Vicarious Trauma Manual for Counsellors

2025

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Leading With Conviction And Courage

Prepared by: Social Planning Council of Peel
Prepared for: Punjabi Community Health Services

Acknowledgements

Land Acknowledgement

The Social Planning Council of Peel (SPCP) would like to express their gratitude and respect for the privilege to work and live on the territory of the Huron-Wendat and Petun First Nations, the Seneca, and the Mississaugas of the Credit River. This land has been the home to Indigenous people for thousands of years.

As guests on this land, we acknowledge the impacts of colonization, including unequal access to opportunities. We acknowledge our roles in supporting activities and policies that contribute to the decolonization and production of information to voice social issues and improve the quality of life for individuals and communities.

We are committed to working in partnerships with the Indigenous communities to ensure this land acknowledgment is more than just words; it's a commitment to fostering respect, understanding, and reconciliation. We thank the Indigenous people of this land, and express our respect for their past, present, and future stewardship of this land.

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1.1 Introduction

Canada is a country built on immigration that has welcomed many migrants in it's long history. “Migrants are individuals who enter a foreign country to live or work. An estimated 244 million people worldwide have migrated out of their countries of origin, fleeing war or poverty or pursuing the dream of a better life" (Chong et al., 2019).

“Migrants are often subjected to specific risk factors for mental health problems, mainly related to exposure of stressful and traumatizing experiences, including racial discrimination, urban violence, abuse by law enforcement officers, forced removal or separation from their families, detention or reclusion, and/or deportation. Stress and trauma have been robustly associated with risks for mental disorders, including but not limited to posttraumatic stress disorder (PTSD), major depressive disorder, psychosis, and suicide” (Chong et al., 2019).

Newcomers include:

- Economic and business immigrants
- Family-sponsored immigrants
- International students
- Temporary foreign workers
- Permanent residents
- Refugees
- Asylum seekers

Community agencies and organizations, such as **PCHS** (Punjabi Community Health Services), offer crucial resources for many new arrivals, including much-needed emotional and psychological support. “Migrants are often subjected to specific risk factors for mental health problems, mainly related to exposure of stressful and traumatizing experiences, including racial discrimination, urban violence, abuse by law enforcement officers, forced removal or separation from their families, detention or reclusion, and/or deportation. Stress and trauma have been robustly associated with risks for mental disorders, including but not limited to posttraumatic stress disorder (PTSD), major depressive disorder, psychosis, and suicide”.

PCHS provides holistic care in a trauma-informed approach, where the support offered is designed to prevent further harm to clients, creating empathetic interactions, leading to the best possible outcomes for new arrivals. However during the helping process settlement staff are constantly exposed to stories about terrible acts of cruelty and persecution. This increases the probability of staff incurring damaging effects to their mental health, including vicarious trauma.

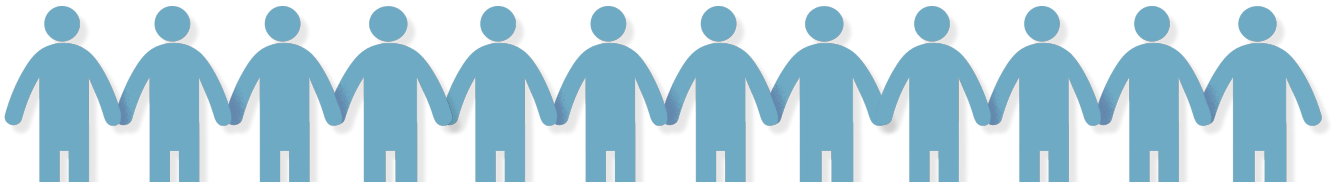
1.2 Who is This Manual For?

The term **vicarious trauma**, referred to by many different titles, occurs when a helping professional experiences severe psychological reactions affecting their worldview due to their exposure to client trauma. In the last several decades since it was discovered, researchers have noted high levels of vicarious trauma in people performing support roles.

> Between 40% and 85% of "helping professionals" develop vicarious trauma, compassion fatigue, and/or high rates of traumatic symptoms.
>
> (California Training Institute, 2025, para. 3)

Staff roles most likely to be affected by vicarious trauma include:

1. **Mental Health & Trauma Counselors**
   - Provide services to those suffering from mental health challenges, such as PTSD, etc., while constantly hearing traumatic horror stories.
2. **Case Managers & Settlement Workers**
   - Exposed to distressed clients experiencing systemic barriers while assisting with housing, employment and case management.
3. **Immigration & Legal Consultants**
   - Intense emotional cases where families may be separated when seeking asylum, refugee status or denied permanent residence.
4. **Family and Youth Workers**
   - Assist families with migration, intergenerational or cultural traumas and struggle with adapting to a new environment.
5. **Crisis Response and Community Outreach Staff.**
   - Provide support in very stressful conditions, addressing issues surrounding abuse (domestic, etc.), addiction/overdose, or homelessness.
6. **Translators & Interpreters**
   - Must remain detached while translating stories of war, abuse or trauma.



1.2 Purpose of This Manual

This manual was designed to be used as a comprehensive educational tool to mitigate the risks of vicarious trauma in settlement staff. It will provide detailed information on vicarious trauma including:

- Definitions and alternate terms
- How it develops in helping professionals
- Adverse psychological responses and other symptoms
- Importance of self-assessment
- Recognizing the behaviours vicarious trauma
- Effective tools and strategies for healing
- Importance of prevention and implementation strategies

1.3 How to Use This Manual

This vicarious training manual can be used for the following purposes:

