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Ameliorating Stress and Burnout among Professionals who work with Migrants and Refugees

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Cover Page Footnote

This project was reviewed by the Institutional Review Board of the University of Texas at El Paso, Project [1386968-1].

Ameliorating Stress and Burnout among Professionals who work with Migrants and Refugees

The US-Mexico border region in general, and the El Paso/Ciudad Juárez region in particular, have been the location of significant international bidirectional migration since the Treaty of Guadalupe Hidalgo of 1848 conceded nearly half of Mexico to the United States, including the current states of California, Nevada, Arizona, New Mexico, and parts of Colorado and Texas. Many millions of migrants from Mexico and Central America have migrated on a temporary, seasonal, cyclical, and permanent basis to the United States in search of labor and economic opportunity. Throughout this long period of migration, there has also been a growing stream of individuals and families who have migrated to the United States in search of asylum on grounds of persecution. Others leave to escape serious crimes such as homicide, kidnapping, extortion, trafficking, and forced conscription into organized crime. During the period 2007 to 2013, hundreds of thousands of Mexicans migrated to the United States as a consequence of the absence of physical security in that nation due to protracted drug related conflicts and a proliferation of organized crime (Passe & Cohn 2019; Budiman, 2020).

More recently, the migration of individuals from the Northern Triangle countries of Central America, Guatemala, El Salvador, and Honduras has increased significantly as governments in those three countries have been increasingly unable to provide for public safety and security as a result of the emergence of gang violence, drug trafficking, and organized crime (O'Connor, Batalova & Bolter, 2019). Since the sanctuary movement of the early 1980s, when American churches and social justice organizations provided safety to Central Americans who were fleeing ethnic genocide and the civil wars of right-wing dictatorships, the United States has seen the in migration of hundreds of thousands of Central American migrants. Many of those migrants, both authorized and unauthorized, have transited through El Paso/Ciudad Juárez port of entry (McDaniel, 2017).

Recent presidential administrations of both political parties have aggressively interdicted migration from Mexico and Central America. Current federal policies seek to deter, detain, and deport migrants from Central America and Mexico through aggressive border enforcement, including zero-tolerance, family separation, parental deportation, prolonged incarceration and detention (Slack, 2019).

Agencies throughout the US-Mexico border that serve the migrant population by offering legal assistance, social services, advocacy, sanctuary, and shelter have been significantly affected by the increases of migrants who have fled to the US-Mexico border under adverse circumstances. These migrants have been exposed to significant adversity and trauma in their countries of origin and enroute to the border. In addition, migrants also experience hardship upon arrival to the border region where many are apprehended, detained, or arrested, even when making legal petitions for asylum under United States law (Keller, Joscelyne, Granski & Rosenfeld, 2017; Lusk & Terrazas, 2015).

Attorneys, paralegals, mental health professionals, clergy, paraprofessionals, and volunteers who work with migrants and refugees repeatedly encounter migrants who recount stories of extreme adversity, trauma, and hardship. Because agencies that serve migrants tend to be significantly underfunded and understaffed, comparatively small numbers of professionals and volunteers serve large caseloads of individuals who seek legal advice, advocacy, shelter, and

social services. Because a significant portion of the migrant population they serve has experienced intense adversity, the individuals who work with them have experienced secondary traumatic stress, compassion fatigue, burnout, and worsened professional quality of life. Repeated exposure to traumatized individuals on a day-to-day basis has exacted a significant toll on those who serve migrants and refugees (Lusk & Terrazas, 2015).

Professionals who work directly with individuals who have experienced trauma can be adversely affected and may display the signs and symptoms of secondary traumatic stress disorder and compassion fatigue (Figley, 1999; Bride et al., 2004; Darr & Johns, 2008; Baird & Kracen, 2006; Bride & Figley, 2009). Secondary traumatic stress has been documented among social workers (Adams, Boscarino & Figley, 2006), substance abuse counselors (Bride, Hatcher & Humble, 2009), physicians (Huggard & Dixson, 2009; Nimmo, & Huggard, 2013), nurses (Mealer & Jones, 2013; Neville & Cole, 2013), psychotherapists (Figley, 2002), disaster responders, (Boscarino, Figley & Adams, 2004), HIV workers (Garrett, 1999), family members of combat veterans (Nash & Litz, 2013; Yambo & Johnson, 2014), and hospice workers (Slocum-Gori et al., 2013).

