazards at work can be divided into work content and work context.
Work contents includes - job content (monotony, under-stimulation, meaningless of tasks, lack of variety, etc) - work load and work pace (too much or too little to do, work under time pressure, etc.) - working hours (strict or inflexible, long and unsocial, unpredictable, badly designed shift systems) - Participation and control (lack of participation in decision-making, lack of control over work processes, pace, hours, methods, and the work environment)

Work context includes - career development, status and pay (job insecurity, lack of promotion opportunities, under- or over-promotion, work of 'low social value', piece rate payment schemes, unclear or unfair performance evaluation systems, being over- or under-skilled for a job) - role in the organization (unclear role, conflicting roles) - interpersonal relationships (inadequate, inconsiderate or unsupportive supervision, poor relationships with colleagues, bullying/harassment and violence, isolated or solitary work, etc) -organizational culture (poor communication, poor leadership, lack of behavioral rule, lack of clarity about organizational objectives, structures and strategies) - work-life balance (conflicting demands of work and home, lack of support for domestic problems at work, lack of support for work problems at home, lack of organizational rules and policies to support work-life balance)

Work-related stress : scientific evidence-base of risk factors, prevention and cost

Work-related stress is still an evasive concept to many, although the topic is covered in hundreds of papers published every year. The seminar will focus on the main evidence of risk factors extracted from existing research, as concerns in particular work-related stress interventions and related costs. The presentation will provide an overview of the vast amount of knowledge we already have.

Recognition and respect at work: a fundamental human need

Being respected and appreciated by significant others is one of the most fundamental human needs. Consequently, people go to great pain to gain acceptance and approval. Recent research in the domain of occupational health psychology shows that many stressful experiences are linked to being offended – for instance, by being offended or ridiculed, by social exclusion, by social conflict, by illegitimate tasks. Such experiences of being treated in an unfair manner constitute an “Offence to Self”, and this may have quite far reaching consequences in terms of health and well-being. Conversely, being appreciated is one of the most important factors that increases motivation and satisfaction as well as health and well-being. The presentation below covers examples from recent research and draws conclusions concerning the many ways in which appreciation and respect (or lack thereof) can be communicated and how this knowledge can be useful for prevention in the field of health and well-being.

B. Work Stress

Retrieved from:
https://www.who.int/occupational_health/publications/pwh3rev.pdf?ua=1

What is work stress?

[93]Work-related stress is the response people may have when presented with work demands and pressures that are not matched to their knowledge and abilities and which challenge their ability to cope.

Stress occurs in a wide range of work circumstances but is often made worse when employees feel they have little support from supervisors and colleagues and where they have little control over work or how they can cope with its demands and pressures.

There is often confusion between pressure or challenge and stress and sometimes it is used to excuse bad management practice.

[93] Protecting Workers' Health Series No. 3, Work Organization Stress, Systematic Problem Approaches for Employers, Managers, and Trade Union Representatives, https://www.who.int/occupational_health/publications/pwh3rev.pdf?ua=1

Pressure at the workplace is unavoidable due to the demands of the contemporary work environment. Pressure perceived as acceptable by an individual, may even keep workers alert, motivated, able to work and learn, depending on the available resources and personal characteristics. However, when that pressure becomes excessive or otherwise unmanageable it leads to stress. Stress can damage your workers' health and your business performance.

Stress results from a mismatch between the demands and pressures on the person, on the one hand, and their knowledge and abilities, on the other. It challenges their ability to cope with work. This includes not only situations where the pressures of work exceed the worker's ability to cope but also where the worker's knowledge and abilities are not sufficiently utilized and that is a problem for them.

A healthy job is likely to be one where the pressures on employees are appropriate in relation to their abilities and resources, to the amount of control they have over their work, and to the support they receive from people who matter to them. As health is not merely the absence of disease or infirmity but a positive state of complete physical, mental and social well-being (WHO, 1986), a healthy working environment is one in which there is not only an absence of harmful conditions but an abundance of health promoting ones.

These may include continuous assessment of risks to health, the provision of appropriate information and training on health issues and the availability of health promoting organizational support practices and structures. A healthy work environment is one in which staff have made health and health promotion a priority and part of their working lives.

What causes work stress?

Poor work organization, that is the way we design jobs and work systems, and the way we manage them, can cause work stress. Excessive and otherwise unmanageable demands and pressures can be caused by poor work design, poor management and unsatisfactory working conditions. Similarly, these things can result in workers not receiving sufficient support from others or not having enough control over their work and its pressures.

Research findings show that the most stressful type of work is that which values excessive demands and pressures that are not matched to workers' knowledge and abilities, where there is little opportunity to exercise any choice or control, and where there is little support from others. The more the demands and pressures of work are matched to the knowledge and abilities of workers, the less likely they are to experience work stress.

The more support workers receive from others at work, or in relation to work, the less likely they are to experience work stress. The more control workers have over their work and the way they do it and the more they participate in decisions that concern their jobs, the less likely they are to experience work stress.

Most of the causes of work stress concern the way work is designed and the way in which organizations are managed. Because these aspects of work have the potential for causing harm, they are called 'stress-related hazards'. The literature on stress generally recognizes nine categories of stress-related hazards and these are listed in Table I. One should keep in mind, though, that some of these hazards may not be universal or may not be considered harmful in specific cultures.

Table I: Stress-related Hazards

Work Content:

Job Content

- Monotonous, under-stimulating, meaningless tasks
- Lack of variety
- Unpleasant tasks
- Aversive tasks

Workload and Work pace

- Having too much or too little to do
- Working under time pressures Working Hours
- Strict and inflexible working schedules
- Long and unsocial hours

- Unpredictable working hours
- Badly designed shift systems

Participation and Control

- Lack of participation in decision making
- Lack of control (for example, over work methods, work pace, working hours and the work environment)

Career Development, Status and Pay

- Job insecurity
- Lack of promotion prospects
- Under-promotion or over-promotion
- Work of ‘low social value’
- Piece rate payments schemes
- Unclear or unfair performance evaluation systems
- Being over-skilled or under-skilled for the job

Role in the Organization

- Unclear role
- Conflicting roles within the same job
- Responsibility for people
- Continuously dealing with other people and their problems Interpersonal Relationships
- Inadequate, inconsiderate or unsupportive supervision
- Poor relationships with co-workers
- Bullying, harassment and violence
- Isolated or solitary work
- No agreed procedures for dealing with problems or complaints

Organizational Culture

- Poor communication
- Poor leadership
- Lack of clarity about organizational objectives and structure

Home-Work Interface

- Conflicting demands of work and home
- Lack of support for domestic problems at work

- Lack of support for work problems at home

The effects of work stress

The effects of work stress on individuals

Stress affects different people in different ways. The experience of work stress can cause unusual and dysfunctional behavior at work and contribute to poor physical and mental health. In extreme cases, long-term stress or traumatic events at work may lead to psychological problems and be conductive to psychiatric disorders resulting in absence from work and preventing the worker from being able to work again.

When under stress, people find it difficult to maintain a healthy balance between work and nonwork life. At the same time, they may engage in unhealthy activities, such as smoking drinking and abusing drugs. Stress may also affect the immune system, impairing people's ability to fight infections.

When affected by work stress people may:

- become increasingly distressed and irritable
- become unable to relax or concentrate
- have difficulty thinking logically and making decisions
- enjoy their work less and feel less committed to it
- feel tired, depressed, anxious
- have difficulty sleeping
- experience serious physical problems, such as:
    - heart disease,
    - disorders of the digestive system,
    - increases in blood pressure, headaches,
    - musculo-skeletal disorders (such as low back pain and upper limb disorders)

The effects of work stress on organizations

I f key staff or a large number of workers are affected, work stress may challenge the healthiness and performance of their organization. Unhealthy organizations do not get the best from their workers and this may affect not only their performance in the increasingly competitive market but eventually even their survival.

Work stress is thought to affect organizations by:

- increasing absenteeism
- decreasing commitment to work
- increasing staff turn-over
- impairing performance and productivity
- increasing unsafe working practices and accident rates
- increasing complaints from clients and customers
- adversely affecting staff recruitment
- increasing liability to legal claims and actions by stressed workers
- damaging the organization's image both among its workers and externally

C. Stress-related illnesses

Trauma and Self-Care

Retrieved from: https://www.ohchr.org/Documents/Publications/Chapter12-MHRM.pdf

[94]Like any other work situation, human rights monitoring can expose HROs to different levels of stress. In addition to some of the common factors that lead to stress in the workplace (e.g., heavy workloads, irregular and long hours, negative interpersonal relationships at work, lack of recognition of accomplishments), the nature of human rights monitoring and the difficult circumstances in which it often takes place may take a heavy toll on HROs.

Working in unstable and often insecure environments, HROs may have fears for their personal safety and can be the target of violence. Their work regularly brings them into contact with human suffering and misery. Visits to places of detention, shelters for survivors of human trafficking and villages destroyed by armed violence are deeply marking experiences that can potentially traumatize HROs if not handled properly. Some HROs have also experienced life-threatening situations. Some were stopped at checkpoints and had guns pointed at them; others were caught in crossfire or had to go to work wearing helmets and bulletproof vests while explosions went off around their compound. In many cases, HROs may be working and living far from home and from their social support networks, and have to navigate through these challenges without the close support of their families and friends. The stress and possible trauma caused by these situations are acknowledged and somewhat remedied through the periods of mandatory rest that staff serving in duty stations with recognized levels of hardship must

[94] United Nations Human Rights, Office of the High Commissioner, Manual On Human Rights Monitoring: Chapter 12: Trauma and Self-Care, https://www.ohchr.org/Documents/Publications/Chapter12-MHRM.pdf

take. This is one among several measures that HROs can take to prevent and cope with damaging levels of stress.

What is vicarious trauma?

Vicarious trauma refers to the negative reactions that can occur when hearing about someone else's traumatic experiences. HROs are at risk of vicarious trauma when they interview victims of human rights violations and hear stories of their suffering.

Exposure to a traumatized person's emotions, memories and images can create reactions in HROs that resemble post-traumatic stress disorder (PTSD), including intrusive thoughts or images about things they have heard, hyperarousal and emotional reactivity. There may be other reactions affecting functioning in a broad range of areas. The table below lists the common signs of vicarious trauma. These reactions can come on gradually with repeated exposure to other people's trauma or suddenly after hearing one particular story or experience.

Signs of vicarious trauma
Emotional
• Anxiety • Fear and vulnerability • Depression Despair • Hopelessness • Increased sensitivity to violence • Numbness Grief
Mental
• Nightmares • Intrusive thoughts and images • Changed view of the world as dangerous and threatening • Diminished sense of personal safety • Loss of empathy • Intellectualizing of trauma survivors' experiences • Denial or minimization of survivors' trauma • Overidentification with survivor • Extreme anger towards perpetrators • Detachment from or questioning of spiritual beliefs

- Difficulty concentrating
- Preoccupation with trauma

Behavioral

- Withdrawal
- Problematic use of alcohol or drugs
- Overeating Sexual difficulties, (e.g., avoidance of sex or discomfort with sex and/or intimacy)
- Hypervigilance (e.g., suspicious, guarded or paranoid behavior)

Physical

- Disturbed sleep
- Easily startled
- Rapid heart beat
- Shallow breathing
- Nausea

Vicarious trauma can lead to emotional detachment. Some HROs may create an emotional distance from their work to protect themselves from overwhelming emotions. HROs may begin to disbelieve what they are told by survivors of trauma, either denying outright anything occurred or minimizing the severity and impact.

