A JUSTICE LAW COLLABORATIVE WEBINAR

Because You Need Support Too

Understanding Vicarious Trauma and Compassion Fatigue to Prevent Burnout and Build Resilient Workplaces

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Runtime: 90 minutes · Participant Handout

TAKING CARE OF YOURSELF TODAY

This session is about hard things - the toll that abuse-survivor work takes on the people who work in this space. We are going to talk about that toll honestly, but we will not walk you through graphic case details. We don't need to retraumatize a room in order to teach it.

Some of you do this work every day. Some of you are survivors yourselves. If at any point you need to turn off your camera, step away, get a glass of water, or come back later to the recording - please do. That is not you failing to engage - that is you practicing the exact thing we're here to teach. You have our full permission, and you don't owe anyone an explanation.

What We'll Cover Today

1 Welcome & Who We Are
2 What the Next 90 Minutes Look Like
3 Four Scenarios From Our Work (Q&A after each)
4 Four Words That Aren't Synonyms - the frameworks
5 What It Costs - Beyond the Individual
6 The Legal, Ethical & Organizational Stakes
7 Psychological Safety & Killing the Stigma
8 What Actually Works - Evidence-Based Strategies
9 Your Action Plan - Before You Log Off
10 Closing & Final Questions

ASK ANYTIME
The chat feature will be active throughout this webinar. We'll also pause for questions after each scenario and hold a longer Q&A at the end.

Part 1 · Welcome & Who We Are

KELLY: Hi everyone, and welcome. Thank you for being here. My name is Kelly Guagenty, I'm a partner at the Justice Law Collaborative, and I'm going to be one of your three guides for the next ninety minutes. Before I say anything else, I want to say the thing that the title of this webinar says: because you need support too. If you clicked into this session, some part of you already knows that. So - welcome. We're really glad you're here.

Let me tell you who we are. Justice Law Collaborative is a law firm with offices in Massachusetts and California, with attorneys licensed in states all around the country. The majority of our clients are survivors - of childhood sexual abuse, assault, of institutional abuse, of physical and emotional abuse, trafficking and cults. Oftentimes we are the first people with whom a survivor has shared the story of the worst day of their lives out loud. The reason the three of us are up here today is that we have learned (sometimes the hard way) that you cannot do this work well for very long if you don't also take care of yourself and the team around you.

KAREN: I'm Karen Barth Menzies, also a partner at JLC. I've spent my career representing survivors of abuse, a lot of it involving large institutions and high-profile perpetrators - the kind of cases that go on for years and ask a great deal of everyone who touches them. Through these decades of doing survivor-focused work, I have seen brilliant colleagues (lawyers, advocates, staff) quietly leave this work because it hollowed them out and no one told them that was a normal risk of the job, let alone how to manage it. I don't want that to be anyone in this room. That's why I'm here.

LIZ: I'm Liz Stevenson. I wear two hats at JLC. I am a licensed social worker here in Massachusetts and I am also a paralegal. Before I came to JLC, I worked for the Early Head Start Program and then for the Department of Children and Families, which is child protective services. I worked with both children and families who have experienced some of the most horrific trauma and abuse. Though I did love my role at DCF, after spending sometimes 4-5 days a week in court, I realized I was neglecting my other passion – which is the law. At JLC, I am so fortunate because I am able to combine those two passions … and here I am! At JLC I am often the first person who speaks with survivors who contact our office. I conduct many intakes and I have found that sometimes, I am the first and only person that the survivor has ever disclosed to. This can add some instant pressure, which we will discuss later. Today, we want to talk about how we are managing and trying to thrive working in this space, while supporting clients who have significant trauma. Secondary and vicarious trauma are very real, and we want to give you some skills to help prevent it.

Part 2 · What the Next 90 Minutes Look Like

KAREN: As Liz said, today we are not talking about our clients, we are talking about us and how we are coping with this heavy stuff. Let me give you the map so you always know where we are. We've built today in four movements.

TODAY'S ROADMAP

- First - four short scenarios. The three of us are going to act out real situations from our working lives — the composite kind, no real clients — and we'll break down what went wrong and what went right. This is the heart of the front half.
- Second - the frameworks. We'll slow down and give you precise language: burnout, compassion fatigue, secondary traumatic stress, and vicarious trauma. They are not the same thing, and the difference matters.
- Third - the systems around the individual: the legal and ethical duties, the organizational responsibilities, and what psychological safety actually looks like on a Tuesday afternoon.
- Fourth - what you do about it. Evidence-based strategies, and a personal action plan you'll start building before you log off.