Secondary trauma and compassion fatigue can be debilitating to professional and paraprofessional workers. Those who are themselves harmed by secondary exposure to trauma may be less effective in working with clients. In addition, such individuals may experience loss in quality of life, impaired functioning, anxiety, family dysfunction, and isolation (Figley, 1995; 2002).

Workers at agencies in the border region that serve traumatized migrant populations are at an elevated risk of traumatic stress because their clients include migrant women marked by violence, vulnerable children of refugees, victims of severe crimes, survivors of torture and kidnapping, and individuals who have been trafficked. Staff members and volunteers at these organizations are overextended and exposed repeatedly to highly traumatized patients and clients. As a result, programs have been developed in El Paso over the past 15 years to provide support, wellness services, psychoeducational interventions, and counseling to ameliorate the stresses and adversities of professionals and volunteers who work with this population. Many of these programs serve high caseloads with limited funding.

The Child Guidance Center Response

As a result of these circumstances, mental health professionals in El Paso initiated a project to provide psychoeducational training and support to self-identified professionals and volunteers who work with migrants in order to reduce their stress by engaging in wellness, self-care and resilience building. The program began with twice per month support groups promoted through existing networks of immigration professionals and organizations.

The El Paso Child Guidance Center is a trauma-informed care facility in El Paso. They employ a number of social workers and counseling psychologists who teach self-care, wellness, and resilience building skills as a part of their educational and outreach efforts to the El Paso region. The center has developed a project that mediates compassion fatigue, burnout, and secondary traumatic stress among providers who work with migrants, including attorneys, paralegals, social workers, paraprofessionals, and volunteers. Over the course of two years, a series of ongoing sessions have been held in the community in which attorneys, advocates, and volunteers in the immigration field shared and processed experiences about the adverse effects of long-term work with highly stressed migrants and refugees. The project also trained mental

health practitioners to conduct psycho-social assessments of migrants and refugees who are seeking legal protection or asylum in the United States.

The professional support component of the project has entailed bi-monthly two-hour group sessions that provide psychoeducation and mutual support. These voluntary sessions were open to any provider seeking to develop self-care, wellness, and resiliency skills at no cost to the participant. Using techniques such as guided movements, tai-chi, relaxation techniques, mindfulness, and group discussion modeled on CAPACITAR, the sessions are aimed at reducing the rate of secondary trauma, burnout and emotional exhaustion (Cane & Revtyak, 2016). The program empowers legal and mental health providers with wellness and self-care skills. Recognizing that work with refugees and migrants is also extraordinarily rewarding, the sessions have helped participants reframe their experiences in such a way as to derive compassion satisfaction from serving migrants.

The purpose of this study is to assess the Migrant and Refugee Professional Support Project – a program that focuses on promoting wellness and resiliency among workers and volunteers who experience burnout, secondary trauma and limited professional quality of life. These groups have met two or more times per month for over two years to empower participants with strategies and tools for personal, professional, and organizational growth and development. The study utilized self-assessments conducted at the beginning and upon completion of participation in the professional support project. The self-assessments included Likert scale questions about stress, wellness, and self-care. In addition, the self-assessment included the administration of the Professional Quality of Life Scale (ProQol) and the Secondary Traumatic Stress Scale (STSS). Also included was process evaluation feedback from facilitators and providers of the wellness and resiliency programming.

Method

The research method selected for this study was a non-experimental single group pre-test/post-test research design. Study participants were professionals who worked with migrants and refugees and participated in psycho-education and wellness services from the El Paso Child Guidance Center to improve resilience, and self-care. Thirty-five study participants were recruited from professionals receiving psycho-educational services from the El Paso Child Guidance Center.

The mixed methods evaluation consisted of content analysis and nonparametric statistics. Nonparametric statistics including the Siegel-Tukey Test, Spearman's Rank Correlation, and the Mann Whitney U Test were used to examine association between and among variables. The measurement methods included survey data and two psychometric scales: the Professional Quality of Life Scale (ProQol) and the Secondary Traumatic Stress Scale (STSS). The ProQol is a public access instrument that has been translated into several languages and which is used with a wide range of professionals to measure compassion satisfaction, burnout and compassion fatigue. The reliability of ProQol was assessed with the Cronbach alpha, yielding scores of .90 for compassion satisfaction, .80 for burnout and .90 for compassion fatigue (Heritage, Rees & Hegney, 2018). The STSS was developed by Bride, Robinson, Yegidis and Figley and is a 17-item self-administered scale that measures secondary trauma. Ting, Jacobson, Sanders, Bride and Harrington (2008) found high internal consistency reliability with a Cronbach alpha of .94 among a sample of 275 social workers who reported being exposed to client trauma. Both the ProQoL and STSS psychometric properties were a good fit for this study design and sample population.