Vicarious trauma can also result in an overidentification with survivors. HROs may take on responsibility for people they are interviewing, offering financial or other assistance that goes beyond their role. They may come to believe that they are in a unique position to help. HROs may take on the survivor's feelings: helplessness, rage or guilt, for example. For HROs with a personal history of trauma, their work may stir memories.

Some experiences of HROs

Dina worked in Darfur (Sudan), where she used to conduct interviews with victims and witnesses of human rights violations. She remembers vividly the case of a woman who reported having been abducted and tortured by Government forces for being suspected of collaborating with the rebels. During the interview, the woman was deeply distressed and totally overwhelmed by what happened to her. "Throughout the interview, I empathized with her very much", Dina said, "but my feeling of powerless was extremely strong. I felt I could not do anything useful for her although we then managed to refer her to an international NGO for medical support. Thereafter, each time I mentioned or heard her name I could not help crying. It took time for this to stop. The weight and impact of

those emotions come much later. I became sick after I left Darfur. It took me a while to feel I was over what I had experienced there."
Fred has worked in human rights monitoring for many years. He considers he has managed to put a healthy distance between his work and private life. "We normally empathize with survivors of traumatic events but we also have a sort of 'protection shield' to prevent us being dragged into the suffering of the people we meet", he said. However, since becoming a parent he realized it was much more difficult for him to "wear this shield" when he had to deal with cases involving children. He felt a need to talk about all this with his wife and that helped.
Paula remembered two cases that had a strong emotional impact on her. One was that of an 11-year-old girl who together with her family suffered severe forms of sexual violence and was the only survivor of a fire set to her house. The other involved a gay man who was arbitrarily detained and heavily harassed and beaten up by inmates, family members and prison guards because of his sexual orientation. Paula regularly visited him in detention and managed to have him released on a few occasions. However, both the girl and the man ended up committing suicide. "The guilt stays with you", commented Paula. "Seeing colleagues who have been in missions for years turn very cynical, not empathic and only interested in the collection of information made it even more difficult to cope with the situation", she added. "I did not realize I was not well. I was trapped in a vicious circle. I did not manage to switch off. I was answering the phone at all times, day and night." She said she started having anxiety attacks and was diagnosed with burnout by her doctor, who put her on sick leave for several weeks.

D. Acute stress, chronic stress, and burnout

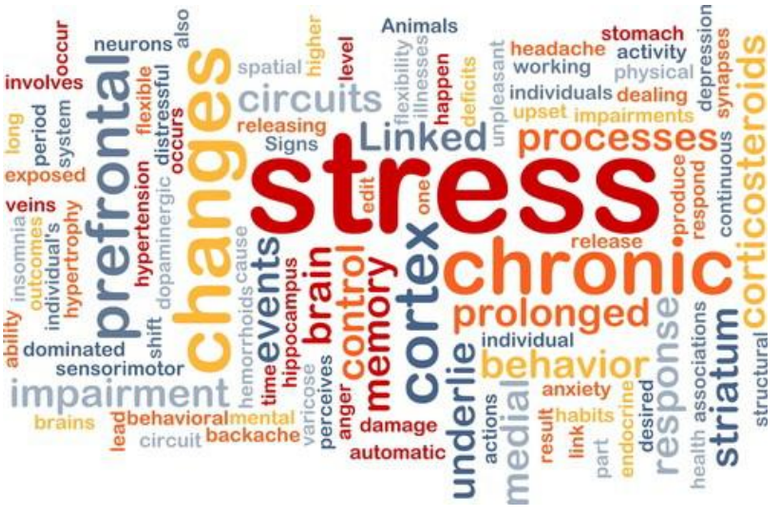
Given the broad range of stressors in modern work environments, it is normal to experience periods of stress. Acute stress is limited in duration, usually brought on by a single or limited number of stressors (e.g., a deadline). It is not inherently harmful. How people react during periods of acute stress is highly individual. What one person finds stressful may not be stressful for another. In general, however, people have more difficulty coping with stressors that are unpredictable and uncontrollable, although this too depends on the nature of the stressor.

People vary also in their resistance to stress and their ability to recover quickly from periods of stress. How well individuals are able to cope with a specific stressor at a particular point in time is related to their overall health and well-being. Lifestyle habits can help in coping with stress. Some of those are:

- Regular exercise

- Healthy diet
- Adequate sleep
- Strong social support
- Absence of illness
- No or controlled use of alcohol.

Chronic stress refers to the build-up of cumulative stressors without an adequate period of rest and recuperation. The stressors themselves may be relatively low-intensity. However, if the individuals do not have time to re-energize, even low-level stressors can become problematic.



Whereas brief periods of stress do little or no damage, chronic stress can have a significant impact on health and well-being.

Chronic stress can cause or exacerbate a multitude of medical and mental health conditions, ranging from high blood pressure to gastrointestinal illnesses to anxiety and depression.

In addition, the more a person is exposed to repeated instances of chronic stress, the more he or she will become sensitive to stressors, including low-intensity stressors. This sensitivity can trigger a vicious circle whereby chronic stress increases as the person becomes increasingly sensitive and less capable of managing stress.

When chronic stress continues and is tied to the job function, burnout can occur. **Burnout** is characterized by emotional exhaustion, depersonalization of the recipients of care and reduced personal accomplishment. While burnout is a form of work stress, when left untreated, it can affect all areas of a person's life. Burnout is more common in human service professions involving emotionally charged interactions, such as those HROs may encounter in the course of their fieldwork. There is some suggestion that burnout can be contagious in a work setting. In addition, working with burned-out colleagues can be demoralizing and difficult.

Sometimes, human rights work can leave individuals feeling drained and overwhelmed. Over time, HROs may withdraw emotionally from the work, creating an emotional distance that protects them from the intense feelings generated by caring for or serving others. Depersonalization may manifest itself as jaded or cynical attitudes towards

victims of human rights violations or more broadly towards the people of the country where the HRO is based. HROs who are burned out may, for instance, find themselves very skeptical of any reports of human rights violations, suggesting that survivors of trauma and witnesses have exaggerated or falsified their claims. HROs who are burned out may also blame survivors for what they have gone through, suggesting that whatever trauma they experienced was their fault or finding fault in their behaviour before, during or after a traumatic event.

While emotionally charged work is more strongly associated with burnout, it is not simply the emotional interactions that contribute to its development. Organizational factors, such as workload, support from management (or lack of), the perceived relevance of one's work (or lack of) and the availability of appropriate resources to carry out the work, contribute greatly to burnout in the workplace.

While people are usually aware of feeling stressed, burnout is often insidious. Often, people are unaware that they have reached a level of burnout that is affecting their work until it is pointed out to them.

Burnout is not inevitable, even in highly demanding, emotionally charged jobs. Professionals who find meaning in their work and believe that their work makes a difference are less likely to experience burnout. Similarly a sense of personal accomplishment protects people against burnout. This sense of personal accomplishment is greatly enhanced by adopting realistic expectations of what can be achieved, taking into account the workload, resources and other relevant factors.

Common signs of burnout
Emotional
• Hopelessness • Depression • Anxiety • Boredom • Irritability
Mental
• Doubts about ability to perform • Disillusionment • Negative outlook • Loss of job satisfaction • Feeling underappreciated • Apathy

- Lack of interest in work
- Poor decision-making and concentration
- Forgetfulness
- Cynical attitude
- Lack of awareness of the change in attitudes and performance

Behavioral

- Absenteeism (frequent absences from work)
- Presenteeism (physically present at work but low motivation and output)
- Withdrawal from team
- Increase in interpersonal conflicts
- Increased use of substances
- Disregarding security rules and regulations
- Risk-taking
- Poor work performance and output

Physical

- Exhaustion
- Chronic pain
- Headaches
- Gastrointestinal problems
- Disrupted sleep

E. Stress management

Stress management is an individual learned behavior as well as an aspect to be integrated in team management. Through commitment and consistent practice, anyone can improve his or her stress management skills. By proactively favoring stress management practices, managers have a major role to play in creating and maintaining a healthy work environment for their staff.

Making self-care a priority

One barrier to adopting good self-care measures is the belief that taking time for oneself is selfish. This attitude may come from within or may reflect an organizational culture. Similarly, believing that being affected by one's work is a sign of weakness can also interfere with plans to engage in regular self-care.

HROs should consider how the organizational culture and their own attitudes affect their willingness to whole-heartedly engage in self-care. Committing to regular self-care and supporting the efforts of colleagues to care for themselves will

go a long way in ensuring longevity in their chosen work.

Make and maintain a commitment to building resilience to stress

Effective stress management begins with a commitment to regularly practicing stress management techniques.

Regular practice creates familiarity and habit. When stress management strategies are habitual, it is much easier to rely on them during periods of stress.

It can be challenging to maintain a commitment to building resilience to stress over time. This commitment can be strengthened by:

- Telling others about one's commitment;
- Writing down the commitment and posting it where it can be seen every day;
- Finding a partner to work with;
- Using a reward system to reinforce continued commitment (e.g., treating oneself at regular intervals); and
- Putting a recurring reminder to practice in an agenda or calendar.

Develop awareness

The next step in building resilience to stress and burnout is to develop awareness of how one responds to stress, which situations trigger the most stress and the inner strengths one already has to respond to stress.

HROs should begin by building a picture of what they look like under stress. How do they experience stress? What emotional, mental, behavioral and physical signs do they present during stress? What are the early warning signs that they are moving towards chronic stress or towards burnout?

The table above listing the common signs of burnout is a starting point. HROs can reflect on past periods of stress and identify how they felt, thought and behaved during

those periods. There are also many self-tests available online to assess stress and burnout (see annex I below).

Reflecting on past periods of stress can also help to identify personal triggers of stress. Each HRO will have his or her own stress triggers. Understanding personal triggers increases the predictability of stressful periods. In anticipating stressful periods, HROs are in a better position to plan. For instance, an HRO may expect that a certain day is going to be very stressful because of the likely presence of a particular stressor. If possible, he or she could then schedule less stressful activities for the day before and the day after. He or she can also take this information into account when planning what to do at the end of the workday.

In addition to understanding vulnerabilities to stress, HROs should recognize their strengths. This would include an inventory of stressors that they handle well, as well as stress management strategies that they have used effectively in the past. This inventory is a starting point for selecting stress management techniques to practice and to learn. By focusing on strengths, HROs will build their confidence to successfully manage periods of high stress.

Set realistic goals

Adopting a healthy lifestyle and outlook can greatly improve one's ability to tolerate stress and to recover from stressful periods. It is important to remember, however, that no stress management strategy is so effective as to eliminate stress altogether. Stress is a part of life. The ability to experience stress is adaptive and healthy. An appropriate goal for stress management is to minimize the debilitating effects of stress and increase the ability to quickly recover from periods of stress.

Being realistic about stress management helps to maintain the motivation to practice. Similarly, setting realistic goals about how often and how much to practice specific stress management techniques makes it easier to adhere to a stress management plan.

The strengths inventory completed in the step above is a good starting point for choosing which strategies to build. It is easier to begin with existing strengths, looking at how to use these strengths more consistently. Next, HROs should choose a few other stress management skills, making sure to pick some skills from each of the categories below. HROs should aim to practice or work on their stress management skills regularly so that they are proficient when a stressful period arises.

As with making a commitment to stress management, it can help to write down or share goals for practice.