KAREN: A few housekeeping notes. This is a conversation, not a lecture, even if only three of us have our microphones on. Put your questions in the chat whenever they come to you - you don't have to wait. After each scenario we'll pause specifically to take them. And, as Kelly said and I'll say again because it matters: you can step away at any time. Take care of yourself first. Everything we say today is in service of that sentence.

Also, if we don't get through all of this because we end up having some great discussion, everything you need to know is in this handout and can be downloaded or printed out.

Where we're headed - our objectives

By the time we close today, our hope is that you'll be able to:

- Tell burnout, compassion fatigue, secondary traumatic stress, and vicarious trauma apart — and know why naming them correctly changes what you do about them.
- See how unaddressed stress and trauma quietly reshape your engagement, your judgment, your team's culture, and whether good people stay.
- Name the legal, ethical, and professional stakes - and understand what an organization actually owes the people who do this work.
- Recognize psychological safety when you see it, and understand how it dismantles stigma.
- Use evidence-based strategies for boundaries, stress, and sustaining yourself in the work.
- Leave with the first draft of a personal action plan - for yourself, for your colleagues, and for your workplace.

Part 3 · Four Scenarios From the Work

LIZ: Okay. This is the part where we get honest. The three of us are going to show you — not just tell you — what this looks like inside a real firm. These are composites. No actual client, no actual file. But every beat in these scenes is something one of us has lived. And to protect all of us, including you, we keep the clients' stories off-screen. You will never need to hear the details of the abuse to understand what it does to the people in the room.

- **Scenario 1: (Burnout)**

Word got out that JLC was representing survivors of a cult and any and all survivors had a short window of time to hire counsel to help draft pre-litigation claimant summaries to qualify for reparations. Kelly felt like she worked around the clock for a month straight, calling clients, conducting intakes, hearing the horrific physical, sexual and emotional abuse they endured, speaking with witnesses and gathering statements, and drafting their summaries.

After the deadline, Karen walked into Kelly's office. She saw Kelly lying on the floor in the fetal position.

Kelly: (looked at Karen and stated), "I can't believe how exhausted I am." "The clients are great, but I feel like every time I turned around someone was calling me or emailing me with questions that I already answered before, more than once." "I never had to work this hard or this many hours at my last firm." "I don't think this kind of work is for me."

KAREN: "This is what we do. I'm constantly answering emails in the middle of the night and scheduling intakes on Saturdays just to stay on top of the work. You'll get used to it." ***THIS IS THE NOT THE BEST WAY TO RESPOND!***

KAREN: "I hear you, Kelly. I've been working in this space for years, it can be exhausting and overwhelming." "You proved to us that you were made to do this type of work by the way you

speak with survivors – candidly and with true compassion. What you need is to learn is how to set boundaries for yourself to avoid burnout. Let us help you learn those skills – that is what a supportive team does for one another. Next time, and there will be a next time, please tell the team when you are getting overwhelmed and we can shift the weight. You need to have a hard stop at the end of the day and take care of yourself and rest. I learned that I needed to turn off notifications and put my phone on silent after hours. I also take walks during my lunch break, that seems to help. Find what works best for you, and give yourself some grace." ***THIS IS THE RIGHT WAY TO RESPOND.***

> **PAUSE — QUESTIONS IN THE CHAT**
> *We'll stop here for a few minutes. Drop your questions or reactions in the chat — anything that scenario stirred up, anything you recognized from your own office. There are no wrong questions.*

- **Scenario 2: (Secondary Trauma)**

Liz conducts an intake with a survivor of sex trafficking that occurred in many New England states. She learns that this survivor had a pimp who sold her to many johns in various hotels over and over. She hears the pain in the young woman's voice when she explained how she would be beaten and sexually assaulted by her pimp if she didn't make enough money. The woman, now married, explains, behind sobs, that she recently was told she could never have children due to the severe damage she now has to her reproductive system as a result of her trafficking.