Findings

A pre and post method of data analysis was employed to assess the effectiveness of this pilot program using a 13-item questionnaire that examined participants' views. Two standardized measures the ProQol and STSS were administered. The ProQol measures three dimensions of a worker's views about job satisfaction, burnout and secondary stress. The Secondary Traumatic Stress Scale exclusively measures secondary traumatic stress. Thirty-five professionals participated in the program and completed the pre-testing and 19 professionals completed the post-testing. With respect to demographic data, there were 9 male participants and 26 women. The average age of the participants was 32.82 years with a range of 17 – 75 years. Table 1 details the self-reported occupations and educational level of the program participants.

Insert Table 1 Here

Several questions were asked of program participants to gather information about their experiences related to wellness, resilience, self-care and professional experiences working with refugees and migrants. These questions were asked as they entered the program and again after they completed the program to assess whether the program had an impact on how they felt about their work and themselves. The questions on a five-point Likert scale included:

1. "My organization/employer supports my wellness, resilience, & self-care"
2. "My supervisor addresses wellness resilience and self-care in my supervision"
3. "I am currently engaged in wellness, resilience, and self-care practices"
4. "I am uneasy about or wary of talking at work about the stresses associated with working with refugees and migrants"
5. "I experience guilt or shame wanting or needing to engage in wellness, resilience and self-care practices"
6. "I believe that I need to engage in more wellness, resilience and self-care practices"

The participants responded to these questions on a scale from 1-5, with 1 = strongly agree, 2 = disagree, 3 = neither agree nor disagree, 4 agree, and 5 = strongly agree. Program participants were asked the same questions as they exited the program to determine if there was any change in their responses. We compared the pre- and post-mean scores of each question and found that there was positive score changes, or improvement, in questions 2, 3, and 5. There was no change in questions 1 and 6 suggesting that organizational supports remained steady and that research participants continued to believe in the importance of their use of wellness practices.

Program participants felt that their agency was supportive of wellness, self-care and employee resilience. Respondents indicated that their supervisors addressed wellness and supported resilience and self-care in their supervision. Participants said that they needed to engage in wellness and self-care and the results indicated that they were more engaged in self-care and wellness as a result of their participation in the project.

The ProQol measures **compassion satisfaction** which is how much fulfillment one gets from their job and feelings of doing a good job at work. In this aspect of the ProQol program participants scores improved over the course of their participation in the program. Our analysis found that on this feature of the ProQol 60% of program participants' scores increased, suggesting that their views about job satisfaction and their workplace improved.

The ProQol also measures **burnout** and we found that burnout scores among 63% of the participants improved when the pre-test and post test scores were analyzed, indicating that the project had made an impact on reducing burnout. In addition, the ProQol measures secondary trauma and we found program participants who completed the post-testing scores experienced lower rates of secondary trauma. The results of this analysis suggest that program participants increased their job satisfaction, experienced reduced levels of burnout, and saw a decline in their secondary traumatic stress.

Program participants were administered the Secondary Traumatic Stress Scale, which specifically measures secondary traumatic stress (STS) - a central problematic condition among professionals who are exposed to indirect trauma by hearing stories and incidents of trauma from their clients. Our analysis indicated that the program participants had been exposed to secondary trauma and adversely affected by it at their place of employment. We also found that 74% of the program participants' STS scores decreased, suggesting that their secondary traumatic stress had diminished after their participation in the program.