Practice stress management skills

The final step is the process of learning, practicing and incorporating stress management skills into daily life.

In identifying specific stress management skills, HROs should consider their strengths, their lifestyle, the time they have to practice, what has worked in the past, what is feasible in their present circumstances and what appeals to them. Devoting time to a few strategies can be more effective than trying to master them all. On the other hand, relying only on one or two strategies may not be sufficient during periods of high stress.

There are numerous skills and activities that can help to reduce stress. One helpful way of thinking about stress management skills is to consider activities that: (a) bolster tolerance to stressors; (b) induce relaxation; or (c) provide an outlet for energy.

Skills that bolster tolerance to stressors help by reducing the likelihood that stress reaches levels affecting one's health. They also help to recover more quickly from stress. Examples are listed below.

HROs may wish to add ideas of their own to this list. Any activity that promotes good health, strong interpersonal ties, healthy self-esteem or a sense of meaning in one's work and life could be added here.

Skills that induce relaxation help the body recover and recuperate and therefore minimize the likelihood of chronic stress and burnout. By allowing the body to cycle between stress and rest, a natural rhythm is restored. Ideally, periods of relaxation should be interspersed throughout the day. These do not have to be long; breathing deeply for a few minutes two or three times a day will give the body and mind brief periods of rest.

HROs may wish to add their own ideas to the examples listed below. Look for activities that are slow and gentle. They send a message of calm and relaxation to the brain.

Skills that provide an outlet for energy help to deal with the excess energy that is generated by stress. Activities that help to use up that energy in a positive way can reduce feelings of stress.

During stress, there is also a tendency to focus exclusively on the source of stress, making it hard to pay attention to other things and to slow the mind down. Stress management can take the form of engaging activities that take the mind away from the source of stress.

The list below provides some examples of stress management skills that will help to get rid of excess energy. HROs can add their own ideas, keeping in mind that the idea is to exert the body sufficiently to relax or to give the mind something else to focus on.

Stress management skills
Bolster tolerance
• Get adequate sleep • Follow a healthy diet • Limit use of alcohol and caffeine • Avoid cigarettes and other drugs • Engage in spiritual or religious activities • Pray • Practice good time management • Be part of a community (religious, social, interest group, political group) • Have a strong social network • Reflect on the positives in your life. Keep a gratitude journal by writing down something you are grateful for every day • Connect to personal values, particularly those values related to work Take note of your own accomplishments • Be aware of your personal limits and respect them • Have realistic expectations of yourself, others and work • Anticipate sources of stress and plan accordingly • Write down one success every day, no matter how small • Write a note reminding yourself of why you wanted to do this kind of work in the first place. Post it somewhere you will see it
Induce relaxation
• Limit work hours • Get a massage • Take time away from work • Be in nature somewhere peaceful • Go for a walk • Listen to music • Look at or create art • Meditate • Do breathing exercises (e.g., diaphragmatic or belly breathing) • Practice yoga, t'ai chi or other slow meditative exercise • Watch a funny film or read funny stories or books

- Write down in a journal what you are feeling
- Do guided imagery exercises
- Take a hot bath

Outlet for energy

- Vigorous exercise
- Engaging hobbies that require focus and attention
- Read an engaging novel or watch a gripping film (but not work-related)

Responding to chronic stress and burnout

The stress management plan discussed in this chapter is suitable for use at any time. However, once an HRO is suffering from severe chronic stress or burnout, it is more difficult to implement such a plan without first taking time off for recuperation. Once burnout has set in, it is difficult to identify strengths and commit to practicing stress management. Motivation will likely be very low and without taking an objective test, HROs may not even be aware they are burned out.

A lengthy period of rest (e.g., at least one month) may be necessary to allow the HRO to recover from burnout. While time away from work may be ideal, even a change in activities can help. Restructuring work or changing responsibilities can provide relief from the aspects of the job that are causing the burnout. In addition, professional help from a psychologist or counsellor may assist with the recovery and with building tolerance to stress so as to prevent burnout in the future.

Addressing vicarious trauma

Addressing vicarious trauma is challenging and requires a multipronged approach. It is not the responsibility of the HROs alone. While self-care strategies can reduce the risk of vicarious trauma, institutional or organizational changes are also needed in many cases. This is where managers can make a real difference

Limiting exposure to traumatic situations is likely the best form of prevention and treatment for vicarious trauma. While the nature of the work requires that HROs focus almost exclusively on human suffering, there are ways in which the risks to their own health and well-being can be minimized.

Firstly, HROs can limit their exposure to traumatic situations and material outside of the work setting. For instance, when feeling exposed to or affected by trauma, HROs should avoid films or books depicting violence and human rights violations. They may want to

focus instead on uplifting stories to help counter the messages of despair and depravity they are exposed to at work. Similarly, while on leave or between contracts, HROs should pursue activities that will remind them of the good in the world.

In the work setting, the role of the team and the support it can provide are important. Team members should be proactive in helping each other under the guidance of their manager. HROs and supervisors can explore if there is a way they can distribute exposure to human suffering among HROs. HROs should identify what kinds of traumas are the most difficult for them to hear and compare this with their colleagues. The team members may be able to work together to protect each other as much as possible from their vicarious trauma triggers. The team may also work together to see how best to distribute activities throughout the week. If possible, periods of intense information gathering could be interspersed with other, less intense activities.

Many times, however, it may not be possible to limit exposure to traumatic situations. HROs should then work to provide support to each other and to themselves. The stress management strategies described above are all important ways in which HROs can take care of themselves. In addition, regular debriefings can help to both relieve stress and identify HROs who are showing signs of vicarious trauma.

Debriefing within a team of colleagues should focus on the impact of the work on HROs personally, including their reactions to the representations of violence and suffering they have been exposed to. Whether the debriefings are done formally, as part of regular team meetings, or informally between trusted colleagues, the following are useful questions to discuss:

- How are you being affected by this work?
- How well are you doing in separating work from the rest of your life?
- Have you been bothered by any of the interviews or materials that you encountered this week?
- What was it like to hear about that? (in response to specific cases)
- Are you showing any signs of vicarious trauma (or other forms of stress)?
- What kind of self-care are you practicing? Is it helping?
- Can you remember why you wanted to do this work in the first place? List the reasons. Do they still apply?

Managers are responsible for supporting their staff in managing stress and in creating and maintaining a healthy work environment. In the first place, they have to be aware that their own behavior has a major impact on the staff they supervise, in a positive and in a negative sense. Lack of recognition of achievements, excessive workloads,

micromanagement, excessive bureaucratization of the work, abuse of power and arbitrary decisions, especially those affecting working conditions, are just some of the many stressors stemming from the behavior, real or perceived, of managers. As a first fundamental step, managers should develop awareness and remain alert to the impact of their behavior on staff, and use emotional intelligence in managing teams and relations. This essentially refers to the development and strengthening of the competences and skills of effective managers. In addition, managers can:

- Consider options for limiting the exposure of the same HROs to traumatic situations (e.g., establish rotation of certain tasks among HROs; assign “desk” or “office” functions to HROs when they return from heavy and difficult monitoring missions);
- Keep a close “clinical” eye on the well-being of the team and do not assume that some HROs can take on more because they are “solid” and “strong”;
- Make sure staff use their leave and mandatory breaks, and encourage them to take rest especially after stressful times;
- Institutionalize debriefing as a regular practice (e.g., after each monitoring mission, as a standing agenda item in regular meetings);
- Encourage staff to talk to their peers about the difficult aspects of the job, including those related to working with survivors of trauma and its impact on HROs;
- Consider appointing focal points among staff who can be available for talking and debriefing, even if they are not professionals, so that staff know there is someone to turn to; acknowledge and value staff who offer this kind of peer support;
- Make information on what resources and mechanisms are available to support self-care of staff accessible to all, including when such resources are not physically available in the field presence (e.g., counsellors on call); make sure this information is known and encourage staff to resort to available resources;
- When needed, advocate making professional support available to staff, even on a temporary basis;
- Address stress management with staff individually and encourage staff to practice stress management techniques (e.g., this can be part of performance management discussions or take place in more informal day-to-day discussions);
- Act as role models by: being open about their own challenges in relation to trauma and self-care and in coping with the environment; practicing stress management techniques and sharing thoughts about those; maintaining a healthy work-life balance; etc.

Nepal
n 2007 several HROs accompanied by interpreters and drivers conducted an investigation into the brutal killing of 27 individuals within a few hours. The OHCHR teams, some deployed through a rapid response surge mission and others of the OHCHR field presence, launched their investigation the day of the killings. They visited the locations where the killings had occurred, watched the dead bodies and interviewed persons injured during the incident, eye witnesses and medical personnel. The investigation was tough for OHCHR staff. Given the large number of staff involved in the investigation and the tragic nature of the issues to which they were exposed, OHCHR-Nepal requested that a psychologist be dispatched to the country. A counsellor arrived in Nepal about 3 weeks after the incident had occurred and offered her services to staff for about 10 days.

Another way in which vicarious trauma can be minimized is to set and observe boundaries. HROs may find themselves becoming overwhelmed with the needs of the people they see. They may feel responsible and be tempted to go beyond the mandate of the Organization. Over time, this can deplete their energy and limit their effectiveness in their work. Maintaining appropriate boundaries will help to keep HROs focused on their work and what they are able to achieve.

HROs may want to consider speaking to a professional about their feelings. HROs who have experienced a traumatic event themselves should consider how that history will affect their work. Having a personal trauma history certainly does not preclude someone from being an effective HRO; it does, however, suggest a need for more active self-care. HROs with a personal trauma history may find that hearing about similar kinds of traumas stirs their feelings and memories of their own experiences. It takes a good level of awareness to ensure that this does not interfere with professional objectivity. Any HROs who find that they are unable to remain objective or are suffering distress because of their exposure to the trauma of others should consider seeking professional help.

Finally, HROs should consider planning their career in a way that alternates assignments and duty stations with a high level of exposure to traumatic situations with functions that require minimal contact with traumatic material.

When to seek professional help

At times, HROs may find it helpful to speak to a mental health professional, who can provide non-judgmental support and help them develop resilience to stress. This can be beneficial if HROs are feeling overwhelmed and having difficulty coping, showing signs of trauma or vicarious trauma, feeling isolated and alone, or having other problems with mood, behavior, work or relationships. There is no definitive rule for when to see a professional, the exception being when one is engaging in harmful behavior. HROs should see a professional if they are engaging in behavior that is harmful to themselves or someone else, such as self-harming, abusing drugs or alcohol, having suicidal thoughts or attempting suicide, engaging in destructive or dangerous sexual behavior. The training and regulation of mental health professionals vary greatly from country to country. In many countries, a professional association governs the practice of therapy and counselling, and can help in locating a qualified therapist or counsellor. Such professionals may also be listed online or in telephone books under “psychologists”, “social workers”, “counsellors” or “therapists”. Family doctors may also be able to refer HROs to a mental health professional, including a psychiatrist, if necessary. HROs can also ask family and friends for recommendations.

Some experiences of HROs

When relaying their experiences as HROs having worked with survivors of trauma, Nora, Patrick, Tanya and Pascal mentioned having taken the following self-care measures:

- Talking to colleagues they were friends with;
- Debriefing regularly as part of standard practice of monitoring teams;
- Separating work from private life (e.g., avoid going out exclusively with colleagues);
- Taking the mandatory breaks regularly and go out of the country;
- Travelling outside the country and doing something totally unrelated to work (e.g., spending time at the beach);
- Visiting family and spending time with them;
- Doing sports; and Meditating.