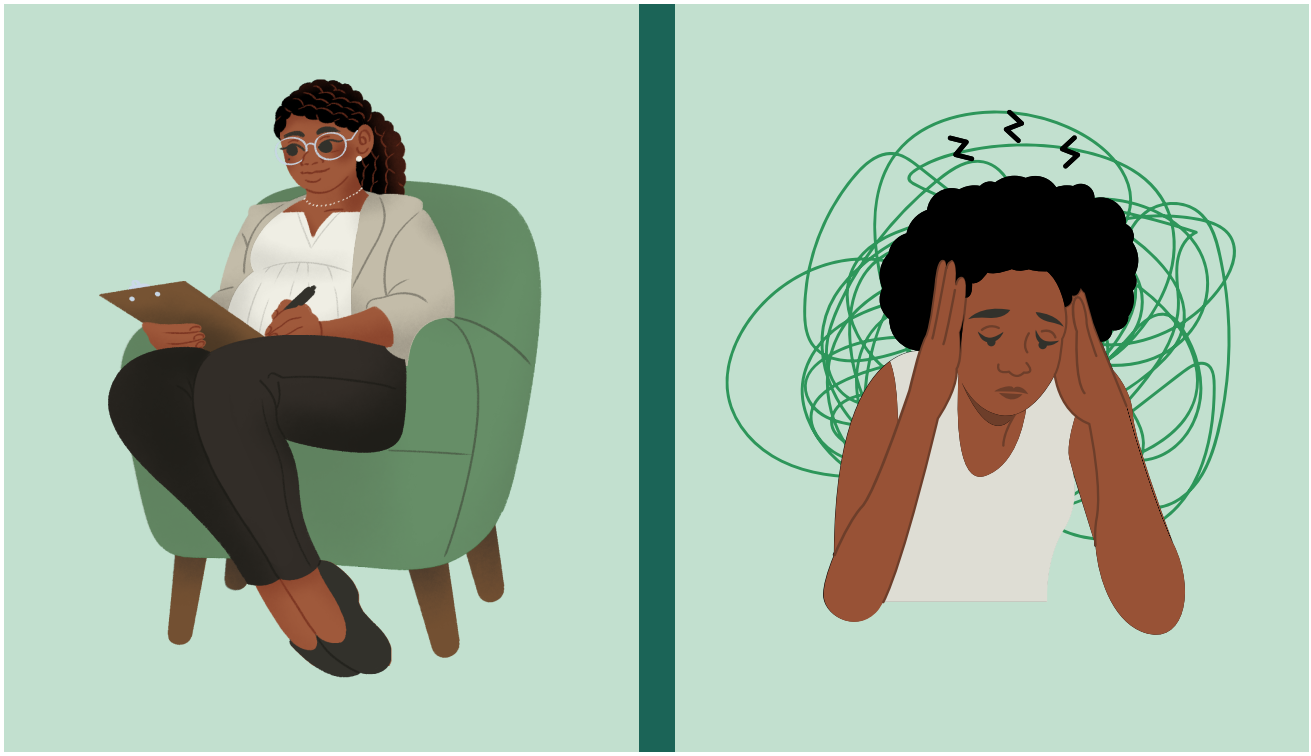
- **Training**
  - new staff training, workshops, refresher training for staff, to facilitate group discussions,
- **Self-Directed Learning**
  - increase awareness, self-reflection and assessment tools, identifying warning signs in self and co-workers
- **Self-Care**
  - resource for self-care tools (meditation, journaling etc.
- **Workplace Development**
  - use to create policies, develop best practices for staff

2. Understanding Vicarious Trauma:

What Is Vicarious Trauma?

It is first important to understand what vicarious trauma is.

Vicarious trauma can be defined as the, "...transformation of the therapists' or helpers' inner experience as a result of the empathetic engagement with survivor clients and their trauma material" (Saakvitne & Pearlman, 1996, p. 279)



Vicarious trauma is closely related to secondary traumatic stress (STS) and compassion fatigue (CF). Due to the lack of consensus within the current literature, these three concepts may be used interchangeably or be defined as mutually exclusive and distinct phenomena.

For the purposes of this manual, vicarious trauma is utilized both to describe the i**nternal transformation** experienced by an individual due to repeated and prolonged exposure to traumatic materials *and* the **external symptoms** which may develop as a result of these changes.

2.1 Trauma Within The Context Of Migration

While working alongside newcomers can be incredibly rewarding, it is not without its challenges.

Migration can be both the cause or result of trauma. To best understand the mental health needs of newcomers, staff must consider the unique circumstances of each individual and family.

These could include:

- **The cause of migration**
  - **What social, political, economic, or environmental reasons contributed to their departure?**
    - For example, victims of political persecution may be particularly sensitive to the pacing and presentation of questions due to previously experiences with being interrogated.
  - **Was this anticipated or sudden?**
    - Newcomers may experience additional stress when they do not have their material needs met.
- **The state of the family**
  - **To what degree is the family together?**
    - Reunification can be a long and strenuous process. Newcomers may find it difficult to prioritize their own wellbeing when their loved ones are separated from them.
  - **To what degree are the family able to support one another?**
    - *"Conspiracy of Silence"*- It can be common for family members to be reluctant to disclose and/or discuss traumatic events amongst one another. While understandable, this can make it difficult for individual and collective healing to occur.
    - *"Role Reversal"* - This may occur with younger members of the family, who often acquire language skills at a faster rate and take on additional responsibilities to support their family.
- **The state of the individual**
  - **How is the individual managing their trauma?**
    - Even when working with families, each member will have their own distinct experiences and responses to the challenges they have faced.

2.2 Why Are Counsellors Working With Newcomers At Risk For Developing Vicarious Trauma?

- Through witnessing the details of trauma and experiencing the effects on others, professionals are at risk of developing secondary effects that are nearly identical to trauma response. Service providers who experience vicarious traumatization are at risk of suffering debilitating psychological, emotional, physiological, and behavioural reactions.

- Beyond the personal effects for the service provider, there are strong indications that vicarious traumatization threatens the stability of the helping relationship, resulting in adverse and possibly harmful effects for the people help is intended.

- Traumatic countertransference involves feelings of being overwhelmed by painful images and thoughts presented by survivors, which obstruct the (service provider's) ability to be objective or present."

- Helpers may respond to traumatic countertransference by overidentifying with survivors or becoming detached, angry, or avoidant when the survivors' experiences are distressing to the helper.

- The withdrawal of empathy and loss of attachment in the relationship between the helper and the trauma survivor may be detrimental to the healing process.

- Service providers also require a basic understanding of the syndrome of vicarious traumatization and ways to manage the impact on both personal and professional levels effectively.

- Symptoms related to the trauma of torture can surface during various stages of transition in the migration process and be exacerbated through the strain of adjusting to a new culture.

3. Signs & Symptoms:

What Does Vicarious Trauma Look Like?

As helping professionals, we face occupational hazards that can seriously affect our mental health and well-being. When providing support to those in need, we may neglect our own needs in the process.

For registered social workers and social service workers in Canada, self-care is mandated under the CASW Code of Ethics, Values and Guiding Principles. Section 4.2.4 of the Guiding Principles states that there is a duty to practice self-care and to address vicarious trauma, compassion fatigue, and burnout by accessing professional help when needed.

Most care professionals have the intention to follow this guideline when they start practicing in the field. However, over time, as the physical, emotional and mental demands inherent to one's occupation accumulate, self-care can become increasing difficult to maintain over the course of one's career.

If staff and counselors are not mindful of their mental and physical health, they may miss the signs of vicarious trauma.

