Harm Reduction International 2025

Help! My team is burning out

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Setting the scene:

- Seeing increasing levels of burnout as part of capacity building work in US

- At both program leadership/ED level and team levels

- EG: Who supervises the ED, as they supervise everyone & everything else?

- Emergency TA versus prevention options = <mark>ORGANIZATIONAL INTENTIONALITY</mark>

- Getting creative with staff support and resiliency building with little or limited budgets

- Justifications to funders as to why these should be a a line item in a funding application budget

- Research to back this up and support justifications?

RESEARCH FINDINGS

Email:
awenconsulting08@gmail.com

Subject line:
Infographic request

A SNAPSHOT

An Exploratory Qualitative Study of Harm Reduction Workers' Occupational Stress and Coping Narratives

Katie A McCormick, Ph.D., MSW
Steve Hicks School of Social Work, The University of Texas at Austin

WHAT WE KNEW

- Harm Reduction Workers (HRWs) work on the frontlines of the opioid overdose epidemic, providing life-saving services to vulnerable communities.
- HRWs face numerous stressors in their work, which take a toll on HRWs well-being and can lead to burnout and turnover.
- This study examines HRWs' perceptions, experiences, consequences, and responses to occupational stress.
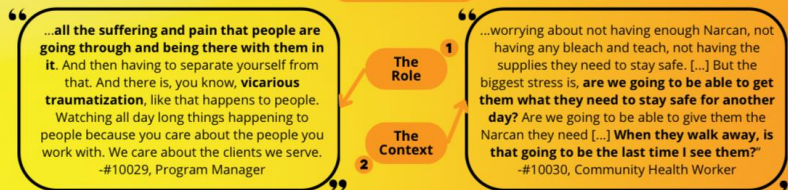
WHAT WE WANTED TO KNOW

- What are the sources of occupational stress for HRWs?
- What are the impact and effects of occupational stressors on HRWs?
- How do HRWs cope with their occupational stress?

WHAT WE DID

- **Data Collection**
  N=32 participants complete in-depth semi-structured virtual interviews
  Explored experiences of occupational stress and coping strategies
- **Recruitment**
  Participants identified through convenience, purposive, and snowball sampling methods
- **Data Analysis**
  Transcribed audio recordings analyzed using Applied Thematic Analysis by a 3-member coding team

RECOMMENDATIONS

Enhance HRWs' coping skills

Build team cohesion and peer support

Institutionalize mechanisms that support self-care

Advocate for policy change favorable to harm reduction

WHAT WE FOUND

Data revealed stressors related to:

"...all the suffering and pain that people are going through and being there with them in it. And then having to separate yourself from that. And there is, you know, **vicarious traumatization**, like that happens to people. Watching all day long things happening to people because you care about the people you work with. We care about the clients we serve.
-#10029, Program Manager

1 The Role

2 The Context

"...worrying about not having enough Narcan, not having any bleach and teach, not having the supplies they need to stay safe. [...] But the biggest stress is, **are we going to be able to get them what they need to stay safe for another day?** Are we going to be able to give them the Narcan they need [...] **When they walk away, is that going to be the last time I see them?**"
-#10030, Community Health Worker

Despite the negative effects of these stressors, HRWs demonstrate resilience and utilize an array of adaptive strategies to cope with their work-related stress.

Poster 1

Psychological Distress and Burnout Among Frontline Harm Reduction Workers Addressing the Opioid Epidemic in Texas

Katie A McCormick, Ph.D., MSW

Steve Hicks School of Social Work, The University of Texas at Austin

WHAT WE KNEW

- Harm Reduction Workers (HRWs) work on the frontlines of the opioid overdose epidemic, providing life-saving services to high-need, underserved communities.
- In this work, HRWs are exposed to considerable amounts of trauma, adversity, and psychological distress.

WHAT WE WANTED TO KNOW

1. What are the levels of psychological distress and burnout among HRWs?
2. Is there a correlation between psychological distress and burnout?
3. To what extent does psychological distress predict burnout among HRWs?