Pascal added that, for recently deployed HROs, it is important to talk with other colleagues who went through these experiences so that they know what to expect and realize they are not alone in experiencing some feelings, emotions and distress. He also recommended making psychological support available on a continuous basis,

not just as a one-off.

Iraq

The United Nations Assistance Mission for Iraq (UNAMI) recognized the impact of the working environment on its staff's stress levels and established the Staff Counselling Unit located in Baghdad, Erbil, Basrah, Amman and Kuwait on a rotational basis. The Unit provides assistance to staff members and their families suffering from stress, both in extreme situations and in more secure work locations. It assists either by mobilizing local professional resources, if available, or by visiting the field site. Strict confidentiality is respected and no further action is taken without the consent of the staff member concerned unless there is a risk to life for that staff member or any other staff.

Peer helper network

In some United Nations peace operations, peer helper networks are established to provide non-professional assistance to staff and their dependants. Peer helpers are "colleagues helping colleagues". They are trained to support colleagues and help them deal with stress and security related concerns, or when they have adversely been affected by a traumatic event in either a personal or professional capacity. The peer helper system is designed to:

- Identify distressed staff as early as possible;
- Motivate the staff member to seek help in handling his or her problem;
- Direct the staff member to the best professional assistance and/or seek the assistance of the regional/headquarters staff/stress counsellors, especially in cases of acute distress;
- Follow up the recommended intervention.

The peer helper network has proven to be beneficial to staff, especially during emergencies when counsellors are not immediately available to provide support.

Chapter 3: Stories

A. Health workforce burn-out

Retrieved from: https://www.who.int/bulletin/volumes/97/9/19-020919/en/

[95]For Dr Advik Gupta (name changed at his request) the crisis began with an overwhelming sense of futility. “I would get home to my wife and say I have achieved nothing today, even though I had been working flat out,” he says.

One of four consultant emergency physicians working in the emergency department of a district hospital in Cape Town, South Africa, Gupta was used to the life or death pressures of emergency care.

“The hospital is in an area notorious for its gang violence,” he says. “Around 4500 patients came through the department every month.” On a normal weekday roughly 30% of the patients were the victims of violence, but on the weekends the number and mix of cases changed. “On Friday nights there was a spike in penetrating trauma cases - mostly stab wounds and gunshot-related injuries.”

On such days as many as 80 acute trauma cases went through the department, overwhelming the hospital’s capacity to serve them.

Gupta is keen to emphasize that it was not the stress of dealing with so many acute trauma cases that made him feel like giving up, it was the chaos he experienced daily. As is often the case in health systems that lack effective primary care and referral systems, the emergency department had become the first port of call. Many of the less acute cases would have been better served by a primary health-care clinic or by social services.

[95] World Health Organization, *Health Workforce Burnout*, https://www.who.int/bulletin/volumes/97/9/19-020919/en/

Unable to cope, Gupta felt a strong sense of failure and shame. Like many people experiencing burn-out, he felt a compulsion to prove himself. “I tried harder,” he says. “Got in earlier, worked late.” It made no difference, and in the end, he decided to leave the hospital.

According to the World Health Organization’s (WHO) International Classification of Diseases (ICD), people experiencing burn-out typically feel exhaustion, but are also likely to feel detached or cynical about their job. They often perform less well at work, putting their patients at risk.

It is unclear how many people working in the health sector globally suffer from burn-out, as most research on this has been done in high-income countries. However, a recent survey by the International Occupational Medicine Society Collaborative, representing occupational medicine societies in 42 countries, provides some estimates.

The survey elicited responses on burn-out from health professionals from 30 countries across the income scale. Different comparability issues preclude drawing firm conclusions from the survey, but focusing solely on doctors reporting burn-out, the survey reported burn-out proportions ranging between 17.2% (Japan) and 32% (Canada), with Austria and Ireland reporting proportions comparable to those in Canada.

Dr Richard Heron, co-chair of the International Occupational Medicine Society Collaborative, draws attention to common drivers of burn-out, including excessive work-load and high patient expectations. These factors are complicated by an increased number of patients presenting with chronic diseases.

“There is an increased demand for services across the spectrum of health care, notably for the treatment of musculoskeletal, mental health conditions and other noncommunicable diseases such as cancer and heart disease,” Heron says. As people age, he adds, they are also more likely to be living with multiple, chronic diseases, imposing a demand for more complex treatments and integrated care.

At the same time, the promise of increased access to services in the context of universal health coverage, inevitably raises expectations.

For example, in 2009, China made a formal commitment to achieving universal health coverage for its 1.4 billion people and in the past 10 years health authorities have come close to achieving this goal with basic service coverage reaching more than 95% of its population.

Increased service provision has been matched by a sharp increase in outpatient and hospital admissions.

According to Professor Min Zhang, from the Chinese Academy of Medical Sciences, between 1995 and 2015, the number of outpatient visits in China increased by 100%. Admissions to public health institutions increased almost 300%. Meanwhile, the number of licensed physicians across China has increased by only 58%. China now has around 1.9 doctors per 1000 people compared to a high-income country average of 3.4.

“The disparity between capacity and demand has led to an overburdened workforce, increased waiting times and a lower quality of service than patients expect,” says Zhang.
Heron sees this dynamic expressed in many countries. “Quality suffers where staff are unable to cope,” he says. “The compassionate, caring environment is harder to maintain and mistakes are more likely. Burn-out is not just linked to the health of the doctor, it also affects the safety of the patient.”

In China and elsewhere, dissatisfied patients have attacked health workers. For Zhang, patient violence and health worker burnout are two sides of the same coin. “Burn-out contributes to workplace violence, then workplace violence contributes to burnout,” she says.

Of course, the harms caused by burn-out are not limited to suboptimal care and patient dissatisfaction. Burn-out is also associated with increased absenteeism and turnover, which disrupts organizational function, reduces team efficiency and causes a loss of institutional knowledge.

What can be done to address this issue? Health professionals responding to the International Occupational Medicine Society Collaborative survey proposed interventions, such as improving work conditions and reducing or changing tasks.

They also emphasized the need for monitoring, early diagnosis, and psychosocial risk factor prevention programmes.
Some low and middle-income countries are already implementing burn-out prevention or mitigation programmes. In Togo, for example, the Ministry of Health and Public Hygiene has been working with WHO and the International Labour Organization (ILO) on ways to avoid burn-out alongside other occupational hazards,

such as infection risk and working in extreme heat. The psychosocial factors that might lead to burn-out are being assessed at 10 pilot sites.

“We have an occupational psychologist and an occupational nurse to help detect burn-out and build a strategy to prevent it,” says Dr Silvère Kevi, coordinator of occupational safety at the Togo health ministry. The project is just beginning and so it is too early to assess the impact.

In Sri Lanka, the Ministry of Health, Nutrition and Indigenous Medicine is starting with an occupational health, safety and wellbeing programme for health-care workers this year.

According to Dr Inoka Suraweera, at the health ministry, it may be too soon to conclude that understaffing is the core burn-out issue.

“Poor staffing levels may be responsible,” she says, but more evidence needs to be generated in this area, especially to support the planning of interventions. In my opinion, we need to study the effect of culture on this issue too, especially on coping.”

China has been collaborating with ILO and the China country office of WHO since 2013 on the use of a quality improvement tool for health facilities known as HealthWISE. The tool encourages managers and staff to work together to improve their workplaces and practices.

By dubbing burnout an ‘occupational phenomenon’ and defining it as a syndrome “resulting from chronic workplace stress that has not been successfully managed”, the ICD classification places as much emphasis on the workplace as the worker, suggesting that any meaningful response is going to require action on both sides of the equation.

Advik Gupta welcomes this approach. “Until now there has been too much focus on the individual in addressing the burn-out problem,” he says. “We need to see it from a health system point of view.”

Dr Ivan Ivanov, Team Lead, Global Occupational and Workplace Health at WHO headquarters, concurs, seeing occupational burnout as a symptom of poor working conditions in the health sector.

“Ensuring decent working conditions in the health sector is a priority” he says, “and WHO and the ILO are working together to stimulate countries to develop national programmes for protecting the occupational health of health workers.”

Chapter 4: Helping Professionals Burn Out During COVID-19

Retrieved from: https://www.cdc.gov/coronavirus/2019-ncov/hcp/managing-workplace-fatigue.html

A. Managing Workplace Fatigue

[96]The coronavirus disease (COVID-19) pandemic has touched all aspects of society including how we work. Emergency responders, health care workers, and others providing essential services to the community have been especially stretched thin, working longer hours than usual, working more shifts or even over-night, and leaving less time to sleep and recharge.

Under regular circumstances, adults need 7–9 hours of sleep per night, along with opportunities for rest while awake, optimal health, and well-being. Long work hours and shift work, combined with stressful or physically demanding work, can lead to poor sleep and extreme fatigue. Fatigue increases the risk for injury and deteriorating health (infections, illnesses, and mental health disorders).

While there is no one solution to fit everyone’s needs, here are some general strategies that workers and employers can use to manage workplace fatigue and work safely.

What can workers do when they feel too fatigued to work safely?

[96] Centers for Disease Control and Prevention, *Managing Workplace Fatigue*, 2019, https://www.cdc.gov/coronavirus/2019-ncov/hcp/managing-workplace-fatigue.html

Recognize these are stressful and unusual circumstances and you may need more sleep or time to recover.

Tips to improve sleep:

- You'll sleep better if your room is comfortable, dark, cool, and quiet.
- If it takes you longer than 15 minutes to fall asleep, set aside some time before bedtime to do things to help you relax. Try meditating, relaxation breathing, and progressive muscle relaxation.
- Before you begin working a long stretch of shifts, try "banking your sleep" – sleeping several extra hours longer than you normally do.
- After you've worked a long stretch of shifts, remember it may take several days of extended sleep (for example, 10 hours in bed) before you begin to feel recovered. Give yourself time to recover.
- Avoid sunlight or bright lights 90 minutes before you go to sleep, when possible. Exposure to light just before bedtime can cause you to feel more awake.
    - If you work a night shift and drive home during sunlight hours, try wearing sunglasses to reduce your exposure to sunlight during your drive home.
    - Consider using blackout shades at home when sleeping.
- Take naps when you have the opportunity.
    - A 90-minute nap before working a night shift can help prevent you from feeling tired at work.
- Eat healthy foods and stay physically active because it can improve your sleep.
- Before you go to sleep, avoid foods and drinks that can make falling asleep more difficult:
    - Avoid alcohol, heavy meals, and nicotine for at least 2–3 hours before bedtime.
    - Don't drink caffeine within 5 hours of bedtime.

Know what to do if you feel too tired to work safely.

- Use a buddy system while you're at work. Check in with each other to ensure everyone is coping with work hours and demands.
- Watch yourself and your coworkers for signs of fatigue — like yawning,

difficulty keeping your eyes open, and difficulty concentrating. When you see something, say something to your coworkers so you can prevent workplace injuries and errors.

- Find out if your employer has a formal program to help you manage fatigue on the job. Read information about the program and ask questions so you fully understand your employer's policies and procedures for helping employees manage fatigue.
- Report any fatigue-related events or close-calls to a manager to help prevent injuries and errors.
- Do not work if your fatigue threatens the safety of yourself or others. Report to a manager when you feel too tired to work safely.

What steps should employers take to reduce workplace fatigue for workers?

