



PTSD among homeless sector  
workers

OR

The traumatized helping the  
traumatized

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# Acknowledgement

- ▶ Thank you to Calgary Homeless Foundation and Edmonton Homeward Trust for funding this study

# Work conditions for those in homeless serving sector

- ▶ Working with homeless individuals recognized as very stressful (e.g. clients with mental illness, addictions, previous and current traumas, physical issues such as Hep C and HIV/AIDS, and lack of social support and poverty)

# Rationale for Study

- ▶ Anecdotal reports of high burnout rates among workers within the homeless serving sector in Alberta
- ▶ Our hypothesis: A study examining the stress and reported needs of front-line workers would provide validation for suspected high rates of burnout among workers, and pave the way for advocating for more supports

# Burnout, Vicarious Traumatization and PTSD

- ▶ **To what extent are these concepts similar and different?**
- ▶ **Do workers mislabel their own responses to workplace stress?**

<b>Burnout</b>	<b>Vicarious traumatization [STS]</b>	<b>PTSD:</b>
<b>Primary responses: Physical and emotional depletion: hopeless, helpless, exhausted</b>	<b>Primary responses: Intrusion, avoidance, arousal</b>	<b>Primary responses: Intrusion, avoidance, arousal</b>
<b>Frustration</b>	<b>Anxiety</b>	<b>Anxiety</b>
<b>Anger</b>	<b>Fear</b>	<b>Fear</b>
<b>Depression</b>	<b>Depression</b>	<b>Depression</b>
<b>Reduced response</b>	<b>Avoidance</b>	<b>Avoidance</b>
<b>Depersonalization</b>	<b>Intrusive Reminders</b>	<b>Intrusive Reminders</b>
<b>Changes in appetite of sleep habits</b>	<b>Sleep Difficulties: falling asleep, staying asleep, waking early</b>	<b>Sleep Difficulties: staying asleep, waking early</b>
<b>Diminished Feelings of Accomplishment</b>		
<b>Feelings of loss: role, identity, idealism,</b>	<b>Alterations In Personal Cognitive Schemas: Trust, Safety, Control, Intimacy</b>	<b>Alterations In Personal Cognitive Schemas: Trust, Safety, Control, Intimacy</b>

# The study: methodology

- ▶ Self-administered survey
- ▶ One-time data collection
- ▶ Target population: Workers in major organizations providing housing and support services to homeless people in Calgary and Edmonton

# The study: methodology (Survey)

- ▶ Three sections: demographics, work conditions, perceived needs and supports, measures of stress and burnout
- ▶ The PROQOL
  - ▶ compassion satisfaction
  - ▶ compassion fatigue
  - ▶ burnout
- ▶ Abbreviated PCL-C a brief PTSD screen

# Study methodology (Sample)

- ▶ Surveys completed: 499 across 23 organizations in Calgary and Edmonton
- ▶ Of those surveyed, 25% worked in sector for less than 1 year
- ▶ 43% work in sector for less than 2 years
- ▶ 74% for less than 5 years

# Study methodology (Worker primary roles)

- ▶ Almost 54% work in intake, are support counsellors, or shelter/emergency residence staff
- ▶ Case managers -17%
- ▶ 8% - administrative or facility responsibilities
- ▶ 38% reported multiple roles including administrative, direct services functions, and other (teachers, nurses, child care workers)

# Results – PROQOL

- ▶ average levels of burnout, vicarious traumatization and compassion satisfaction compared to other helping professions
- ▶ 24% of workers had burnout and vicarious traumatization at sufficiently elevated levels that they should consider stepping back from direct care responsibilities

## Results – PROQOL (cont'd)

- ▶ 24% of workers had seriously diminished compassion satisfaction

# Results – PCL

- ▶ Scores of 14 or greater on the PCL indicate probable PTSD
- ▶ 36% of workers had high levels of traumatic stress (indicating probable PTSD)
- ▶ When we included those who scored one point below the cut off score 45% are experiencing high traumatic stress

## Results – Correlations between constructs

- ▶ Correlation between PTSD and burnout (.580  $p > .000$ )
- ▶ Correlation between secondary traumatic stress and burnout (.325)
- ▶ Correlation between secondary traumatic stress and PTSD (.611  $p > .000$ )

# Results-Correlations between constructs

- ▶ Those with higher trauma symptoms had less satisfaction in helping others
- ▶ Burnout and secondary traumatic stress may predispose a worker to PTSD symptoms, but secondary traumatic stress is a greater contributor to PTSD than burnout

# Making sense of the results

- ▶ Burnout scores not as high as expected. Why?
- ▶ PTSD rates much higher than other studies of rates among police, firefighters, nurses, etc.... Could this be related to experiencing adverse childhood/life experiences (and thus entering this field), with the result that current situations trigger old PTSD responses?

## Making sense (cont'd)

- ▶ Could higher levels of traumatic symptoms be related to establishment of relationships over time (as compared to emergency workers who do not know their clients)?
- ▶ Could traumatic symptoms be in part related to perceived threat (consider war studies)?

## Making sense (cont'd)

- ▶ While the relationship between STS and PTSD is significant (.611), why is it not higher?

## Making sense (cont'd)

- ▶ Could workers who report burnout actually be mistaking symptoms of PTSD for burnout?
- ▶ Or, is it more acceptable to report burnout than traumatic symptoms?

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# What next? Research implications

- ▶ Replication of current study in other locations
- ▶ Intervention study

# What next? Agency implications

- ▶ Need to recognize differences between burnout and PTSD
- ▶ Agency standards and policies that identify traumatic incidents and include protocols for counselling and support (? Like concussion protocols in professional sports)

# What next? Education implications

- ▶ Post secondary education for those entering helping fields about recognizing trauma responses in themselves and others
- ▶ Education about need for self-care (where self-care becomes acceptable, even if it means taking time off of work)



Questions?

▶ Thank you!