Here are signs and symptoms of vicarious trauma which you should be aware of:

3.1 Signs & Symptoms of Vicarious Trauma - Personal Life

Emotional Symptoms

- Feeling numb
- Mood swings
- Helplessness
- Feeling a loss of control
- Negative feelings
- Depression
- Severe emotional distress
- Being overwhelmed
- Hypersensitivity
- Avoiding intimacy
- Feelings of powerlessness
- Anxiety
- Guilt
- Fear
- Anger
- Depletion

Physical Symptoms

- Aches
- Shallow Breathing
- Rapid pulse/breathing
- Increased heart rate
- Impaired immune system
- Sweating
- Headaches
- Fatigue
- Sleep Problems
- Stomach irritation

Cognitive Symptoms

- Inattention
- Apathy
- Perfectionism
- Confusion
- Decreased self-esteem
- Spaciness
- Self-doubt
- Lack of Concentration
- Loss of meaning
- Pessimism
- Preoccupation with trauma
- Rigidity
- Disorientation
- Recurrent distressing thoughts
- Trauma imagery
- Thoughts of self-harm or harm toward others
- Whirling thoughts

Behavioural Symptoms

- Regression
- Appetite changes
- Sleep disturbances
- Accident proneness
- Losing things
- Self-harm behaviours
- Use of negative coping (smoking, alcohol or other substance misuse)
- Self-destructive behavior
- Minimization
- Irritability
- Nightmares
- Sleep and appetite changes
- Isolate from friends & family
- Hypervigilance
- Easily startled or frightened

Relational Symptoms

- Loss of interest in intimacy or sex
- Mistrust
- Isolation from friends
- Projection of anger or blame
- Loneliness
- Withdrawn
- Minimization of others' concerns
- Intolerance
- Impact on parenting (protectiveness, concern about aggression

Spiritual Symptoms

- Questioning the meaning of life
- Loss of purpose
- Lack of self-satisfaction
- Ennui
- Anger at God
- Loss of meaning
- Questioning goodness versus evil
- Disillusionment
- Questioning prior religious beliefs
- Pervasive hopelessness

3.2 Signs & Symptoms of Vicarious Trauma in Professional Life

Performance

- Low motivation
- Avoidance of job tasks
- Increase in mistakes
- Working too hard
- Obsession with detail
- Decrease in quality/quantity of work
- Task avoidance
- Difficulty with inattention
- Setting perfectionist standards
- Forgetfulness

Morale

- Loss of interest
- Dissatisfaction
- Negative attitude
- Apathy/Detachment
- Lack of appreciation
- Feelings of incompleteness
- Decrease in confidence
- Demoralization
- Feeling undervalued and unappreciated
- Reduced compassion

Relational

- Withdrawal from colleagues
- Decrease in quality of relationship
- Poor communication
- Staff and client conflicts
- Detached/withdrawn from co-workers
- Impatience
- Intolerance of others
- Sense of being the “only one who can do the job”

Behavioural

- Absenteeism
- Faulty judgement
- Irritability
- Tardiness
- Irresponsibility
- Overwork
- Frequent job changes
- Exhaustion
- Poor follow-through

3.3 Identifying Vicarious Trauma Within Yourself and Others

When vicarious trauma goes undetected, it can have adverse effects on one's personal and professional life. There will always be signs that can help us catch it in the early stages if we know what to look for.

If you believe you might be experiencing vicarious trauma stay alert for these reactions:

- Changing the subject
- Providing pat answers or not addressing the issue
- Being angry or sarcastic with clients
- Using humour to change or minimize the subject
- Blaming clients for their experiences
- Faking listening or not being able to pay attention
- Being afraid of what is going to be said
- Suggesting the client, "get over it"

(Canadian Centre for Victims of Torture, n.d.)

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

- reaching out to speak 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.

(Office for Victims of Crime, n.d.)

(EQUIP Healthcare, 2019)

3.4 Case Studies

Case Study: An Early Warning Sign

Ms. C's first job after graduating with her MSW degree was as a psychiatric social worker on an isolated island in the Philippines. When she arrived, she found that she had the most mental health training of anyone on the island. The Filipino non-profit she worked for had psychiatrists on call for consultation by phone, and a psychiatrist would fly in for several days every two months to assess and prescribe medications. Ms. C had a caseload of more than 100 clients who had fled Vietnam by boat and had experienced multiple traumas.

Many of the clients were suffering from severe mental health problems, and some faced ongoing violence. Ms. C found herself working with multiple cases of trauma with both the perpetrator(s) and victim(s) at the same time. She only had access to peer supervision, with only sporadic access to a more senior, experienced supervisor when they visited the island. Within several months, Ms. C's sleep became routinely disrupted. She began to have frequent nightmares. When she examined her nightmares, she realized that they were not her own—they were those of her clients, especially those who had experienced atrocities on the high seas during their escapes from Vietnam.

Instead of becoming alarmed at this development, however, her anticipatory work prior to starting the MSW program (vowing to check in regularly with how she was feeling and functioning) proved protective and reassuring. Her approach was to view these nightmares as fortuitous, because it gave her the opportunity to develop and implement a prevention plan and recognize the importance of taking care of herself and creating balance in her life very early in her career. More than two decades later, she is still working with trauma survivors. Her role has evolved and expanded and the population she works with is different (survivors of state-sponsored torture from all over the world. She also reports that she no longer has the nightmares of her clients.

Reflection Questions

- Have you ever developed nightmares that include images from your clients' traumatic experiences or themes related to these experiences?
- Have you experienced other signs or symptoms of vicarious trauma?
- Are there particular settings or situations that tend to trigger your vicarious trauma reactions? If so, what are these?
- Have you switched populations, work settings, or professional roles as a result of developing symptoms of vicarious traumatic stress?
- How do you address your vicarious trauma reactions?
- Have your efforts been successful?
- Are there things you would like to try differently to address these reactions or, in general, to take care of yourself?

(NetCE, n.d.)

Case Study: Type II Countertransference Reaction

Ms. B is a relatively new therapist who works at a center that serves women who predominantly have experienced domestic violence and abuse as children. She is only one year out of graduate school and has not had extensive specialized training about trauma or the impact of trauma work on herself. She has begun to feel extremely overwhelmed in her work with Patient P, a young Cambodian woman, 19 years of age. Patient P was referred to Ms. B's center by the Federal Bureau of Investigation (FBI) a month ago after they rescued her from a sexual human trafficking ring in a sting operation.

Patient P will be required to testify in court against her traffickers, something that frightens her considerably, particularly because they threatened to harm her and her family back in Cambodia if she ever reported them to the authorities. She worries that her traffickers may see her when she leaves the shelter to go to the store or to the center. In the past month, Patient P has shared with Ms. B about the extensive emotional and physical abuse she experienced as a child—abuse that left her with a broken arm and two broken ribs. She was eventually sent by her parents to live with a distant aunt. When Patient P was 16 years of age, her aunt lost her job and the aunt told Patient P that she had found a well-paying job for her with a family, but when she showed up for her first day of work she quickly learned that her aunt had sold her into a life as a sex worker.

Ms. B develops intense stomach pains and headaches during and following sessions with Patient P. She finds herself full of uncertainty about how to proceed with treatment and overwhelmed by intense anxiety and horror, as well as graphic images of the patient's repeated abuse. She is plagued by self-doubt and insecurities about her ability as a therapist to help Patient P heal from the traumas she has experienced and prepare psychologically to testify against her traffickers. Ms. B feels exhausted every day and at times feels despair; her countertransference reactions are illustrative of empathic disequilibrium.