- Recognize that these are stressful and unusual circumstances and risk for fatigue may be increased.
- Create a culture of safety with clear coordination and communication between management and workers. This can include establishing a Fatigue Risk Management Plan or strategies for fatigue mitigation on the job. Share and ensure that employees understand the processes.
- Spot the signs and symptoms of fatigue (e.g., yawning, difficulty keeping eyes open, inability to concentrate) in yourself and your employees and take steps to mitigate fatigue-related injury or error.
    - The Epworth Sleepiness Scale is a short survey that can be posted in a common area for workers to quickly rate their fatigue.
    - Create a procedure that does not punish workers for reporting when they, or their coworkers, are too fatigued to work safely. Build it into team comradery as an example of how management and staff can support each other.
    - Develop processes to relieve a worker from their duties if they are too fatigued to work safely.
        - If available, and agreeable with workers, consider assigning workers who are just starting their shifts onto safety-critical tasks.
        - If possible, rotate workers or groups of workers through tasks that are repetitive and/or strenuous. Tools or workstations that are unavoidably shared need to be properly cleaned and disinfected between usage.

    - If possible, schedule physically and mentally demanding workloads and monotonous work in shorter shifts and/or during day shifts.
- Provide information for workers on the consequences of sleep deprivation and resources to assist workers manage fatigue.
- Allow staff enough time to organize their off-duty obligations and get sufficient rest and recovery.
    - ➢ Schedule at least 11 hours off in-between shifts (each 24-hour period), and one full day of rest per seven days for adequate sleep and recovery.
    - ➢ Avoid penalizing those who may have restricted availability to work extra shifts/longer hours (e.g., caring for dependents).
- If rotating shift work is needed, use forward rotations (day to evening to night) and provide staff with sufficient notice when scheduling, particularly if there is a shift change.
- Avoid scheduling staff for more than 12 hours, if possible.
- Formalize and encourage regularly scheduled breaks in clean and safe areas where social distancing can be maintained. Recognize the need for additional time for increased hand hygiene and putting on and taking off required personal protective equipment (PPE).
- Provide alternative transportation to and from work and mandatory paid rest time prior to driving commutes after work, when possible.
    - ➢ Consider arranging for nearby offsite housing for those working extended shifts and at high risk for COVID-19, such as health care workers. Nearby housing will reduce travel times, allowing for more rest and recovery.

B. Managing Fatigue During Times of Crisis: Guidance for Nurses, Managers, and Other Healthcare Workers

Beverly M. Hittle, PhD, RN, Imelda S. Wong, PhD and Claire C. Caruso, PhD, RN, FAAN

Retrieved from: https://blogs.cdc.gov/niosh-science-blog/2020/04/02/fatigue-crisis-hcw/

[97]At times of crisis, healthcare workers (e.g., nurses, advanced practice nurses, physicians, nursing assistants, etc.) continue to provide care, despite ever challenging

[97] Centers for disease Control and Prevention, Hittle, Wong, and Caruso, *Managing Fatigue During Times of Crisis: Guidance for Nurses, Managers, and other Healthcare Workers*, 2020

work demands, including higher influx of critically ill patients, increased work stress, and a frequent need for overtime. These work demands can compound already challenging work schedules (i.e. 12-hour shifts, night shifts), making it more difficult to obtain regular shift breaks and enough time off between shifts for adequate recovery. All of these work factors (i.e. physical, emotional, and/or mental demands) combined with insufficient sleep, contribute to fatigue. [98] [99] [100]

Healthcare workers experiencing fatigue can jeopardize their own health and safety, such as increasing their susceptibility to infectious diseases[101], needlesticks[102], work-related muscle injuries[103], and burnout[104], as well as committing patient care errors[105] [106]. Nurses providing care during disasters or emerging disease epidemics[107] [108] have reported sleeping less, experiencing intense levels of fatigue, decreased well-being, and depression.

It can be difficult to step away when the healthcare system is flooded with people needing care. During these periods, fatigue among healthcare workers may be impossible to avoid. So how can employers and healthcare workers balance the high demands for health care with the need to protect workers from fatigue? Workers and managers must actively share the responsibility to control the risks of injuries and incidents associated with fatigue through personal and workplace strategies, as well as a fatigue risk management system[96] [109]. For example, one step is to recognize healthcare worker sleep is critical for the delivery of quality health care. Workers and managers should try to plan for 7 or more hours of sleep in addition to recovery time each day, as needed to maintain alertness and health. Fatigue management is a shared responsibility that requires planning and ensures organizations the sustainability of healthcare services during times of public health crises, as well as protects the health and safety of workers and their patients.

Practical Fatigue Management Tips:[110] [111]

For healthcare workers-

[98] Wong IS, Popkin S, Folkard S. Working time society consensus statements: A multi-level approach to managing occupational sleep-related fatigue. *Industrial Health.* 2019;57(2):228-244.
[99] Caruso CC, Baldwin CM, Berger A, et al. Position statement: Reducing fatigue associated with sleep deficiency and work hours in nurses. *Nurse Outlook.* 2017;65(6):766-768.
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[101] Bryant P, Trinder J, Curtis N. Sick and tired: does sleep have a vital role in the immune system? *Nature Reviews Immunology.* 2004;4:457-467.
[102] Weaver MD, Landrigan CP, Sullivan JP, et al. The association between resident physician work hour regulations and physician safety and health. *The American Journal of Medicine.* 2020;In press.
[103] Caruso CC, Waters TR. A review of work schedule issues and musculoskeletal disorders with an emphasis on the healthcare sector. *Industrial Health.* 2008;46(6):523-534.
[104] Chin W, Guo YL, Hung YJ, Yang CY, Shiao JSC. Short sleep duration is dose-dependently related to job strain and burnout in nurses: A cross sectional survey. *International Journal of Nursing Studies.* 2015;52(1):297-306.
[105] Rogers AE, Hwang W-T, Scott LD, Aiken LH, Dinges DF. The working hours of hospital staff nurses and patient safety. *Health affairs.* 2004;23(4):202-212.
[106] Lockley SW, Barger, L. K., Ayas, N. T., Rothschild, J. M., Czeisler, C. A., Landrigan, C. P. Effects of Health Care Provider Work Hours and Sleep Deprivation on Safety and Performance. *The Joint Commission Journal on Quality and Patient Safety.* 2007;33(11):7-18.
[107] SU T-P, Lien T-C, Yang C-Y, et al. Prevalence of psychiatric morbidity and psychological adaptation of the nurses in a structured SARS caring unit during outbreak: A prospective and periodic assessment study in Taiwan. *Journal of Psychiatric Research.* 2007;41(1):119 – 130.
[108] Yokoyama Y, Hirano K, Sato M, et al. Activities and Health Status of Dispatched Public Health Nurses after the Great East Japan Earthquake. *Public Health Nursing*. 2014;31(6):537-544.
[109] Dawson D, McCulloch K. Managing fatigue: it's about sleep. *Sleep medicine reviews.* 2005;9(5):365-380.
[110] Caruso CC, Funk R, Butler CR, et al. Interim NIOSH Training for Emergency Responders: Reducing Risks Associated with Long Work Hours. https://www.cdc.gov/niosh/emres/longhourstraining/. Published 2014. Accessed.
[111] Livornese K, Vedder J. The emotional well-being of nurses and nurse leaders in crisis. *Nursing administration quarterly.* 2017;41(2):144-150.

- Prioritize sleep by decreasing off-work obligations as much as possible, until feeling fully rested.
- Use relaxation apps or techniques to aid in sleep onset, if you have trouble falling asleep (longer than 15-25 minutes),
- Create a pre-sleep, bedtime routine and keep your sleeping environment comfortable, dark, cool, and quiet.
- Avoid alcohol, spicy foods, and nicotine for at least 2-3 hours prior to sleep time.
- Avoid caffeine at least 5 hours before bedtime (longer if sensitive to caffeine).
- Avoid sunlight/bright lights 1.5 hours prior to sleep, as it can stimulate your circadian system to promote wakefulness.
- Use strategically timed naps to decrease fatigue. Short naps (15-30 minutes) can help to decrease fatigue during work hours. Longer naps (1.5 hours) can help prevent fatigue before working night shift.
- Find a fellow worker to be a buddy for checking-in on how you each are coping.
- Watch for signs and symptoms of fatigue in yourself and coworkers (e.g., yawning, difficulty concentrating, emotional instability, flawed logic, poor communication).
- Report to a manager when you feel too fatigued to work.

For managers-

- Communicate with staff about their flexibility to work when needed, avoiding repercussions for those who may have restricted availability. When workers are unable to establish strong off-duty support action plans, it can create undue stress and decrease the off-work time devoted to recovery.
- Provide daily communication rounds with staff to share information on work hour needs, work processes.
- Educate staff on sleep and self-care strategies.
- Try to limit scheduling staff for extended shifts (>12 hours). Extended shifts increase the risk for fatigue-related incidents, as well as increases worker exposure time to infectious diseases and other workplace hazards
- During times of crisis, provide a minimum of 10 hours off in-between shifts (each 24-hour period), and one full day of rest per seven days for adequate sleep and recovery.
- Provide strategies for staff to take short breaks every 2 hours during their shifts, including short naps and longer for meals.

- Consider providing supportive services onsite (e.g., laundry, sleeping rooms, healthy food and drinks).
- Monitor staff for signs and symptoms of fatigue (i.e., yawning, difficulty concentrating, emotional instability, flawed logic, poor communication).
- Ensure all staff have a buddy in place to monitor for signs and symptoms of fatigue and other poor health outcomes
- Consider creating a signal or some procedure for workers to report when they feel they or a colleague are too fatigued to work, potentially contributing to an unsafe situation

Chapter 5: Prevention

A. Tips for Healthcare Professionals: COPING WITH STRESS AND COMPASSION FATIGUE

Retrieved from: https://store.samhsa.gov/product/Tips-for-Healthcare-Professionals-Coping-with-Stress-and-Compassion-Fatigue/PEP20-01-01-016

[112]As a healthcare professional, you may face stress on the job under usual conditions due to long shifts, competing responsibilities, and witnessing or hearing about difficult patient experiences. As a responder on the front lines of the coronavirus disease 2019 (COVID-19) pandemic, you are likely working longer hours, seeing loved ones less, and working in a more stressful environment. At the same time, you may be coping with the mental health effects that all types of disasters, including public health emergencies, often have. As such, you may be noticing signs of stress and distress in yourself and your coworkers.

This tip sheet explores stress and compassion fatigue, as well as signs of distress after a disaster. It identifies ways to cope and enhance resilience, along with resources for more information and support.

Stress and Compassion Fatigue

Stress encompasses the ways that your body and brain respond to something you perceive as a demand in your environment. As a healthcare professional, your career

[112] Substance Abuse and Mental Health Services Administration, *Tips for Healthcare Professionals: Coping with Stress and Compassion Fatigue*, https://store.samhsa.gov/product/Tips-for-Healthcare-Professionals-Coping-with-Stress-and-Compassion-Fatigue/PEP20-01-01-016

requires you to respond to multiple demands at once, and you are likely already experienced in stress management.

Issues can arise, however, when you run short of time to recover between stressors, when you feel as though you cannot respond effectively to the many demands you face, or when you are part of a disaster-affected community and you are also having reactions to that experience.