Liz, a survivor of human trafficking herself, has worked on many cases like this before. However, for some reason, this case hit home. It started taking a toll on Liz's mental health and work productivity without her even realizing. She found herself up at night doing research on the hotels the woman was trafficked in. She would even sometimes call the client during these times to ask additional questions. She started falling asleep on her couch with her laptop open. She started having nightmares of her own trafficking. Soon enough, Liz was consumed with the case. She would get defensive if someone made a comment about the case, she stopped taking a lunch and ate at her desk so she could continue working on her case. In November, the woman called Liz upset and told her that her husband had left her and she would be alone for the holidays. Liz invited her to the firm Thanksgiving.

Kelly asks to speak with Liz after the holidays.

KELLY: "I wanted to check in to see how you are doing. It seems like you have been very busy with Jane Doe's case. I wanted to see if you'd like us to assign a legal assistant to support you on the case."

LIZ: "No, I'm okay. This case is too important. I don't want any help. I'm too close with the client, she trusts me."

KELLY: "Liz, you are doing a great job and we appreciate your advocacy, but I'm worried about your own wellbeing. I noticed that you are not taking your lunches and have seemed consumed with this case."

LIZ: “You know what Kelly, you’re right. How didn’t I see the signs - I’m a social worker! I’m even having flashbacks and dreams about my own experiences. My boundaries have been clearly blurred. I even invited her to our Thanksgiving. That’s not professional at all. I mean of course I felt terrible for her, but still. I need to take a step back. Let’s assign a legal assistant. I’m going to take the weekend to reflect.”

KELLY: “Why don’t you take a long weekend? Let’s schedule another check in when you get back and we can meet with the legal assistant and you can get him up to speed. We will divvy up the work and the roles on this case so you can still be involved but also keep a distance.”

LIZ: “Thanks so much Kelly, that sounds great. I appreciate our meeting. I feel a little better already.”

> **WHAT A BOUNDARY SOUNDS LIKE**
> *"I want to be a steady support for you for the long haul of this case — and the way I stay steady is that I answer messages during business hours, and there's a 24-hour line for anything that can't wait. It's not that I've stopped caring after five o'clock. It's that I plan to still be here, and caring, a year from now."*

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- **Scenario 3: (Compassion Fatigue)**

Karen reviews an intake that Liz conducted of a young woman who was subjected to a brutal sexual assault by a security guard in a hospital where she was involuntarily committed for substance abuse and mental illness.

KAREN: “Liz, I think we should decline this case. This could be a he said/she said situation. The woman was clearly strung out and is out of her mind.”

LIZ: “Karen, not sure if you read the file but the perpetrator was actually arrested - the woman had a SANE exam performed and they found his DNA. She had several injuries consistent with sexual assault.”

KAREN: “I looked up her criminal history as well and she has prior felonies for theft. We don’t have time for this.”

LIZ: “Karen, this woman had an extremely turbulent childhood and was brought up in the foster care system. She was sexually abused by her uncle and watched her mother overdose on drugs. We know that it’s very common for adults struggling with substance abuse and criminal activity to have suffered great trauma that led them on that path. This woman was raped in a place where they had a duty to keep her safe during her recovery.”

KAREN: "Ya know what Liz, I'm sorry. You are absolutely right. What was I thinking? I don't practice this way. The reason I became a lawyer was to help people, especially those who need it the most. I'm exhausted. I was at conferences all last week and played in the band for the night entertainment. I also just came off a very heavy sexual assault depo that didn't go well. Let me take another look at this case."

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- **Scenario 4: (Vicarious Trauma)**

Karen picks Kelly up from the airport. They have a mediation in California the following day. As they entered the highway, a large truck passed them and beeped its horn. Kelly jumped and spilled her coffee onto the floor.

KELLY: "Oh no Karen, I'm so sorry! I will have it detailed! I don't know what just came over me!"

KAREN: "Kelly, It's fine, it will come out. I will clean it when we get to the house. That guy was a jerk. Are you okay?"

KELLY: "I have been on edge all week. I can't sleep but I'm so tired, I am constantly anxious. Yesterday I was taking the dogs out for a walk and Bubba saw a bunny. The bunny leapt into the bush and it startled me and I dropped the leash. I felt like I was having a panic attack over something so silly."

KAREN: "Sounds like you are under a lot of stress. Do you think it has to do with those Rideshare cases? You have been on those for a year now. Some of those are pretty scary."

KELLY: "Maybe. I am having these crazy dreams that I am being followed by a strange man and I run to my door and can't get in. I find that when my husband isn't home, I am constantly checking the locks on the doors and watching the cameras. I also have stopped taking Rideshare services. I just don't trust anyone anymore."