Reflection Questions

- What are the factors that appear to have made Ms. B at risk for developing empathic withdrawal?
- What might be the impact of Ms. B's countertransference reactions on Patient P?
- Have you ever found yourself experiencing signs of empathic withdrawal or another Type II countertransference reaction? If so, what were they? If not, what factor(s) do you think helped to protect you from developing these reactions?
- How did you handle or address any Type II countertransference reactions you may have developed?
- Were your efforts at addressing these reactions successful? Why or why not?
- Would you do anything differently the next time you found yourself in such a situation? If so, what would you do differently and why?
- While not all countertransference reactions are problematic, each of the discussed reactions would likely have a less than optimal impact on the therapeutic relationship and course of treatment of the survivor. It is an ethical duty, above all, for health and mental health professionals not to do harm to their clients and patients. Therefore, it is essential that clinicians strive to become aware of, understand, and develop the skills to address or make therapeutic use of the information provided by their countertransference reactions. Attending effectively and appropriately to one's coun**tertransference reactions will also enhance one's professionalism and the quality of one's work.** **(NetCE, n.d.)**

Case Study: New Year's Resolutions

For many years, starting as a youth, I practiced the time-honored tradition that is widespread in the United States of making New Year's resolutions. Not just one resolution a year, but a list of things I would do differently or goals I would achieve each year. Inevitably, I would not be successful and would eventually, one by one, abandon most, if not all, of my resolutions as the year marched on. Some years, I achieved success or partial success, but in hindsight my efforts seemed haphazard. Clearly, my old approach was not working for me. I, like many people I know, grew to laugh about and expect this as inevitable. Some friends and colleagues gave up or never developed New Year's resolutions at all.

Some years ago, I decided to adopt a very different approach to New Year's and use it as an opportunity to recommit myself to taking care of myself, something that was so important to my personal and professional lives. What I have found works the best for me is to adopt an overall theme of "self-care" instead of a more traditional New Year's resolution. My plan includes routinely and frequently checking in with myself and asking myself if whatever I am doing or planning to do is in keeping with my self-care. I have found that this strategy is profoundly more helpful and easy to follow and stick with. It supports my setting boundaries and limits and makes it easier for me to weed through the many emails I receive each day and requests for my time in an efficient manner.

I spend much less time agonizing over how I can juggle my schedule to accommodate conducting a training course, attending an interesting workshop, or squeezing in another meeting. I used to have a harder time saying no when I was asked to do something that I knew I had the skill set to do or something that inherently interested me but conflicted with my other responsibilities. Now I find it generally easy to say, "Sorry, I do not have time right now to do that," or "I am overextended as it is and I cannot take that on right now."

An important component of my new strategy includes being gentle and not overly harsh or critical with myself if I slip in my self-care occasionally. I am going for an overall commitment to self-care for the long-haul, as a lifestyle change. Beating myself up if I have a bad day or neglect myself occasionally is, after all, antithetical to self-care. I use that opportunity as a wake-up call to assess what happened and rededicate myself to taking care of myself.

(NetCE, n.d.)

4. Factors Contributing to Vicarious Trauma

Caseload Ratio

One of the most prominent factors is the caseload ratio. This means that the more time spent working with traumatized community members, the more likely one is to develop vicarious trauma (Hensel et al., 2015, pg. 87)

Balancing staff's caseload so that they are engaging with a diverse set of service users can mitigate the stress often associated with this repeated and prolonged exposures to the traumatic realities of participants (Quitangon & Evces, 2015, pg.41)

Personal History of Trauma

Having a personal history of trauma also heightens the risk. Studies have shown that reactivation is more likely to occur when working with individuals who have experienced similar trauma to one's own (Hensel et al., 2015, pg. 87). This is important because many social workers are motivated to enter this field for the purpose of helping people in vulnerable situations and/or because they have been personally impacted by the profession in some capacity (Petersén, 2024, pg. 709)

Sociodemographic Variables

Certain sociodemographic variables are associated with higher STS symptom burden. These include: being female, being younger in age, having lower educational attainment, and having a lack of social support (cite, pg.3)

Coping Styles

Passive coping strategies such as self-distraction, use of humour, venting, substance use, behavioral disengagement, and self- blame are found to correlate with STS and burnout (cite, pg. 208).

4.1 Organizational Factors

Several organizational practices can be risk factors for vicarious trauma and burnout:

Unrealistic expectations.

Vicarious trauma and burnout can occur when advocates and other providers struggle to maintain high levels of empathy and caring in work situations where there is likely to be unrealized and unrealistic expectations (Anderson, 2004). Examples of unrealistic expectations include pressure to accept overly large caseloads or pushing trauma survivors to accomplish goals too quickly (Office for Victims of Crime, 2011)

Management style

"Top-down" management style, in which supervisors question and sometimes invalidate lower-level staff's practice knowledge and self-care attempts, can be particularly disruptive (Perlman & Caringi, 2009). An advocate who has been in the field for several years points out: "We got hired because they thought we could do the job. When there's competition, or people checking up on each other, or gossip, those kinds of things really tear at the healthy work environment"(Office for Victims of Crime, 2011).

Inappropriate demands

Chronically short-staffed agencies may pressure advocates and other providers to work in ways that mitigate against self-care – for example, working double shifts, or forgoing breaks, comp time and vacation days. Inappropriate multitasking demands also contribute to feeling overwhelmed (Office for Victims of Crime, 2011).

Abusive workplace where bullying is tolerated

In a 2007 survey on Organizational Factors Leading to Vicarious Trauma or Burnout, conducted for the Workplace Bullying Institute, 37% reported either being bullied at the present time or at some point in their careers. According to the same survey, 45 percent of targeted individuals suffer stress-related health problems as a result of the abuse. As with other types of violence and abuse in our society, workplace abuse is about the perpetrator's desire to control others (Office for Victims of Crime, 2011).