Compassion fatigue includes two elements: burnout and secondary traumatic stress. Burnout is physical and mental exhaustion leading to reduced ability to cope with your environment. Burnout involves fatigue, frustration, a sense of helplessness, and reduced pleasure in work or other responsibilities. Secondary traumatic stress is the stress you may experience due to empathy with others you see going through trauma, including physical trauma such as serious injury, illness, or death. People also may experience secondary traumatic stress through empathy with others who talk with them about their traumas.

Signs and Symptoms of Disaster-related Distress

People affected by disasters such as the COVID-19 pandemic often experience physical changes, as well as changes in thinking, emotions, and behavior. In addition to

signs and symptoms of compassion fatigue, you may notice the following signs and symptoms of disaster distress in yourself and those around you.

Physical	Cognitive	Emotional	Behavioral
• Stomachaches or diarrhea • Changes in appetite and eating habits • Headaches or other pains without a clear physical cause • Jumpiness or exaggerated startle response • Trouble falling asleep, staying asleep, sleeping too much, or trouble relaxing	• Difficulty rememberin g things • Difficulty thinking clearly or concentratin g • Confusion • Increased worry • Trouble making decisions	• Anxiety and fear • Overwhelming sadness • Anger ƒ Guilt • Numbness and inability to feel joy or sadness	• Increase or decrease in activity levels and reduced stamina • Frequent crying • Use of alcohol or other drugs in an attempt to reduce distressing feelings or to forget • Angry outbursts • Desire to be alone most of the time and deliberate self isolation • Risk-taking behaviors

Signs and Symptoms of Compassion Fatigue

In the current highly stressful environment, you may notice the following signs and symptoms in yourself or your coworkers:

- Increased startle response to activity around you, a feeling of being “on edge”

- Difficulty making decisions
- Exhaustion
- Difficulty sleeping
- Impaired ability to care for patients and/or clients
- Intrusive thoughts about patients and/or clients
- Reduced enjoyment or satisfaction with work
- Sense of lack of control or agency in your job
- Feelings of disconnection from colleagues and work teams
- Feelings of being overwhelmed by the amount of work to be done
- Anger and irritability
- Reduced ability to feel sympathy or empathy
- Avoidance of reminders of upsetting experiences with patients
- Increased use of alcohol or other drugs

Addressing and Preventing Compassion Fatigue

As a healthcare professional, you probably already understand the importance of self-care to maintain your ability to work effectively. You need to take care of yourself first, and allow others to care for you, to be able to do your best work in caring for others. This section suggests strategies for self-care, stress management, and relaxation. Based on what has worked for you in the past, you may want to come up with a set of strategies and schedule them on a regular basis as part of a stress management and self-care plan. Such a plan can be adjusted if you find it is not realistic or helpful. Give yourself credit for all you manage to do in the current, challenging environment.

Self-care and Stress Management

Do your best to attend to your physical health and consider the following:

- **Try to be physically active, ideally several times each week, taking part in activities you enjoy.** Try walking or running, if there are places where you can maintain a safe distance between yourself and others. (If not, try exercising early or late in the day, or choosing less sought-after routes, if you can do so safely.) You can also do push-ups or sit-ups at home, dancing, or anything else you enjoy. Many workouts are available online or on television—and many do not require payment or equipment.

- **Strive to sleep and eat well.** If possible, get enough sleep or at least rest. Aim for 7 to 9 hours a night. Do your best to eat healthy food. Drink enough fluids to stay hydrated.
- **Try to avoid increasing use of alcohol and other drugs.** Although substances may help feelings seem more manageable in the short term, they can also lead to dependence and keep you from addressing issues over which you have control.

Also, the key to health and resilience is maintenance of your support networks. Try to remember to do the following:

- **Stay in contact with loved ones, including family and friends.** Although social distancing orders mean that many of us cannot be together in person, several online meeting platforms allow you to talk remotely with loved ones. Phone calls are helpful as well. You can also send letters and postcards to family members and friends.
- **Turn to colleagues for contact and support at work.** Even brief interactions are important. Take opportunities to recognize colleagues who have done impressive work in patient care or team support during the outbreak—informal recognition in conversation or by email can have a positive effect too. Remember that you are part of a team; you do not have to do it alone.

Progressive Muscle Relaxation—Instructions:
1. Get into a comfortable position. 2. Choose a muscle group (e.g., muscles in your feet or lower legs). 3. Breathe in and tighten the muscles in the group for 5 to 10 seconds. 4. Breathe out and release the muscles suddenly. Relax for at least 10 seconds. 5. Repeat the process with another muscle group. It often helps to progress from head to toe or vice versa.

Following are ideas for activities that may help you reduce stress and relax, process your experience, and reconnect to your values and priorities:

- **Visualization**. Imagine that you are in a place that is peaceful and calming to you—a place you have been, or one where you would like to be. You may want to write a description of this place, record yourself reading what you have written, and then listen to the recording as a way to relax. Also, many visualization and

guided imagery scripts and videos for relaxation are available online, as are apps and podcasts.

- **Progressive muscle relaxation.** One sign of stress is tense muscles, which is why stress can lead to headaches, backaches, and exhaustion. Progressive muscle relaxation is a systematic way to relax your muscles. Please refer to the instructions in the callout box for steps to follow.
- **Mindful movement such as yoga or tai chi.** In addition to offering the health benefits of other exercise, yoga and tai chi may help with stress management. Along with the many centers offering classes online, videos are available online to use as guidance.
- **Meditation**. Meditation has many benefits, including reduced anxiety, depression, and blood pressure, as well as insomnia relief. A session can be as short as a few minutes. You can access classes that many centers and institutes are offering online, sometimes free of charge. A host of mobile apps can be used to start or strengthen a meditation habit.
- **Breathing exercises.** When experiencing stress and strong emotions, people often constrain their breathing, and breathing exercises can be an effective way to relax. You can try deep breathing, or breathing into and out of your abdominal area instead of from your chest. Imagine your breath going into and out of your belly as you breathe. Another option is the 4–7–8 technique. Please see the callout box for instructions.
- **Humor**. Humor and laughter can help relieve stress and, if shared, build bonds between people. Seek out sources of humor that have made you laugh in the past, such as specific cartoonists and authors, satirical publications and news shows, stand-up comedians, and television and movie comedies.
- **Journal writing or drawing.** Write or draw in a journal if you find it helpful. This can be on paper, on a computer, or in an app. It can be as minimal as writing down one or two things you are grateful for a few times each week, or things you are pleased that you have accomplished.
- **Spiritual and religious practices.** Some congregations and spiritual organizations are now offering online, live-streamed services and observances. Some are archiving services online. Participation in a religious or spiritual group can be helpful for meaning-making, reflection, and connection with a community.

The 4–7–8 Breathing Technique for Relaxation
1. Sit quietly, relax, and close your eyes. Place the tip of your tongue against the ridge on the roof of your mouth just behind your top front teeth. Your tongue

should remain in this position throughout the exercise.

2. Exhale completely through your mouth, making a whooshing sound. It may help to purse your lips.
3. Close your mouth, and inhale quietly through your nose for a count of four.
4. Now hold your breath for a count of seven.
5. Exhale completely through your mouth, making a whooshing sound, to a count of eight. 6
6. Repeat steps 2–5 three times, for a total of four breaths. In this technique, exhalation should take twice as long as inhalation. This ratio is the important part; the exact amount of time you spend on each phase is not important.

SAMHSA offers a video about stress management for disaster responders that features a demonstration of this breathing exercise: https://www.youtube.com/ watch?v=IqpCCnmwNVY&feature=youtu. be.

Tips for Managers

If you manage other employees and have adequate staff, one step you can take to reduce staff stress is to schedule employees so that they have time to rest and recover between shifts. If possible, it can also be helpful to schedule staff so that they move into shifts in positions involving less stress after completing shifts in high-stress positions, so that they have time to recover between shifts of more intense work.

In addition, recognizing staff members for the work they do may help prevent compassion fatigue. You also can offer managerial support to employees and, as much as possible, structure the work environment to encourage and allow time for case discussions.

When To Seek Professional Support

If you or someone you care about is overwhelmed by stress and reactions to the pandemic, you may want to reach out for professional mental health and/or substance use services and treatment. Acknowledging the need for help is a sign of strength. Even just a few visits can be helpful.

One place to seek support is with your employer—most have an employee assistance program, which offers short-term counseling and referrals. Many psychiatrists, psychologists, and counselors are now offering services by phone or through videoconferencing services. Some offer weekend and evening hours to accommodate

work schedules. You can also check out the Helpful Resources section for free, confidential help with crises and referrals.

Helpful Resources

1. Substance Abuse and Mental Health Services Administration (SAMHSA) 5600 Fishers Lane Rockville, MD 20857 Toll-free: 1–877–SAMHSA–7 (1–877–726–4727) TTY: 1–800–487–4889 Email: samhsainfo@samhsa.hhs.gov SAMHSA Store: https://store.samhsa.gov
2. SAMHSA Disaster Technical Assistance Center Toll-free: 1–800–308–3515 Email: dtac@samhsa.hhs.gov Website: https://www.samhsa.gov/dtac SAMHSA Disaster Mobile App Website: https://store.samhsa.gov/product/samhsa-disaster

Helplines

1. SAMHSA Disaster Distress Helpline Toll-free (English and español): 1–800–985–5990 TTY: 1–800–846–8517 SMS (English): text "TalkWithUs" to 66746 SMS (español): text "Hablanos" to 66746 Website: https://www.samhsa.gov/find-help/disaster-distresshelpline Website (espanol): https://www.samhsa.gov/find-help/disasterdistress-helpline/espano
2. National Suicide Prevention Lifeline Toll-free (English): 1–800–273–TALK (1–800–273–8255) Toll-free (español): 1–888–628–9454 TTY: 1–800–799–4TTY (1–800–799–4889) Website (English): https://suicidepreventionlifeline.org Website (español): https://suicidepreventionlifeline.org/helpyourself/en-espanol

Treatment Locator

1. SAMHSA's National Helpline Toll-free: 1–800–662–HELP (1–800–662–4357) (24/7/365 Treatment Referral Information Service in English and español) TTY: 1–800–487–4889 Website: https://www.samhsa.gov/find-help/national-helpline

**Note: The views, opinions, and content expressed in this publication do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS)*

Chapter 5: Developing a self-care plan

A. Building a Self-Care Plan

Retrieved from: https://www.undp.org/content/dam/unct/yemen/docs/unct-ye-dss-doc-building-self-care-toolkit-en.pdf

[113]When it comes to self-care plans, there is no one-size-fits-all option. We all have different needs, strengths, and limitations. The following four-step process will help you to build a plan that's just right for you.

Step 1: Evaluate Your Coping Skills

Examining your own habits is an important first step in developing a self-care plan. How do you typically deal with life's demands? Can you identify when you need to take a break?

When faced with challenges, we can use either positive coping strategies or negative coping strategies. Below are a few examples of each. Which strategies do you use?

Positive	Negative
• Deep breathing • Stretching • Meditation • Listening to music • Exercising • Reading • Going for a walk • Taking a bath • Socializing with friends • Sitting outside and relaxing • Engaging in a hobby	• Yelling • Acting aggressively • Overeating • Drinking excessive amounts of alcohol • Smoking • Pacing • Biting your fingernails • Taking drugs • Skipping meals • Withdrawing from family and friends • Dangerous driving

Be honest when evaluating your current behaviors. If you find yourself lashing out or reaching for a cigarette instead of taking a deep breath and refocusing during periods of frustration, it may be time to re-evaluate your go-to coping skills.