Upon enrollment in the project (pre-test), participants were asked to identify the most pressing issue they needed help with from the Migrant and Refugee Professional Support Project. Respondents mentioned work life balance, burnout, depression, and the need to identify resources they could access for improving their work life. An analysis of their responses found the following themes to be most important:

Insert Table 2 Here

Qualitative Findings

Upon completion of the first phase of the project (post-test), participants were asked to identify what was the best part of the Professional Support Group Project. Participants addressed the importance of sharing with others who work with migrants and the connectedness they experienced as members of the group. They also commented on the value of the activities they engaged in (such as Tai-Chi, etc.). In addition, participants said they benefited from helping each other and by experiencing empathy

Also, upon completion of the first phase (Year One) of the project (post-test), participants were asked how they thought that the Professional Support Project could be improved. Respondents indicated that they wished that more people were involved, that the groups would meet more frequently, and that the project would continue over the long term. Others asked for more information on health and nutrition. Most (64%) suggested that the program include more meditation. Some (36%) wished that the program could be offered in house at their agency. Respondents stated that the project was beneficial and should continue in the future.

Upon completion of the second phase (Year Two) of the project (post-test) participants were asked to identify the best part of their experience with the support group and were also asked to provide suggestions to improve the project.

Emerging themes presented by participants indicated that the best part of the Migrant & Refugee Professional Support Project were:

- Sharing experiences about the work with refugees
- Making connections with other professionals

- Receiving support from others
- Developing coping skills

One participant reported that the group provided an opportunity to "feel connected to others who understood and shared [her or their] experiences." Another shared that she was able to "see that the effects [she is] experiencing are normal for the type of work and caseload we have which help create stronger boundaries for self-care." Of the four themes, sharing with others was the least common response. Most participants enjoyed physical activities of the group, specifically guided movements and tai chi.

When offered the opportunity to share suggestions, participants reported that they would like more participants per session, facilitating without supervisors present, and longer sessions. A respondent reported they are overall thankful for the safe space, while another reported "it was hard to come to more sessions because it's hard to get out of work at 5:30ish; often we work overtime." Other respondents stated they would like more of a variety of coping skills and activities. Overall, respondents appeared to enjoy and benefit from the support group and hope the project continues.

Conclusion

The findings suggest that group and individual psychoeducation can empower legal services and mental health providers with wellness and self-care skills that can reduce their secondary stress and improve their professional quality of life. Work with refugees and migrants can be extraordinarily rewarding if it is done in a way that helps workers reframe their experiences to derive compassion satisfaction from serving vulnerable people. One key implication of the study is that providing supportive resilience building and wellness skills may be of value to those who work with other high-risk populations such as COVID-19 patients and their families.

The relevance of this study is that it examines a novel community based intervention approach that targets professionals from different disciplines who are exposed to high levels of secondary trauma. Unlike common mindfulness or stress management methods CAPACITAR employs culturally responsive techniques from around the world taught by trained behavioral health professionals using group work complemented by individual counseling (Cane & Revtyak, 2016). Study participants reported that the support they received from others in the group motivated them to attend and offer relief from their symptoms.

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Table 1

Selected Demographics

| <i>Self-Reported Occupation</i> | <i>Frequency</i> | <i>Percent</i> |
|---------------------------------|------------------|----------------|
| Paralegal | 10 | 28.5 |
| Attorney | 9 | 25.7 |
| Student | 7 | 20.0 |
| Program Director | 2 | 5.7 |
| Consultant | 1 | 2.8 |
| Immigration Coordinator | 1 | 2.8 |
| Volunteer Coordinator | 1 | 2.8 |
| Policy Coordinator | 1 | 2.8 |
| Office Manager | 1 | 2.8 |
| Psychologist | 1 | 2.8 |
| Intern | 1 | 2.8 |
| Total | 35 | 100 |

| <i>Self-Reported Education</i> | <i>Frequency</i> | <i>Percent</i> |
|--------------------------------|------------------|----------------|
| High School GED | 1 | 2.9 |
| Some College | 1 | 17.1 |
| College Degree | 11 | 31.4 |
| Graduate Degree | 9 | 25.7 |
| Doctoral Degree | 8 | 22.9 |
| Total | 35 | 100 |

Table 2

*Participants' Perceptions of Challenges and Program Benefits**Challenges Faced by Participants*

| Issue | Frequency | Percent |
|---------------------|-----------|---------|
| Self-Care | 8 | 22.8 |
| Burnout Overwhelmed | 7 | 20.6 |
| Work-Life Imbalance | 6 | 17.1 |
| Depression | 4 | 11.4 |
| Finding Resources | 4 | 11.4 |

Best Part of Professional Support Project

| Issue | Frequency | Percent |
|-----------------------|-----------|---------|
| Sharing | 9 | 47.3 |
| Connectedness | 7 | 36.8 |
| Activities & Exercise | 5 | 25.3 |