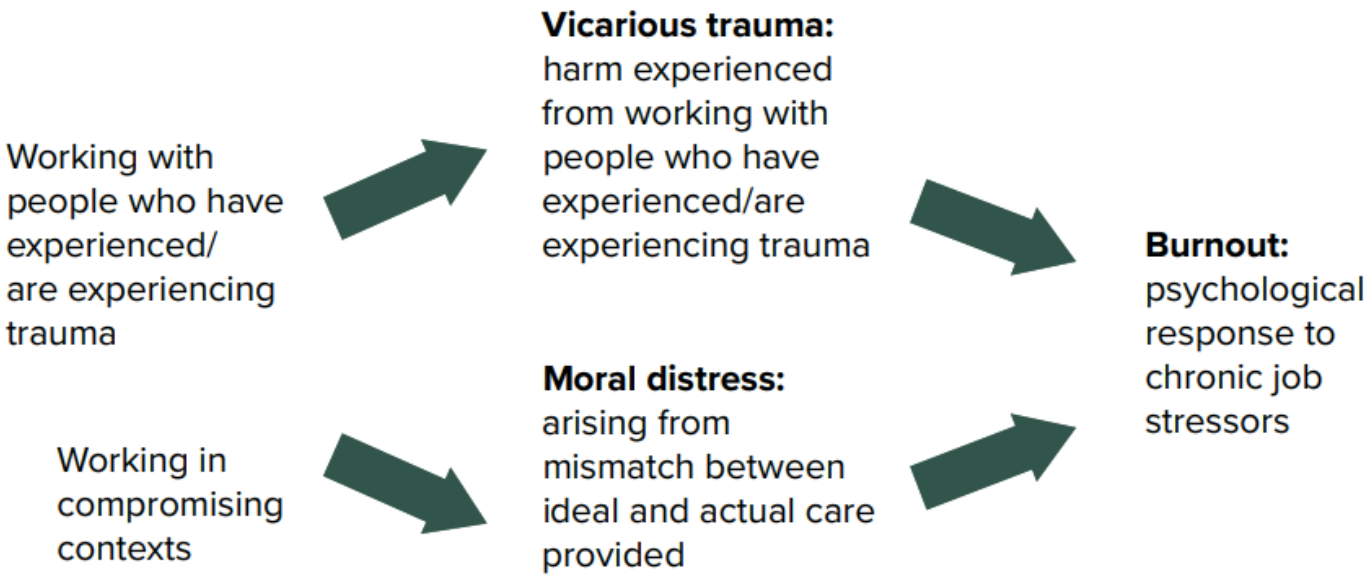
5. Impacts of Vicarious Trauma on Counsellors

How Are Counsellors Lives Impacted?

Helping professions like settlement workers, will be exposed to the suffering of those we support, and hearing about traumatic experiences on a regular basis can take it's toll.

The policies we must follow as we work may not coincide with our own ethics and values; especially when we feel clients may not receive the best standard of care. This can be upsetting. Support workers can often experience a powerless feeling when confronted with the hardship and anguish of traumatized newcomers, and unfortunate lack of adequate supports that leaves them with unmet needs. Being aware of how vicarious trauma effects us can be the beginning of a prevention strategy that benefits employers and employees.

How Vicarious Trauma Develops



(EQUIP Healthcare, 2019, p.2)

5.1 Personal and Professional Impacts

Vicarious trauma impacts individuals on a professional and personal level.

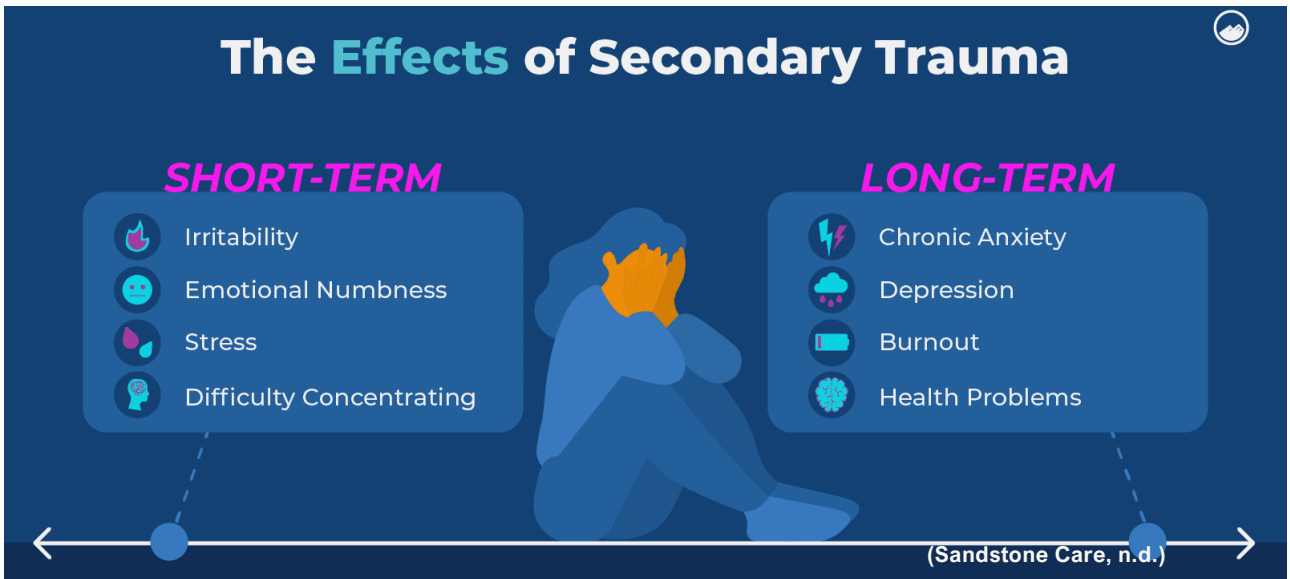
Personal Impacts

- Individuals impacted by vicarious trauma may experience a variety of symptoms including: heightened anxiety, depressed mood, decreased empathy, suspicion of other people's intentions, and lessened desire for intimacy in their close relationships (Sui & Padmanabhanunni, 2016, pg. 3; Kounenou et al., 2023, pg. 1438)

(Sandstone Care, n.d.)

Professional Impacts

- Due to the ways vicarious trauma impacts the way an individual thinks, feels and behaves, such consequences often extend beyond their personal life.
- Counselors may have difficulty concentrating and become avoidant of clients (Kim et al., 2021, pg. 1438)
- They also may demonstrate a decreased capacity to provide therapeutic service and experience a decline in job satisfaction (Kounenou et al., 2023, pg.1-2).



(Sandstone Care, n.d.)

6. Prevention & Self-Care Strategies

Resilience refers to the capacity to adapt to and recover from stress. Higher levels of resilience have been associated with lower levels of psychological distress, burnout, and secondary traumatic stress among human service professionals (Harker et al., 2016).

Mindfulness & Stress-Reduction Techniques:
Mindfulness is the practice of staying present and aware of thoughts and emotions. It has been shown to reduce distress and improve emotional regulation (Harker et al., 2016). Deep breathing and meditation are simple techniques that help lower anxiety and physical tension (Zaccari, 2017). Incorporating short mindfulness exercises into daily routines can help counselors remain grounded during stressful situations.

Building Emotional Regulation Skills

Recognizing Emotional Triggers:
Identifying situations or client interactions that bring out strong emotional responses can aid in developing coping strategies (Zaccari, 2017).

Implementing Coping Mechanisms:
Engaging in regular self-care practices, such as exercise, hobbies, and social activities, can mitigate the effects of vicarious trauma (Zaccari, 2017).

Developing a Support Network:
Cultivating relationships with colleagues and mentors provides opportunities for debriefing, reflection and emotional support, which are essential in managing work-related stress (Harker et al., 2016).

Healthy Work-Life Balance Strategies

Setting Boundaries:
Separating work and personal life prevents burnout (Zaccari, 2017).

Time Management:
Prioritizing tasks and delegating reduces stress (Harker et al., 2016).