[113] United Nations Development Program, *Building a Self-Care Plan*, https://www.undp.org/content/dam/unct/yemen/docs/unct-ye-dss-doc-building-self-care-toolkit-en.pdf

Step 2: Identify Your Self-Care Needs

We are all faced with unique challenges and no two people have the same self-care needs.

Take a moment to consider what you value and need in your everyday life (daily self-care needs) versus what you value and need in the event of a crisis (emergency self-care needs). Remember that self-care extends far beyond your basic physical needs: consider your psychological, emotional, spiritual, social, financial, and workplace well-being.

Daily Self-Care

What are you doing to support your overall well-being on a day-to-day basis? Do you engage in self-care practices now? Are you more active in some areas of self-care than others? You can use the table below to help you determine which areas may need more support.

Area of Self-Care	Current Practices	Practices to Try
Physical (e.g. eat regular and healthy meals, good sleep habits, regular exercise, medical check-ups, etc.)		
Emotional (e.g. engage in positive activities, acknowledge my own accomplishments, express emotions in a healthy way, etc.)		
Spiritual (e.g. read inspirational literature, self-reflection, spend time in nature, meditate, explore spiritual connections, etc.)		
Professional (e.g. pursue meaningful		

work, maintain work-life balance, positive relationships with co-workers, time management skills, etc.)		
Social (e.g. healthy relationships, make time for family/friends, schedule dates with partner/spouse, ask for support from family and friends, etc.)		
Financial (e.g. understand how finances impact your quality of life, create a budget or financial plan, pay off debt, etc.)		
Psychological (e.g. take time for yourself, disconnect from electronic devices, journal, pursue new interests, learn new skills, access psychotherapy, life coaching, or counselling support through your EFAP if needed, etc.)		

Emergency Self-Care

When you are faced with a crisis, you likely will not have time to create a coping strategy. Take time to develop a plan in advance so it's there when you need it.

Try completing the following table to help identify your unique self-care needs during times of distress.

Emergency Self-Care Tools	Helpful (What To Do)	Harmful (What To Avoid)

Relaxation/Staying Calm Which activities help you to relax (e.g. deep breathing, taking a walk)? Which activities make you more agitated or frustrated (e.g. yelling, swearing, or drinking)?		
Self-Talk Helpful self-talk may include, “I am safe/I can do this.” Harmful self-talk may include, “I can’t handle this/I knew this would happen/I deserve this.”		
Social Support Which family members and friends can you reach out to for help or support? Which people should you avoid during times of stress? Be honest about who helps and who zaps your energy		
Mood Which activities support a positive mood (e.g. listening to uplifting music, enjoying the sunshine)? What should you avoid when times get tough (e.g. staying in bed all day, avoiding social activities)?		
Resilience What, or who, helps you to get through difficult times? What helps you bounce		

back? Conversely, what or who feeds negativity for you?		

Step 3: Barriers and Areas for Improvement

Reflect

Reflect on the existing coping strategies and self-care tools you have outlined in the previous activities. What's working? What isn't working? Keep the helpful tools, and ditch the stuff that doesn't help you.

Examine

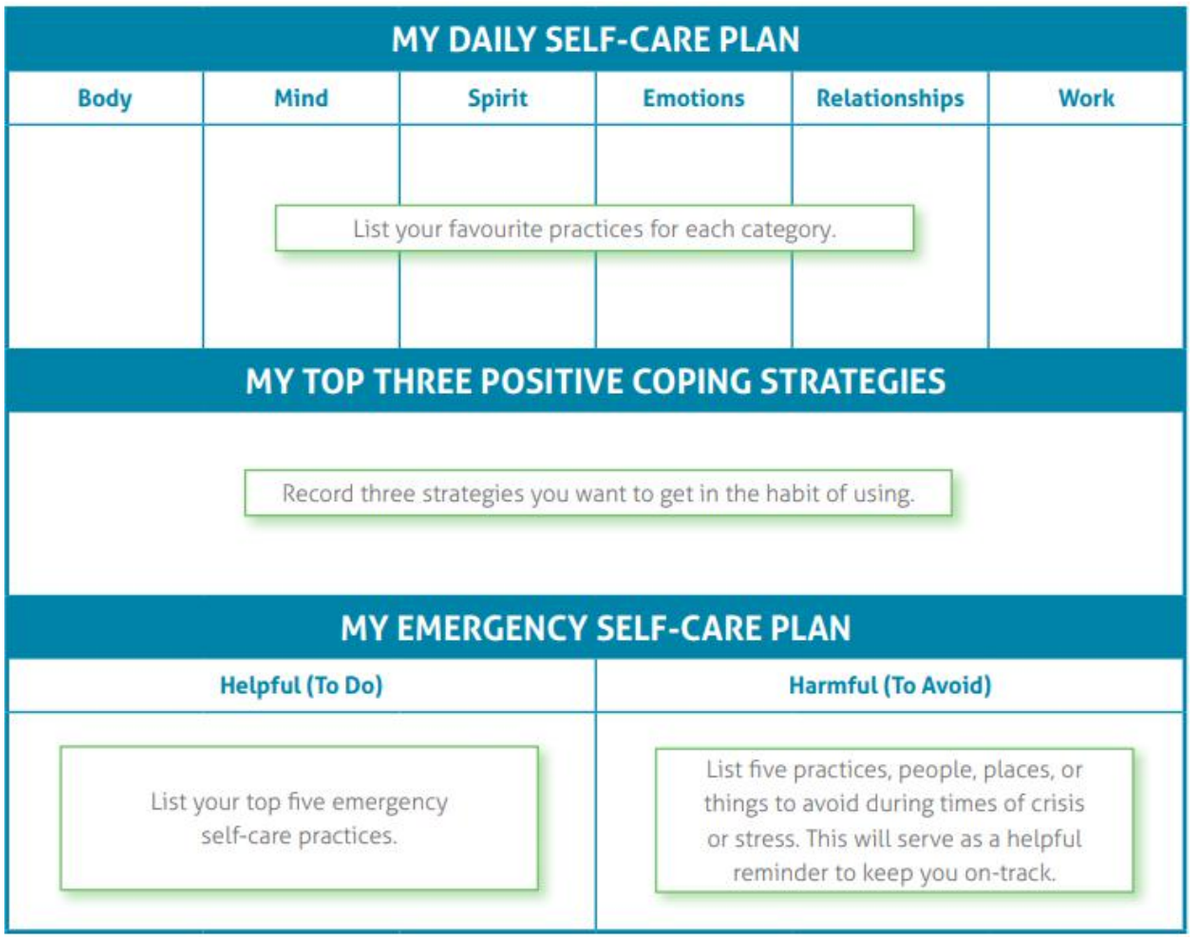
Are there barriers to maintaining your self-care? Examine how you can address these barriers. Start taking steps toward incorporating new strategies and tools that will benefit your health and well-being.

Replace

Work on reducing, and then eliminating, negative coping strategies. If you find yourself using negative strategies, then begin by choosing one action you feel is most harmful and identify a positive strategy to replace it. Positive coping skills are an important part of your self-care toolkit

Step 4: Create Your Self-Care Plan

Once you've determined your personal needs and strategy, write it down. Your self-care plan can be as simple or complex as you need it to be. You may choose to keep a detailed plan at home and carry a simplified version in your wallet, in your purse, or on your phone. Here is an example of how your simplified self-care plan might look:



Now that you've created your self-care plan, look at it regularly. It takes time to form good habits. Make a commitment to yourself and practice your self-care routine as often as possible – you're worth it.

Brainstorm: Self-Care Activities

Need help identifying self-care activities to incorporate into your practice? Consider these ideas:

- Write in a journal
- Volunteer for a cause meaningful to you
- Make a gratitude list
- Take a fresh air break
- Meditate or listen to guided visualization
- Cuddle with pets
- Treat yourself to a nice meal
- Take a nap
- Listen to music

- Practice yoga
- Lay in the grass
- Go for a nature walk
- Photography
- Read a good book
- Write a blog
- Try a new hobby
- Have an adventure day
- Get a massage
- Buy yourself flowers
- Turn off electronic devices
- Have a movie marathon
- Play a game
- Dance
- Wear something that makes you feel confident
- Browse your local music store or bookstore
- Join a support group
- Have a game night with friends
- Work in the garden
- Get creative: draw, paint, write a song, or cook a new meal

B. Mental Health in the Workplace

Retrieved from: https://www.who.int/mental_health/in_the_workplace/en/

[114]Key facts

[114] World Health Organization, *Mental Health in the Workplace*, https://www.who.int/mental_health/in_the_workplace/en/

- Work is good for mental health but a negative working environment can lead to physical and mental health problems.
- Depression and anxiety have a significant economic impact; the estimated cost to the global economy is US$ 1 trillion per year in lost productivity.
- Harassment and bullying at work are commonly reported problems, and can have a substantial adverse impact on mental health.
- There are many effective actions that organizations can take to promote mental health in the workplace; such actions may also benefit productivity.
- For every US$ 1 put into scaled up treatment for common mental disorders, there is a return of US$ 4 in improved health and productivity.

Overview

Globally, an estimated 264 million people suffer from depression, one of the leading causes of disability, with many of these people also suffering from symptoms of anxiety. A recent WHO-led study estimates that depression and anxiety disorders cost the global economy US$ 1 trillion each year in lost productivity. Unemployment is a well-recognized risk factor for mental health problems, while returning to, or getting work is protective. A negative working environment may lead to physical and mental health problems, harmful use of substances or alcohol, absenteeism and lost productivity. Workplaces that promote mental health and support people with mental disorders are more likely to reduce absenteeism, increase productivity and benefit from associated economic gains.

This information sheet addresses mental health and disorders in the workplace. It also covers difficulties which are not mental disorders but which may be created or exacerbated by work such as stress and burnout.

Work-related risk factors for health

There are many risk factors for mental health that may be present in the working environment. Most risks relate to interactions between type of work, the organizational and managerial environment, the skills and competencies of employees, and the support available for employees to carry out their work. For example, a person may have the skills to complete tasks, but they may have too few resources to do what is required, or there may be unsupportive managerial or organizational practices.

Risks to mental health include:

- inadequate health and safety policies;
- poor communication and management practices;
- limited participation in decision-making or low control over one's area of work;
- low levels of support for employees;
- inflexible working hours; and
- unclear tasks or organizational objectives.

Risks may also be related to job content, such as unsuitable tasks for the person's competencies or a high and unrelenting workload. Some jobs may carry a higher personal risk than others (e.g. first responders and humanitarian workers), which can have an impact on mental health and be a cause of symptoms of mental disorders, or lead to harmful use of alcohol or psychoactive drugs. Risk may be increased in situations where there is a lack of team cohesion or social support.

Bullying and psychological harassment (also known as “mobbing”) are commonly reported causes of work-related stress by workers and present risks to the health of workers. They are associated with both psychological and physical problems. These health consequences can have costs for employers in terms of reduced productivity and increased staff turnover. They can also have a negative impact on family and social interactions.

Creating a healthy workplace

An important element of achieving a healthy workplace is the development of governmental legislation, strategies and polices as highlighted by the European Union Compass work in this area . A healthy workplace can be described as one where workers and managers actively contribute to the working environment by promoting and protecting the health, safety and well-being of all employees. An academic report from 2014 suggests that interventions should take a 3-pronged approach:

- Protect mental health by reducing work–related risk factors.
- Promote mental health by developing the positive aspects of work and the strengths of employees.
- Address mental health problems regardless of cause.