KAREN: "I have some extra time now that that trial is done. Why don't I take over some of these cases? I think you may need a break."

KELLY: "Appreciate that offer so much, Karen. And I'll certainly take you up on that."

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Part 4: Four Words That Aren't Synonyms - The Framework

LIZ: Everything you just watched has a name - actually, four names, and people use them as if they're interchangeable. They're not. Getting them right isn't academic. Each one has a different cause, a different warning sign, and a different fix. If you treat vicarious trauma like it's simple burnout, you'll prescribe a vacation for a problem a vacation can't help. So let's get precise.

1. Burnout

LIZ: Many of you may have heard this term before but may not really know its actual meaning. There is a difference between being "Stressed" and being "Burnt out".

"Stress" is our response to internal or external stressors that change the way we feel and behave.

Example: You may snap at a colleague over something minor; constantly tap your leg without even knowing it; fidget in your seat; or subconsciously bite your nails.

"Burnout"- is different. In fact, this word actually ONLY applies to occupational settings. It also can take some time to set in as it is not immediate. It is defined as the physical, emotional or mental exhaustion that is accompanied by decreased motivation, lowered performance, and negative attitudes towards oneself and others. It is caused by working at such a high level with extreme and prolonged physical and mental exertion that it takes a toll on your body through extreme exhaustion.

Example: A fire goes out after it has burned all its fuel, and resting or taking breaks don't seem to help. Even though you aren't tired, you lack the motivation you used to have to be productive.

Symptoms: feeling depleted, overextended, fatigued, feeling detached, withdrawing, having negative thoughts about the job.

> **PLAIN-LANGUAGE DEFINITION**
> BURNOUT - exhaustion, cynicism, and a sense of ineffectiveness caused by chronic, unmanaged job stress. Not necessarily about trauma at all. It's about load and conditions.

2. Secondary Traumatic Stress

LIZ: Secondary Traumatic Stress or "STS" is what happens when you're affected by someone else's firsthand trauma, usually after you learn about something horrific they endured. The symptoms can actually mirror Post Traumatic Stress Disorder "PTSD". It usually hits you fast and can be brought on by a single exposure (a deposition, intake, a photograph from evidence).

Examples: You can't get the photo of the scene from your client's car accident out of your head. Or you find yourself avoiding the highway where the accident occurred. Perhaps you find yourself not wanting to talk about the case. You constantly worry about your teenager who just started driving.

Symptoms:

- Intrusion- the client's story replaying in your head, showing up in your dreams.
- Depression/Anxiety
- Emotional Numbness
- Avoidance of people, places or things that remind you of the trauma.
- Hyperarousal - jumpy, on edge, can't settle.

> **PLAIN-LANGUAGE DEFINITION**
> SECONDARY TRAUMATIC STRESS - trauma-like symptoms (intrusion, avoidance, hyperarousal) from exposure to another person's trauma. Can come on suddenly, even from one exposure.

3. Compassion Fatigue

LIZ: This is when you gradually lose your capacity for empathy, or the "cost of caring". While it is related to stress and burnout, compassion fatigue is generally brought on by a combination of stressors can lead to its progression. Many in the field of helping experience this and almost become desensitized or even "numb".

Examples:

- A nurse no longer feels empathetic or sad when a critical COVID patient arrives. (She had experienced many losses in a short period of time)
- Child Protection Social Worker becomes extremely cynical towards families he is supposed to be helping. (He recently had to remove a child from their mother for the third time due to mother's relapse.)

Symptoms:

- Feeling detached, irritable, exhausted, withdrawal, calling in sick to work often, etc.

> **PLAIN-LANGUAGE DEFINITION**
> COMPASSION FATIGUE - the gradual erosion of empathy and the 'cost of caring'; often understood as burnout plus secondary traumatic stress. Its positive counterpart is COMPASSION SATISFACTION - the fulfillment of doing the work well.

4. Vicarious Trauma

LIZ: This is often confused with STS however, they are quite different as STS occurs suddenly and often the person has PTSD like symptoms. Whereas vicarious trauma occurs as a result of the constant exposure to trauma via traumatic materials or stories. It is a gradual buildup of repeated secondary exposure.

Example: A therapist works with 5 survivors of child sexual abuse thus being exposed to ongoing, horrific accounts of what they endured. The therapist hears their pain, their fear, and naturally envisions what the client endured. This takes a toll on the mind.

