

***Section VI: The Impact of Doing the Work
on Workers and Caregivers***

**THE IMPACT ON THE WORKER AND CAREGIVER OF DOING THE WORK - written by Mary Price-
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“The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet”

– Dr. Naomi Rachel Remen

The emotional impact on Child Welfare workers, caregivers, family members and youth comes in various forms and ways. One way we see this is in vicarious trauma which is the emotional, psychological, and mental impact of being with a person and hearing their story of trauma and suffering. It is the process of being changed by another person's traumatic telling of their experiences. We also see the impact of compassion fatigue which is a slow developing indifference or numbing your emotional pain, suffering and adversity. It is an emotional erosion that takes place when workers/caregivers aren't able to refuel and recharge. Finally, Burnout is a disconnection and disengagement from your helping role as a result of chronic and unaddressed stress, fatigue and vicarious trauma. (TFC training Neurobiology of Helping).

We all experience some form of impact as a result of our helping profession, and it would be helpful to view workers/caregivers as first responders in many ways. It does not make us weak, or not good at our jobs, it means we are human and are experiencing normal reactions to another person's suffering, adversity, and pain (TFC training Neurobiology of Helping).

Workers and Caregivers have many system challenges as well that inhibit them doing this work. These can include but are not limited to lack of funding, high caseloads for Society Workers, insufficient training opportunities for workers/caregivers, high staff turnover and poor retention of caregivers, which all contribute greatly to the impact of the work (TFC training- Importance of Self Care). It would be very beneficial if we made relationships between children and workers/caregivers a priority when determining service delivery models and caseloads (youth leaving Care Hearings 2013). The single most important factor in the success or failure of trauma work is the attention paid to the experience of the helper! (Saakvitne and Pearlman)

It is also important to note that as children/youth move through different placements they experience grief and loss. Grief is the physical and emotional responses to the death, separation or loss of a beloved person or thing. Grief is the price we pay for being in a loving/caring relationship. In the telling of their story workers and caregivers can be greatly affected and may also grieve for many reasons. Personal issues, hopes and dreams for the child, change of placement, ability or inability to help children, grieving of the relationship, grief of biological parents of the child, and grieving the abuse and neglect experienced by the child.

Most workers/caregivers have some unresolved grief and loss (it is normal). This can be seen through triggers, emotionally not in tune with yourself and others, masking and denying of emotions and an impact on relationships (becoming guarded, distant, poor quality of intimacy). Common myths about grief are: “time heals all wounds”, “you can replace the loss”, “grieve alone”, “be strong for others”, “bury your feelings and keep busy”; however without support and processing of these emotions workers and caregivers are often left having increased emotional impact of the work.

“To spare oneself from grief at all costs can be achieved only at the price of total detachment, which excludes the ability to experience happiness.” Erich Fromm

Self care is a process and an attitude. It's not an event! Essential tools to stay positive are hope, trust, tenacity, professionalism, management of strong feelings and caring.

We need to engage in Collective Care for all involved in the supportive work. This is the process for which your team takes care of each other and shares the weight of the emotional work. This might include debriefing (formally or informally), peer support, reciprocity, and humour.

Lastly, we need to help and support resiliency with workers and caregivers. Resilience is the ability to overcome adversities, traumatic events or conditions, hardships, or suffering. With increased resilience we can often resist the effects of hardship, bounce back from, return to, or even excel at functioning in the work and day to day tasks. To help promote resilience in workers/caregivers it is suggested to be deliberate and attentive to planning prior to intervention. (The Resiliency Project). Resiliency factors promote insight, independence, relationship, initiative, creativity, humor, and morality.

An Example: "A worker on my team was attending the funeral of a youth who had been caught in the crossfire of a gang war. While attending the service, many gunshots were heard outside of the church, and the congregation dropped to the floor for cover. No one was hurt, but when the worker returned to the office, I noticed she was very distressed, and she told me she had feared for her life. A referral was made to the agency's peer support team. She met with a peer support member for a critical incident stress debriefing and was given some psychoeducational material to prevent PTS and STS. A few days later, the worker told me how helpful the intervention had been for her mental health."