WHAT WE DID

- **3-part online survey**
  - Socio-demographics
  - Occupational and psychological distress measures
  - Qualitative questions related to perceptions of work-related stress
- **Recruitment**
  Participants identified through voluntary response and snowball sampling methods
- **Data Analysis**
  N=176 participants
  Frequency distributions, bivariate analyses, multiple linear regressions
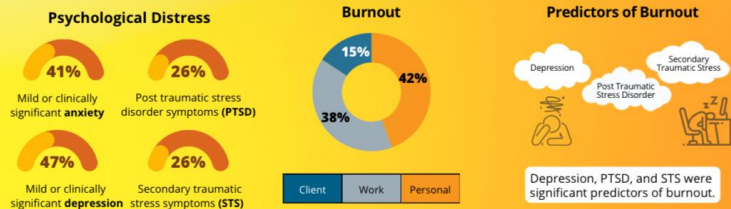
As the opioid overdose epidemic continues to worsen, there is a critical need for investment in efforts to reduce the potential for burnout and turnover in order to sustain this essential workforce.

RECOMMENDATIONS:

- Enhance HRW coping skills
- Build team cohesion and peer support
- Institutionalize self-care supports
- Advocate for favorable harm reduction policies

WHAT WE FOUND

Psychological Distress

- 41% — Mild or clinically significant **anxiety**
- 26% — Post traumatic stress disorder symptoms **(PTSD)**
- 47% — Mild or clinically significant **depression**
- 26% — Secondary traumatic stress symptoms **(STS)**

Burnout

- 15%
- 42%
- 38%

Legend: Client | Work | Personal

Predictors of Burnout

Depression — Post Traumatic Stress Disorder — Secondary Traumatic Stress

Depression, PTSD, and STS were significant predictors of burnout.

Poster 2

Harm Reduction Workers' Perceptions of Socio-Structural and Systemic Occupational Stressors

Katie A McCormick, Ph.D., MSW

Steve Hicks School of Social Work, The University of Texas at Austin

1 WHAT WE KNEW

- Harm Reduction Workers (HRWs) play a crucial public health role by reaching people who use drugs.
- In places like Texas, where there is less harm reduction support, HRWs face barriers that increase their stress.

2 WHAT WE WANTED TO KNOW

- What are the structural, socio-structural, and systemic stressors that impact Texas-based HRWs' work and occupational stress?
- To what extent are they prevalent among Texas-based HRWs?

3 WHAT WE DID

- **Methods**
  Secondary analysis of qualitative open-text survey responses on drivers of work-related stress
- **Recruitment**
  Participants identified through voluntary response and snowball sampling methods
- **Data Analysis**
  Consensual Qualitative Research Modified method
  3-member coding team
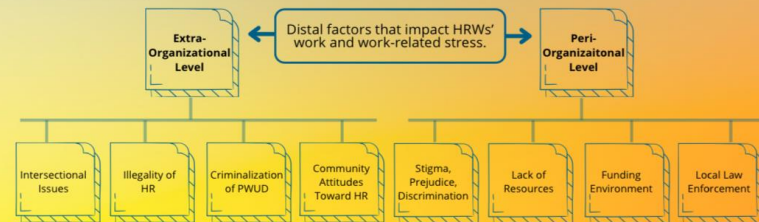
Funding is always a point of concern because it is what keeps services running and doors open. - (#36)