Building on this, a guide from the World Economic Forum highlights steps organizations can take to create a healthy workplace, including:

- Awareness of the workplace environment and how it can be adapted to promote better mental health for different employees.
- Learning from the motivations of organizational leaders and employees who have taken action.
- Not reinventing wheels by being aware of what other companies who have taken action have done.
- Understanding the opportunities and needs of individual employees, in helping to develop better policies for workplace mental health.
- Awareness of sources of support and where people can find help.

Interventions and good practices that protect and promote mental health in the workplace include:

- implementation and enforcement of health and safety policies and practices, including identification of distress, harmful use of psychoactive substances and illness and providing resources to manage them;
- informing staff that support is available;
- involving employees in decision-making, conveying a feeling of control and participation; organizational practices that support a healthy work-life balance;
- programmes for career development of employees; and
- recognizing and rewarding the contribution of employees.

Mental health interventions should be delivered as part of an integrated health and well-being strategy that covers prevention, early identification, support and rehabilitation. Occupational health services or professionals may support organizations in implementing these interventions where they are available, but even when they are not, a number of changes can be made that may protect and promote mental health. Key to success is involving stakeholders and staff at all levels when providing protection, promotion and support interventions and when monitoring their effectiveness.

Available cost-benefit research on strategies to address mental health points towards net benefits. For example, a recent WHO-led study estimated that for every US$ 1 put into scaled up treatment for common mental disorders, there is a return of US$ 4 in improved health and productivity.

Supporting people with mental disorders at work

Organizations have a responsibility to support individuals with mental disorders in either continuing or returning to work. Research shows that unemployment, particularly long term unemployment, can have a detrimental impact on mental health. Many of the initiatives outlined above may help individuals with mental disorders. In particular, flexible hours, job-redesign, addressing negative workplace dynamics, and supportive and confidential communication with management can help people with mental disorders continue to or return to work. Access to evidence-based treatments has been shown to be beneficial for depression and other mental disorders. Because of the stigma associated with mental disorders, employers need to ensure that individuals feel supported and able to ask for support in continuing with or returning to work and are provided with the necessary resources to do their job.

Article 27 of The UN Convention on the Rights of Persons with Disabilities (CRPD) provides a legally-binding global framework for promoting the rights of people with disabilities (including psychosocial disabilities). It recognizes that every person with a disability has the right to work, should be treated equally and not be discriminated against, and should be provided with support in the workplace.

C. SELF-CARE EXERCISES

Caring for us. Stress in our workplace.

Retrieved from:
http://www.unicefinemergencies.com/downloads/eresource/docs/3.3%20Human%20Resources/Stress%20in%20Our%20Workplace%20-%202nd%20Edition%20-%20FINAL.pdf

[1]The ways in which you relax and 'de-stress' are as personal and varied as the factors causing the stress. The following techniques offer some ideas of practices that can help you relax and enhance your coping strategies. We suggest that you read them through, try them out and find the ones that work for you. You may need a variety of techniques to work on different areas of stress.

The exercises will become easier with regular practice, and you will find that you will be able to make use of them at times when they are most needed. The more you learn to relax, the easier it becomes to recognize signs of tension in your body, and this, in turn, becomes a signal for you to deal with the causes of stress.

RELAXATION TECHNIQUES

Instant Calming Sequence

This is a technique that takes only a short time to elicit relaxation. The exercise is based on recognizing the first signs of stress and responding to them immediately.

Follow these steps:

1. In the face of the stressor, keep breathing smoothly and deeply.
2. Smile as soon as you feel stressed.
3. Adjust your posture to its optimum: head high, shoulders back and spine straight.
4. Send a wave of relaxation through your body.
5. Give yourself an affirmation and acknowledge the situation. (For example, think to yourself: This is really happening, and I am dealing with it as best as I can.)

Deep Breathing

Deep breathing helps you relax and increases your energy level. Follow these steps:

1. Sit comfortably with both feet on the floor.
2. Place one hand on your abdomen and the other on your chest.
3. Inhale slowly and deeply through the nose or mouth into your abdomen first and then into your chest, pushing your hands out. Exhale slowly, letting the air leave with a slight sound.
4. Make sure your shoulders, jaws and tongue are relaxed.

Repeat this exercise at least five times.

Open Future

There are times in our lives when it is difficult to be grateful for either our past or our present. This is when we need to be careful to remain open to the possibilities in our future.

1. Sit in front of a vista, either a window, outdoors or a painting.
2. Close your eyes and sense the vista in front of you.
3. Imagine your vision extends through your closed eyelids into the space in front of you, and into your future.
4. Spend five minutes being grateful for the future possibilities that await you.

YOGA EXERCISES

Neck Stretch

Benefits: Stretches neck muscles, reducing tension in the neck.

Instructions:

1. In a standing pose, exhale, gently letting your head fall to the right. Hold the pose for two to three breaths.
2. Inhale, slowly lifting your head back to the beginning position.
3. Exhale, gently letting your head fall to the left side. Hold the pose for two to three breaths.
4. Inhale, slowly lifting your head back to the beginning position again.
5. Exhale, gently letting your head fall forward. Hold the pose for two to three breaths.
6. Inhale, slowly lifting your head back to the beginning position. Exhale, gently letting your head fall backward. Hold the pose for two to three breaths.
7. Inhale, slowly returning your head to the upright position.
8. Repeat the pose two to three times.

Tips

- Keep your shoulders relaxed and down from your ears, with your shoulder blades flat against your back.
- Keep your arms relaxed.
- You will feel a stretch in the sides, front and back of your neck.

Caution: Be careful if you have neck problems.

Arm Reach

Benefits: Loosens the shoulder joints and stretches the upper back.

Instructions:

1. In a standing pose, inhale and put your arms in the air, reaching towards the ceiling or sky.
2. Exhale, allowing your shoulders to return to their normal position, and drop your arms to your sides.
3. Repeat the pose five times.

Tips:

- Keep your head faced forward, with your eyes looking straight ahead.
- You will feel a stretch in your shoulder blades

MEDITATION EXERCISES

Listening

Close your eyes, breathe deeply and regularly...separate from the chatter of the stream of thoughts which flow through your mind....

Sound surrounds in the busy world...but it also whispers of breeze and birds and children playing....

As your mind begins to quiet and you relax...become aware of the variety of sounds which surround you...there is no need to do anything but listen...listen with your ears...listen with your heart....

Let your focus gently float among the sounds of the world...gradually...flow inward...towards your center...eventually you will not hear anything....

Stay there for as long as you comfortably can.

When you are ready, gently re-emerge...and ‘hear’ the sounds of ‘now’...open your eyes...be ‘here’...back in the physical space that surrounds you.

‘Letting Go’ of a Stress

Sit or lie in a comfortable position...breathe slowly and deeply.... Visualize a situation, or a person, or something that makes you feel anxious and tense....

As you do this, you might see a person's face...a place you're afraid to go...a situation you don’t want to deal with...or simply a dark cloud....

Where do you ‘see’ this stressful picture...? Is it above you...to one side...or in front of you...?

How does it look? Is it big...or little...dark...or light...? Does it have certain colors...?

Now slowly begin to shrink the stressful picture...see the stressful picture shrinking until it is so small that it can literally be held in the palm of your hand....

Hold your hand out in front of you, and place the picture in the palm of your hand....

Now...imagine the stressful picture is so small it can fit on your second finger...watch it shrink from there until it finally turns into a little dot and disappears....

When ready, gently open your eyes...and smile!

(Often this exercise causes feelings of amusement, as well as relaxation, as the feared stressor shrinks, gets less intimidating and finally disappears.)

CREATIVE EXERCISES

Emotion Word Poem

A poem based on attracting emotion words. First, choose from the following emotion words those that attract you: fear, ecstasy, anger, courage, panic, peace, despondent, numb.

Now choose one of the words. For example: ‘peace’.

What does peace say to you? If peace were to be an animal or object, what animal or object would it be?

Peace lives in a place that looks like _____.

Peace is _____.

Peace is like _____.

Record Your Awareness

Awareness is really seeing something as if for the first time...seeing details you missed before...taking the time to fully experience:

- what you see
- what you hear
- what you taste
- what you smell
- what you touch

SLOW DOWN...concentrate on the here and now. Think about how the environment influences your thoughts, moods and actions. Record these impressions in a journal.

Think about what’s important to you in life. Make a list of what you need and what you want in your life.

Write and draw your:

- Experiences and your reactions to them

- Memories of significant events in your past
- Dreams, hope, wishes
- Fears and frustrations
- Goals and plans to achieve them
- Ideas and inventions

Personal History

1. Create a personal pictorial history of different significant scenes, moments and symbols that have meaning to you in your life. Draw, or use abstract colors, shapes or symbols, or create a montage using images from photographs, magazines or other media, on a large sheet of paper or in your journal.
2. Develop a comic book illustrating a significant time in your personal history with drawings, dialogue and story.
3. Write a monologue or design a dance, expressing an important scene from your personal history. You could perform the monologue or dance in private, just for yourself, or perhaps share this artistic expression with like-minded colleagues or friends. For example: Ask a colleague to paint your ‘backdrop’ or ask a musician friend to contribute their music making and ‘share’ your stories with your friends.

Unique Outcome Stories and Transformations

Focus on a problem that you are faced with in your life at this time. If you could imagine yourself free of the problem, where would you be and what would you be doing?

Think about a time in your past when you moved in a direction that you prefer. What would be most helpful in taking a step towards a transformed life? What images, ideas or rituals might help you to clarify the direction of the transformation?

Write the story as you would like to see it unfold.

RELIEF WORKER BURNOUT QUESTIONNAIRE

Test yourself to see whether you are at risk of burnout. Test yourself regularly and keep track of your scores, to monitor whether your stress levels are increasing or decreasing, and how well you are managing stress.

Name:

Date:

Instructions: Rate each of the following items in terms of how much the symptom was true of you in the last month.

0 = Never

1 = Occasionally (less than one time per week)

2 = Somewhat often (one or two times a week)

3 = Frequently (three or four times a week)

4 = Almost always (almost every day)

Do you tire easily? _____

Do you feel fatigued a lot of the time, even when you have gotten enough sleep? _____

Are people annoying you by their demands and stories about their daily activities?_____

Do minor inconveniences make you irritable or impatient? _____

Do you feel increasingly critical, cynical and disenchanted? _____

Are you affected by sadness you can't explain? _____

Are you crying more than usual? _____

Are you forgetting appointments, deadlines, personal possessions? _____

Have you become absent-minded? _____

Are you seeing close friends and family members less frequently? _____

Do you find yourself wanting to be alone and avoiding even your close friends? _____

Does doing even routine things seem like an effort? _____

Are you suffering from physical complaints such as stomach aches, headaches, lingering colds, general aches and pains? _____

Do you feel confused or disoriented when the activity of the day stops? _____

Have you lost interest in activities that you previously were interested in or even enjoyed? _____

Do you have little enthusiasm for your work? _____

Do you feel negative, futile or depressed about your work? _____

Are you less efficient than you think you should be? _____

Are you eating more or less, smoking more cigarettes, or using more alcohol or drugs to cope with your work? _____

TOTAL SCORE (add up scores for items 1–13): _____

Interpretation: No formal norms are available for this measure. Based on the content of the items, a score of 0–15 suggests the worker is probably coping adequately with the stress of his or her work. A score of 16–25 suggests the worker is suffering from work stress and would be wise to take preventive action. A score of 26–35 suggests possible burnout. A score above 35 indicates probable burnout.

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