Symptoms: Intrusive thoughts, trouble sleeping, hypervigilance, impacts one's identity, their feeling of safety and questions their abilities to trust others.

PLAIN-LANGUAGE DEFINITION
VICARIOUS TRAUMA - a cumulative shift in your core beliefs and worldview (about safety, trust, control, intimacy, meaning) from deep, repeated empathic engagement with others' trauma. Not a bad week - a changed lens.

THE ONE-LINE CHEAT SHEET

- Burnout - "I'm depleted." Cause: chronic load and conditions.
- Secondary Traumatic Stress - "I have trauma symptoms." Cause: exposure to a specific trauma; can be sudden.
- Compassion Fatigue - "I've gone numb; I've lost my empathy." Cause: the accumulation of the two above.
- Vicarious Trauma - "I see the world differently now." Cause: long-term empathic engagement reshaping core beliefs.

PAUSE - QUESTIONS IN THE CHAT
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Part 5 · What It Costs — Beyond the Individual

KAREN: I want to talk to the decision-makers in the room for a few minutes - the partners, the managers, the HR leaders - because there's a mistaken belief that this is a 'soft' topic, a nice-to-have. It is not. Unaddressed trauma and stress have a hard-dollar, hard-outcome cost, and it radiates outward in five directions.

KAREN: *Engagement.* The compassion-fatigued employee is still at their desk, but the spark is gone. They do the minimum. They stop volunteering ideas. The discretionary effort - the thing that actually distinguishes a great advocate - quietly evaporates. Your valued colleague is unhappy and has actually been harmed by their job.

KAREN: *Culture.* This stuff is contagious. One cynical, depleted person changes the temperature of a whole team. And in a trauma-exposed workplace, an unhealthy culture doesn't just make people unhappy — it teaches everyone that suffering in silence is the price of admission.

KAREN: *Decision-making.* This is the one that scares me most in a law firm because it lowers the standard of representation of our clients. Secondary traumatic stress and vicarious trauma degrade judgment. Avoidance means a file doesn't get opened. Numbing means you miss the nuance a client needs you to catch. Cynicism means you stop believing a case is winnable and you under-fight it. Every one of those is a decision being made by an impaired person, which hurts the client, hurts the colleague who used to feel good about what they do, and of course

hurts the firm overall.

KAREN: *Retention.* This is where it becomes undeniable on a spreadsheet. Good people leave. Not just the practice area - the profession. And when, for example, a valued and trusted senior advocate walks out the door, you don't just lose a salary line. You lose the value that person brought to the firm – their dedication, insight, institutional knowledge, client relationships, mentorship. And you eat the enormous cost of recruiting and training a replacement who will face the exact same untended risk.

KAREN: *Performance.* Put those together and you get missed deadlines, thinner work product, service complaints, and in our world - potential harm to vulnerable clients and potential exposure for the firm. The cost of ignoring this is never zero. It's just deferred, and it collects interest.

> **THE REFRAME FOR LEADERS**
> *Attending to vicarious trauma and compassion fatigue is not an act of charity toward your staff. It is risk management, quality control, and retention strategy. A resilient workforce is a professional competency, not a perk.*

Part 6 · The Legal, Ethical & Organizational Stakes

KELLY: Now let's put on our professional-responsibility hats, because for the lawyers in the room this isn't only about wellbeing - it's about your duties.

KELLY: *Competence and Diligence*. Competent, diligent representation assumes an unimpaired lawyer. When vicarious trauma has you unable to open a file, when compassion fatigue has flattened your judgment, your ability to meet those baseline duties is genuinely at risk. This is why lawyer wellbeing is an ethics issue and not just an HR issue.

KELLY: *Confidentiality*. This one has a cruel twist for our field. The healthy thing to do with a hard case is to talk about it. But we cannot process by broadcasting identifiable client details to our spouse, our friends, our group chat. So the ethical duty of confidentiality and the human need to debrief can seem to collide - and the answer is not to stop debriefing. The answer is to build confidentiality-safe ways to do it: structured peer consultation within the privileged circle, clinical supervision, and a technique we'll teach you in a minute called low-impact debriefing that lets you offload the weight without transferring the trauma or breaching a confidence.

KAREN: *Supervisory Obligations.* A lawyer has an obligation to make reasonable efforts to ensure the lawyers and non-lawyers they supervise conform to professional standards. We cannot discharge that duty over people who are silently drowning. Supervision that ignores trauma load isn't neutral - it's incomplete and potentially damaging to everyone.