TX policies towards homelessness & mental health are constantly affecting our participants, people suffer because of such extreme limited resources & it is constantly sad and exhausting to not live in a place with options like safe shelter, affordable housing, livable income, etc. - (#17)
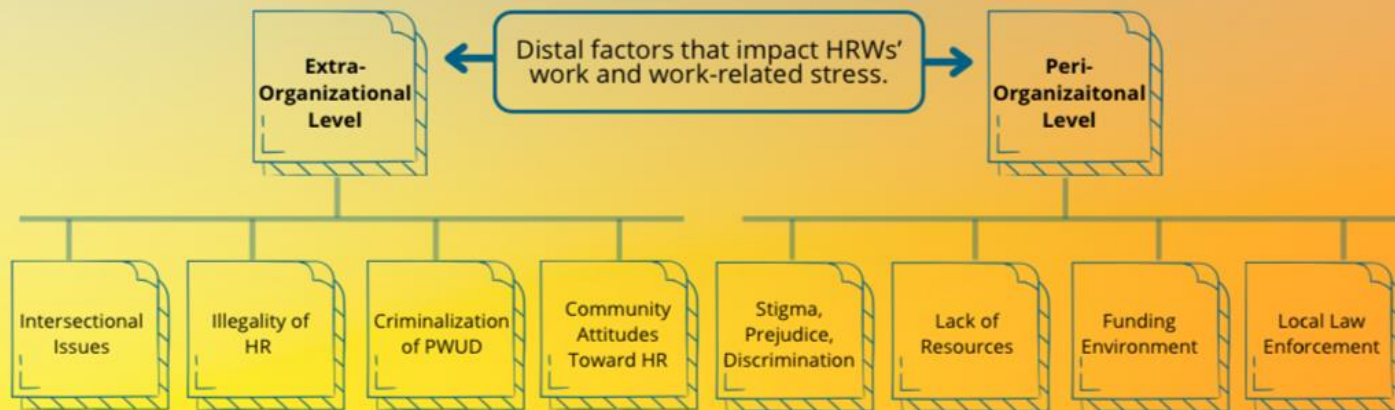
4 WHAT WE FOUND

Distal factors that impact HRWs' work and work-related stress.

Extra-Organizational Level
- Intersectional Issues
- Illegality of HR
- Criminalization of PWUD
- Community Attitudes Toward HR

Peri-Organizaitonal Level
- Stigma, Prejudice, Discrimination
- Lack of Resources
- Funding Environment
- Local Law Enforcement

5 WHAT IT MEANS

It is crucial to reduce HRWs' occupational stress by:

- Advancing organizational and individual level policy changes, systemic reforms, and initiatives.
- Implementing evidence-based drug laws, decriminalization of harm reduction tools, and legalization of services.
- Investing in public health infrastructure and sustainable funding for community organizations.

RESEARCH FINDINGS

4 WHAT WE FOUND

| Extra-Organizational Level | ← Distal factors that impact HRWs' work and work-related stress. → | Peri-Organizaitonal Level |

- Intersectional Issues
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- (#17)

RESEARCH FINDINGS

KEY POINTS

- Harm Reduction Staff are extra vulnerable due to both internal and external stressors - related to the role and the context the have to work in

- This includes ongoing resistance to harm reduction approaches from communities and wider society (this includes friends and family too)

- Lack of funding for program services means no or limited funding for staff support measures

- Smaller/ grassroots programs who often reach the most vulnerable participants struggle to provide benefits like larger programs such as health insurance, EAPs, clinical supervision

RECOMMENDATIONS

- Enhancing HRW's coping skills

- Building team cohesion and peer support

- Institutionalizing mechanisms that support self care

- Advocating for policy changes to support harm reduction

Organizational options for supporting resilience:

- Ensuring access to all employment benefits (and staff know what these are)
- Bringing additional onsite benefits (acupuncture, reiki, massage, counseling etc.)
- Access to Employee Assistance Programs or something similar
- Supporting and managing PTO access
- Regular managerial supervision
- Training on recognising vicarious trauma

What else - use the post its?

Organizational options for supporting resilience:

- Clinical supervision type spaces (outside of managerial supervision)
- Peer supervision options (e.g healing circles)
- External training cohorts/meetings)
- Coaching & mentoring options including for ED's/program leadership
- Regular team meetings and debriefs including for challenging events/ issues
- Case conferencing opportunities
- Staff input opportunities
- Staff social options

What else - use the post its?

Staff selfcare options:

- Accessing the list on previous slide as much as possible!
- Creating work-life harmony (vs balance)
- Accessing therapy - addressing our own trauma and maintaining mental health (EAP can also help here to identify options as well as via health insurance)
- Having an accountability buddy who can help you debrief and give you feedback on potential burn out before it gets serious.
- Rest, naps, adequate sleep, eat well, exercise, mindfulness & meditation
- Stay up on your health checks & appointments
- Finding the moments that sustain you during the week. Noticing when your tank is being filled & being open to it.
- Accessing family, friends, culture & cultural/spiritual practices, community
- FINDING JOY!!

What else - on the post its?

Always fill your own cup first

AND ALLOW THE WORLD TO BENEFIT FROM THE OVERFLOW