Self-Assessment:
Regular check-ins help recognize and address early signs of vicarious trauma (Zaccari, 2017).

6.1 Trauma Management

The ABCs of Managing Secondary Trauma—
Awareness, ***B***alance, and ***C***onnection[1]

Being aware of how our work can impact us, and achieving and maintaining a sense of balance and connection in our lives, can prevent us from experiencing secondary trauma and/or mitigate its harmful effects. Listed below are several ways in which you can decrease your risk of experiencing—or reduce the impact of—secondary trauma.

Awareness

- *Know your own "trauma map."* Acknowledge your own history of trauma and be aware that it can affect how you view and do this work.
- *Inventory your current lifestyle choices and make necessary changes.* Do you get enough sleep? Do you allow yourself downtime? Do you exercise regularly? Try to do these things.
- *Take care of yourself.* Create a self-care list and post it prominently in your home or office. A sample self-care list may encourage you to:
  - Be creative;
  - Get away;
  - Get outside and appreciate the weather;
  - Enjoy other environments;
  - Have fun; and
  - Socialize with people who aren't criminal!

Balance

- *Give yourself permission to fully experience emotional reactions.* Do not keep your emotions "bottled up."
- *Maintain clear work boundaries.* Avoid working overtime and do not spend all of your free time socializing only with coworkers, discussing the negative aspects of your job.
- *Set realistic goals for yourself.* Know your limits and accept them.
- *Learn and practice time management skills.* These skills will help you achieve a sense of balance in both your professional and personal lives.
- *Seek out a new leisure activity.* Choose a leisure activity unrelated to your job.
- *Recognize negative coping skills and avoid them.* Substitute these coping skills with the more positive coping skills included in your self-care list!

Connection

- *Listen to feedback from colleagues, friends, and family members.* Have a family member or friend conduct periodic "pulse checks."
- *Avoid professional isolation.* While it is best to not spend all of your time with coworkers, it is beneficial to be connected with and supported by your coworkers on the job.
- *Debrief after difficult cases.* Now is the time to talk to and connect with another coworker!
- *Develop support systems.* Start an informal peer support group, seek out a mentor, or be a mentor to someone else.
- *Seek training to improve job skills and capacity.* Training will not only allow you to stay abreast of new issues emerging in the field but will also allow you to connect with others who do this work
- *Remember your spiritual side.* While often neglected when stress occurs, this aspect can be most helpful to coping with secondary trauma.

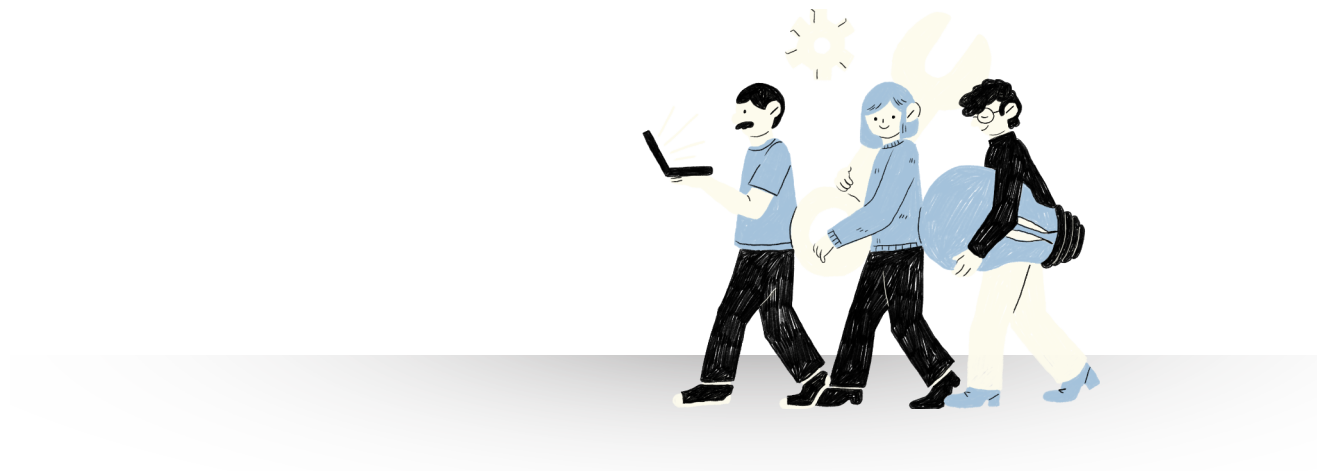
Section 3 Handout
The ABCs of Managing Secondary Trauma

(Edmonton Police Service, n.d.)

[1] Adapted from Saakvitne, K. & Pearlman, L. (1996). *Transforming the Pain: A Workbook on Vicarious Traumatization for Helping Professionals who Work with Traumatized Clients*. New York, New York: W.W. Norton and Company.

7. Organizational Support & Workplace Strategies

Organizations play a key role in supporting counselors in preventing and managing vicarious trauma. By creating a trauma-informed environment, fostering peer support, and ensuring access to professional help, organizations can help counselors manage the emotional challenges of their work.



Below are key strategies to enhance organizational support for counselors:

Education & Awareness

- Regular training on trauma-informed care helps staff recognize the signs of vicarious trauma and understand how to manage its effects (Kim et al., 2021).

Safe & Supportive Environment

- Counselors must work in environments where they feel emotionally and physically safe. This involves promoting clear communication, respecting boundaries, and maintaining confidentiality (Bell et al., 2020).

Flexible Workplace Policies

- Implementing policies such as flexible working hours, mental health days, and additional support for highly stressful cases can prevent burnout and allow counselors to manage their stress more effectively (Bouzikos et al., 2020).

Peer Support & Mentoring

- Counselors should have access to debriefing groups and mentorship programs. Regular debriefing sessions allow staff to share experiences, discuss coping strategies, and receive emotional support. Mentorship from more experienced counselors also provides guidance on managing difficult cases and emotional well-being (Bell et al., 2020).

Supervision

- Ongoing supervision ensures that counselors receive regular feedback, emotional support, and space to process difficult cases. This helps prevent emotional burnout and provides counselors with tools to cope with their emotional responses (Bouzikos et al., 2020).

Access to Professional Help

- Counselors must have access to individual therapy, Employee Assistance Programs (EAPs), and other mental health support services. These resources provide a confidential space for counselors to process emotions, build resilience, and maintain their mental health (Kim et al., 2021).

8. Best Practices for Counselling New Immigrants

Counselors working with newcomers to Canada face unique challenges, particularly when addressing the complex trauma and cultural dynamics these individuals may experience.

Counselors can use the following best practices for providing effective, culturally sensitive care while maintaining professional and emotional boundaries:

Culturally Sensitive Approaches

Cultural Humility: An ongoing process of self-reflection that helps counselors recognize biases and remain open to learning from clients (Ranjbar et al., 2020).