LIZ: And for the HR professionals, let me name your terrain, because a lot of it is legal too. There's the potential duty around a safe workplace, and psychological safety is increasingly part of that conversation. There are reasonable-accommodation obligations under the ADA when trauma-related conditions rise to that level. There's the Family and Medical Leave Act. There are employee assistance programs - and the question of whether yours is any good for trauma-

exposed staff, or just a generic phone number. The organizational responsibility here is not to post a mindfulness poster. It's to build the actual scaffolding: manageable and monitored caseloads, real supervision, functional leave, competent clinical referral, and leaders who model using all of it.

THE LINE WE WANT YOU TO HOLD
Wellbeing is not a favor the organization grants. In a trauma-exposed workplace, tending to vicarious trauma is part of meeting your ethical, professional, and organizational obligations - to your clients and to your people. This is what it means to have a "trauma-informed" workplace.

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Part 7 · Psychological Safety & Killing the Stigma

KAREN: Our profession prizes the appearance of invulnerability. We're trained to project total command. Add to that the survivor-advocacy ethic of "our clients have it so much worse, who am I to complain?", and you get a perfect machine for suffering in silence. The stigma isn't a personal failing. It's cultural, and it's beatable - but only from the top down.

LIZ: What do good practices here look like? It can look like a senior partner saying "this case really got to me" during a full team meeting. It can look like a check-in that isn't only about deadlines. It can look like an employee using their mental-health benefits and not being quietly marked as weak. Psychological safety isn't fluff. It's the precondition for every single thing on the list we're about to give you.

GOOD PRACTICES:
- Staff who are comfortable saying, "I'm struggling with this file" out loud, before it becomes a crisis.
- Asking for help at your firm reads as professionalism, not weakness.
- Mistakes at your firm get used as an opportunity for learning, not weaponized for blame.

Part 8 · What Actually Works — Evidence-Based Strategies

LIZ: Here's the toolkit - and I want to be honest that individual strategies are necessary but not sufficient. You cannot bubble-bath your way out of an unsustainable caseload. So we'll do both layers: what you can do, and what your organization has to do alongside you.

Boundaries - the container

LIZ: Think of a boundary as a container. A container holds things well precisely because it has walls. Boundaries around your time, your availability, and your emotional labor aren't a sign that you care less - they're what allow you to keep caring at all. Practical versions: a hard stop where the phone goes off, a decompression ritual between the last hard call and home, and not being the single point of contact on your most intense files.

Regulate your nervous system - it's a skill, not a mood

LIZ: Secondary traumatic stress lives in the body, so some of the most effective tools are physiological, not intellectual. Use slow exhale-lengthened breathing to signal safety to your system. Move your body and take a break outside. Ground yourself when a client's story hijacks your attention – put your feet on the floor, name five things you can see. These sound small, maybe even silly if you've never tried them before. They are not small. They are how you discharge activation before it accumulates.

Low-impact debriefing

KELLY: This is the specific, teachable technique developed by Françoise Mathieu, and it solves the confidentiality-versus-debriefing bind directly. Four steps.

LOW-IMPACT DEBRIEFING - THE FOUR MOVES

- Increase self-awareness - notice when you're about to dump a graphic detail on a colleague to relieve your own pressure.
- Give fair warning - 'I need to debrief something heavy, is now a good time?' Let them consent.
- Ask consent and get it - the listener actually chooses to receive it.
- Limit the disclosure - offload the impact on you without transferring the trauma or the identifiable details. You can say 'that intake was brutal and here's how I'm doing' without narrating the worst of it.

KELLY: This lets a whole team support each other without everyone re-traumatizing each other, and without anyone breaching a confidence. It's the single most practical tool we're giving you today.

Protect compassion satisfaction

LIZ: Preventing compassion fatigue isn't only about reducing the bad - it's about protecting the good. Deliberately notice the wins. The client who got believed. The settlement that funded someone's therapy. Meaning is not a luxury in trauma work; it's load-bearing. The people who last are not the ones who feel the least. They're the ones who stay connected to why it matters.

The organizational half

KAREN: And here's the part that isn't on the individual: monitored, manageable, and fairly distributed caseloads, so no one person absorbs all the worst files. Real reflective supervision. Leave that people are actually allowed to and encouraged to take. A competent clinical referral

path. Training like this one, funded and on the clock - not on people's own time. And leaders who visibly use every one of those things. If the strategy list is entirely in the 'employee' column, the organization has quietly outsourced its own responsibility. Don't do that.