Understanding Immigrant Experiences: Many newcomers face displacement, discrimination, and trauma. A trauma-informed approach acknowledges these challenges and integrates cultural humility to improve support (Bekteshi et al., 2024).

Adapting Interventions: Counseling approaches should align with clients' cultural values, communication styles, and family dynamics to foster trust (Bekteshi et al., 2024).

Client Empowerment & Individual Safety

Clear Boundaries: Maintaining professional limits prevents emotional burnout and strengthens the therapeutic relationship (Bell et al., 2020).

Client Autonomy: Encouraging clients to make their own choices fosters resilience and confidence in their healing journey (Ranjbar et al., 2020).

Balanced Empathy: Counselors should offer empathy to clients, understanding their experiences without becoming overwhelmed or personally affected by their emotions. This allows counselors to maintain their emotional resilience while still providing meaningful support (Zaccari, 2017).

9. Practical Tools & Resources

Professional Tools for Counselors

Without deliberate efforts to secure knowledge through professional development workshops, case conferencing and training on the needs of survivors of torture, professionals are likely to remain misinformed.

Programs organized around the needs of refugees, including survivors of torture, must consider the importance of social action at the local community, national, or international levels.

In the community arena, establishing working relationships between various professional groups can be a bridge for assessment, consultation, and referral services to address client needs.

Professionals can seek out organizations actively involved in refugee work at national and international levels.

Due to the complexity of issues surrounding the effects of torture, crisis interventions must be centred in a multidisciplinary community.

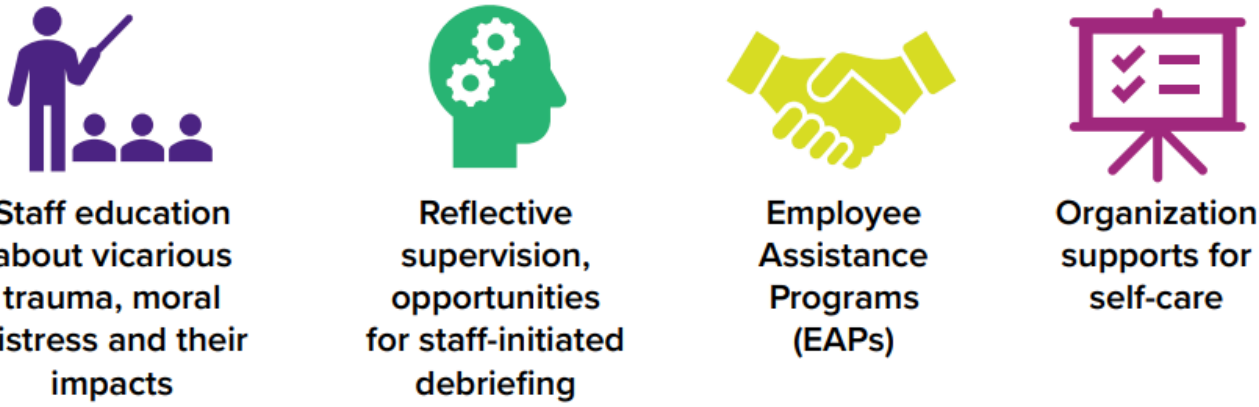
Community and Professional Support Networks

Through the collective efforts of professionals from various disciplines, a network of service providers can be formed to assist survivors of torture in the process of settlement in our communities.

9.1 Organizational Tools

There are many tools available to prevent and treat vicarious trauma. Best practices urge organizations to treat the threat of vicarious trauma very seriously.

- Leadership can sustain staff by anticipating and responding to staff needs, showing appreciation, and creating safe forums for communication
- Open and transparent communication regarding organizational mission, strategy, resources, and implementation of policies and procedures provides a strong foundation within the agency.
- Providing staff with greater access to the organization's strategic information also lowers the level of vicarious trauma.



(EQUIP Healthcare, 2019, p.2)

- To lessen the impact of vicarious trauma, managers and supervisors in vicarious trauma-informed organizations foster supportive relationships based on inclusivity, mutual respect, and trust.
- Promote policies and practices that lessen the negative impact of the work.
- Seek out and support staff following critical or acute incidents and conduct. performance evaluations that include discussions of vicarious trauma.
- Providing quality supervision in an environment where staff feel safe and respected enables practitioners to overcome the stress of heavy workloads and remain on the job.

(British Medical Association, n.d.)

9.2 Self-Assessment Resources

TABLE. Standardized screening measures

- Compassion Fatigue Self-Test (CFST)[4]
- Impact of Event Scale (IES)[16]
- Professional Quality of Life Scale (ProQOL)[17]
- Secondary Traumatic Stress Scale (STSS)[18]
- Self-Care Assessment Scale[11]
- Traumatic Stress Institute Belief Scale (TSI)[19]
- Trauma and Attachment Belief Scale (TABS)[20]

Psychtimes (n.d.) TABLE OF ASSESSMENT TOOLS

9.3 Coping With Vicarious Trauma

If you feel you may be suffering from vicarious trauma, try following these coping strategies to reduce the risks.

- Increase your self-observation - recognize and chart your signs of stress, vicarious trauma and burnout.
- Take care of yourself emotionally - engage in relaxing and self-soothing activities, nurture self-care.
- Look after your physical and mental wellbeing.
- Maintain a healthy work/life balance - have outside interests.
- Be realistic about what you can accomplish - avoid wishful thinking.
- Don't take on responsibility for your patients' wellbeing but supply them with tools to look after themselves.
- Balance your caseload - mix of more and less traumatised clients, victims and non-victims.
- Take regular breaks, take time off when you need to.
- Seek social support from colleagues, family members.
- Use a buddy system - particularly important for less experienced doctors.
- Use peer support and opportunities to debrief.
- Take up training opportunities.
- If you need it, take up time-limited group or individual therapy.
- There are also significant organisational factors that can increase the risk of a person being vicariously traumatised, which should be assessed and addressed.

(British Medical Association, n.d.)

9.4 Self-Assessment Tool

Here are some signs of vicarious trauma to watch for in yourself:

Emotional exhaustion: ☐

- Feeling drained and unable to cope with the emotional intensity of your work.

Cynicism and detachment: ☐

- Losing your sense of hope and connection to your clients or the profession.

Irritability and frustration: ☐

- Becoming easily annoyed or having a shorter temper.

Intrusive thoughts and nightmares: ☐

- Experiencing flashbacks or distressing dreams related to your clients' experiences.

Changes in physical health: ☐

- Including headaches, stomach aches, sleep disturbances, and changes in appetite.