PAUSE — QUESTIONS IN THE CHAT
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Part 9 · Your Action Plan — Before You Log Off

LIZ: We don't want this to be a webinar you nod along to and forget about in a few days. So take a look at this next section and think about how you could answer them. A plan you'll actually use beats a perfect one you won't.

FOR YOU

My earliest warning signs (how I personally know I'm sliding - numbness, dread, short fuse, dreading a specific file):
_____

One boundary I will set this week, in words I'll actually say:
_____

One nervous-system practice I'll actually do (breath, walk, grounding):
_____

One source of meaning / compassion satisfaction I'll deliberately protect:
_____

The person or professional I'll reach out to before it's a crisis — and my state's lawyer assistance line saved in my phone: _____

FOR YOUR COLLEAGUES

One coworker I'll genuinely check in with this week (beyond 'how's the deadline'):
_____

One way I'll go first - model naming a hard week - so someone junior sees it's safe:
_____

FOR YOUR WORKPLACE

One thing I'll advocate to change in how we operate (caseload monitoring, a real debrief norm, better EAP, supervision):

_____

One conversation I'll start with a decision-maker — and by when:

_____

Part 10 · Closing & Final Questions

KAREN: We're going to open the chat for any last questions and stay as long as we can. Before we do, a closing word from each of us.

KAREN: Mine is this: the work you do - representing and supporting survivors - is some of the most important work there is. And the reason we spent ninety minutes on your wellbeing is that the work needs you to last. A burned-out advocate helps no one. Your health is as important as your clients. Your sustainability is not separate from your service. It is your service.

KELLY: Mine is a permission slip. You are allowed to be affected by this work. Being affected is not weakness or a lack of professionalism - it's the evidence that your empathy, the exact thing that makes you good at this, is intact and functioning. The task was never to feel nothing. The task is to build a life and a workplace that can hold what you feel.

LIZ: And mine is the title. Because you need support too. Not instead of your clients - alongside them. The same care you extend to a survivor on the worst day of their life, you are allowed to extend to yourself. Please, please turn some of it inward. Thank you for the work you do, and thank you for spending this time with us.

PAUSE — QUESTIONS IN THE CHAT
We'll stop here for a few minutes. Drop your closing questions or reactions in the chat - anything that scenario stirred up, anything you recognized from your own office. There are no wrong questions.

Resources

SUPPORT FOR LEGAL PROFESSIONALS

Lawyers - The ABA keeps a directory of lawyer assistance programs by state: americanbar.org (Directory of Lawyer Assistance Programs)

Paralegals, advocates, HR and staff - Check whether your employer offers an Employee Assistance Program (EAP), and ask whether it can refer you to a clinician experienced with trauma-exposed work. You can also reach the NAMI HelpLine at 1-800-950-NAMI (6264) or text "NAMI" to 62640, Monday–Friday, 10 a.m.–10 p.m. ET.

CHECK IN ON YOURSELF & LEARN MORE

ProQOL (Professional Quality of Life Measure) - A free, widely used self-assessment of compassion satisfaction, burnout and secondary traumatic stress. proqol.org

TEND - Françoise Mathieu's organization, the source of the low-impact debriefing technique in this handout. Free tools at tendtoolkit.com

The Vicarious Trauma Toolkit (U.S. Office for Victims of Crime) - Free tools for organizations, including an assessment of how vicarious-trauma-informed your workplace is. ovc.ojp.gov/program/vtt

National Child Traumatic Stress Network - Fact sheets and organizational resources on secondary traumatic stress. nctsn.org

The Path to Lawyer Well-Being (2017) - The report of the National Task Force on Lawyer Well-Being, with practical recommendations for firms, regulators and bar associations. americanbar.org

RECOMMENDED READING

Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others - Laura van Dernoot Lipsky with Connie Burk (2009)

The Compassion Fatigue Workbook - Françoise Mathieu (2012)

Transforming the Pain: A Workbook on Vicarious Traumatization - Karen W. Saakvitne, Laurie Anne Pearlman & the Traumatic Stress Institute (1996)

Burnout: The Secret to Unlocking the Stress Cycle - Emily Nagoski & Amelia Nagoski (2019)