Decreased empathy and compassion: ☐

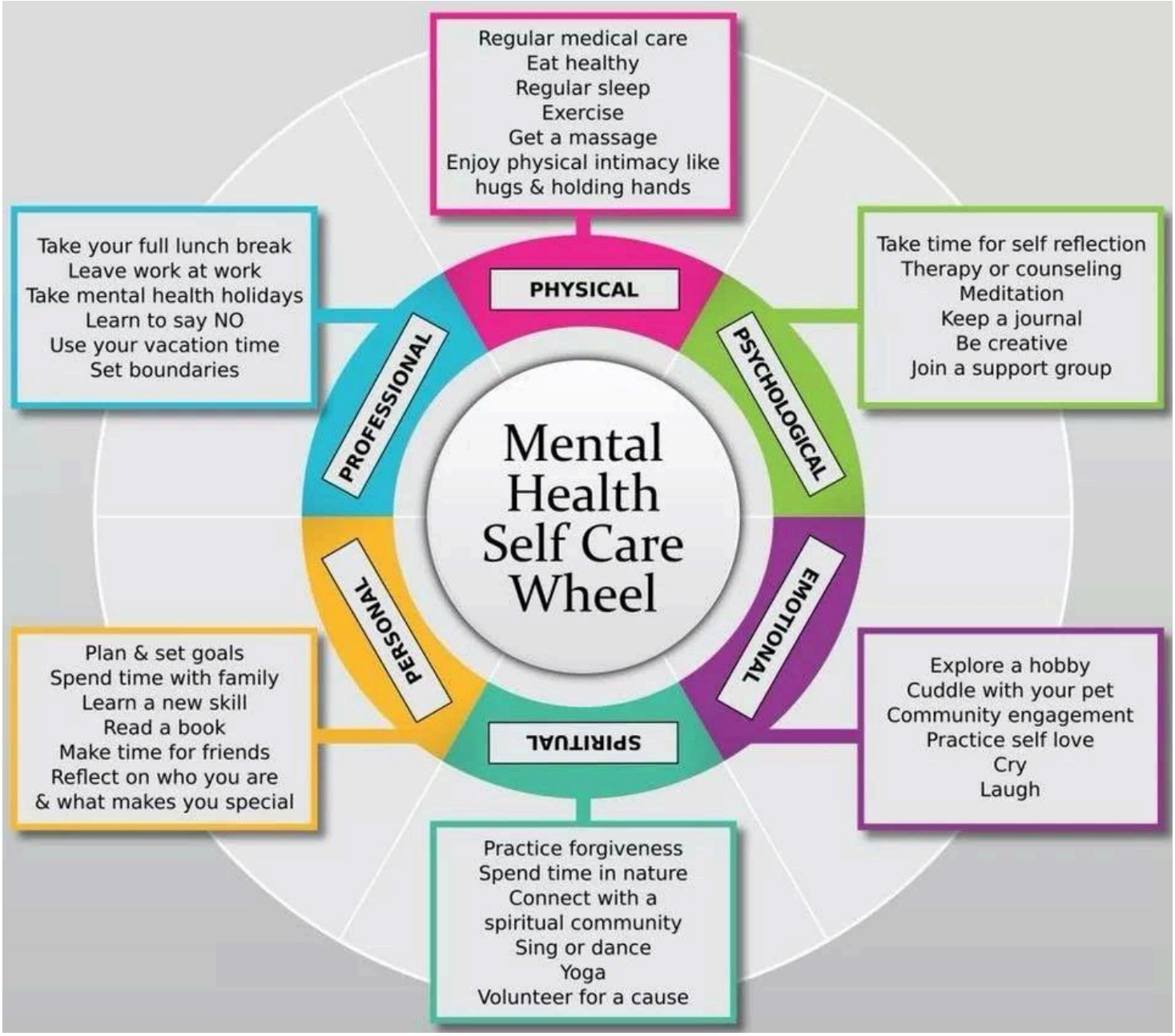
- Feeling numb or disconnected from others' suffering.

Difficulty concentrating or making decisions: ☐

- Feeling mentally foggy or overwhelmed.

(STARTTS, n.d.)

9.5 Self-Care Resource



(Gunning, 2018) SELF-CARE RESOURCE

10. Conclusion

The effects of vicarious trauma are serious and cause lifelong damage to your mental health and well-being. It can greatly affect your ability to provide empathetic and effective care to the newcomers that so desperately need it. If you become aware of the signs and symptoms of vicarious trauma in yourself, it's time to take preventative measures. Seeking out support for your mental health is not only essential to your personal wellbeing, there is also a responsibility to the new immigrant that you serve each day.

Continued education in how to manage vicarious trauma will provide you with the skills necessary to safeguard from its effects, allowing you to maintain an excellent quality of care. The training can be workshops, e-learning and webinars which can include topics such as:

- **Understanding transference and countertransference:** Learn how your own experiences and emotions can influence your work and how to manage them effectively.
- **Setting professional boundaries:** Establish healthy boundaries between yourself and your clients to maintain emotional well-being.
- **Self-care strategies:** Develop a robust self-care plan that prioritizes your physical and mental health. This could include relaxation techniques, exercise, healthy eating, and social support.
- **Critical incident stress management (CISM):** Learn techniques for processing and managing the stress of exposure to trauma.

Investing in Your Well-being

By taking steps to manage vicarious trauma, you'll be investing not only in your own well-being, but also in your ability to continue effectively helping others.

10.1 Key Take Aways

Self-Care is Extremely Important – Workers must engage in self-care to be able to build strong, professional relationships with the victims with whom they work.

- ***Self-Care Activities***
  - Each worker is different. We each need to identify what healthy self-care behaviours will help us reduce stress and fatigue. This will help us both in our work with victims and in our ability to build a balanced life. The following are possible ways in which workers can seek balance. Doing so may also help ensure that we increase our success with clients and still meet our personal needs in the rest of our lives.

- ***Self-Assessment***
  - Use of effective supervision/peer support
  - Researchers have found that workers who feel supported by their supervisors, friends and family showed less emotional exhaustion and felt more connected to other people and their own feelings (Brown and O'Brien 1998). \

- ***Setting boundaries***
  - Workers need to learn to set clear boundaries (Grosch and Olsen 1994; Kottler 1999).
  - Boundaries are basically the limits that we set on ourselves to ensure quality care.

- ***Building a balanced life***
  - Another important issue in self-care is balancing home and work life: We do not exist only at work.
  - We can have stress in our home life. Remember – stress at home can affect work just as easily as stress from work can affect home.

- ***Education and professional development***
  - Workers can always benefit from professional development and training.
  - These activities not only teach new skills, but also give time for workers to reflect on their performance.

- ***Use Services for workers***
  - Workers also need to know when to seek out help.
  - Possible treatment options include self-help (e.g. reading self-care books), support groups, psychotherapy, and outpatient or inpatient treatment (Grosch and Olsen 1994; Kottler 1999; Salston and Figley 2003).

THE POWER OF RESILIENCE!

- Resiliency begins with recognizing your strengths and understanding the importance of self-care.
- Using available resources to manage the effects of vicarious trauma is a vital part of your continued success and ability to provide life-changing service to those in need.
- By prioritizing your mental health, you can maintain your well-being while still fostering hope in those who arrive each day.

(Transpiral, n.d.) TRAUMA RESILIENCE DIAGRAM

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