
Northern Helping Practitioners and the Phenomenon of Secondary Trauma

Praticiens aidants dans le Nord et le phénomène de traumatisme secondaire

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ABSTRACT

This article highlights a narrative inquiry study that considered the experience of and the effects on 8 northern helping practitioners (5 women, 3 men, ages 30–60) who have 7 to 40 years of experience in providing trauma support in isolated communities in northern BC and the Yukon. Using a three-phase narrative analysis, 10 categories provided a structure for arranging the themes generated from the eight narratives. Six metathemes were interpreted from the data: *helping takes over life*, *humanity*, *respectful engagement*, *invested and embedded*, *profoundly affected*, and *belief*. Protective factors found in elements of embeddedness and connectiveness of practitioners and their motivation for doing the work they do emerged from the study.

RÉSUMÉ

Cet article présente une étude d'une enquête narrative de l'expérience et des incidences de l'appui aux traumatisés dans des collectivités isolées du nord de la Colombie-Britannique et du Yukon chez 8 praticiens aidants dans le nord (5 femmes et 3 hommes âgés de 30 à 60 ans) ayant de 7 à 40 années d'expérience. En utilisant une analyse narrative en trois étapes, on s'est servi de 10 catégories pour structurer les thèmes générés par les huit narrations. Six métathèmes ont été interprétés à partir des données : *l'aide absorbant la vie*, *l'humanité*, *l'engagement respectueux*, *l'investissement et l'intégration*, *le praticien profondément affecté*, et *la croyance*. Des facteurs protecteurs cernés dans des éléments d'intégration et de connexion chez les praticiens et dans leur motivation pour le travail qu'ils font se sont dégagés de l'étude.

Northern communities throughout Canada are characterized by (a) their location in vast, sparsely inhabited areas; (b) large First Nations populations; (c) separation from other communities by long distances and challenging climatic conditions; (d) predominantly younger residents; and (e) difficulties in accessing education, social, and health services (Kinnon, 2002; Leipert & Reutter, 2005). In Northern British Columbia and Yukon communities, access to specialists in the field of trauma counselling is severely restricted due to the distance from larger centres. Economic and cultural factors leave the essential support of survivors of trauma to helping practitioners in various fields who have different levels of training and supervision (Boone, Minore, Katt, & Kinch, 1997; Trippany, Kress, & Wilcoxon, 2004).

Without the benefit of specialized counselling training, many First Nations and non-First Nations helping paraprofessionals use their experiences and local knowledge to assist clients. In remote communities, helping practitioners may be locals, working in their home communities, sometimes sharing trauma experiences similar to those of their clients (Evans-Campbell, 2008; Morrisette & Naden, 1998). Helping practitioners in the North also include practitioners hired from “outside” to provide service to communities.

These outsider workers are usually hired to bring specialized skills and knowledge to the communities and to fill the educational requirements of various hiring agencies. Outsider workers often arrive with limited knowledge of the specific context of the community, the culture, or intergenerational and historic trauma issues linked to the residential school experience and assimilation. Members from both groups of helping practitioners may be put at personal and professional risk of developing secondary traumatic symptoms from repeated exposure to clients’ trauma in the helping relationship (Adams, Boscarino, & Figley, 2006; Baird & Jenkins, 2003).

One interpretation of the phenomenon of secondary trauma is vicarious trauma. Vicarious trauma is generally defined as the natural coping process of those in helping roles to repeated exposure to traumatic material and re-enactments, rather than pathology in the therapist (McCann & Pearlman, 1990; Pearlman & Maclan, 1995). Vicarious trauma in therapists and helpers may manifest as posttraumatic stress symptoms and significant shifts in identity, worldview, spirituality, cognitive distortions about self and others, and changes in interpersonal relationships (McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995).

The framework for vicarious trauma is found in Constructivist Self-Development Theory (CSDT) (McCann & Pearlman, 1990). In CSDT theory, individual differences in adaptation are emphasized with traumatized individuals viewed as complex persons trying to cope with their experiences rather than pathologizing such adaptations as symptomatic (McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995; Rasmussen, 2005).

SECONDARY TRAUMA AND NORTHERN PRACTITIONERS

In any discussion of the North, the feature of geographical isolation is prominent. Berman (2006) uses the social geographers’ term “tyranny of space” to characterize such settings. As a nurse working in the North, Neely-Price (2002) described her first flight into a northern community, seeing “absolutely nothing but lake and bush” (p. 29), and understanding the limitations facing such a community based upon this observation.

Personal Location

Similar to the experience of Neely-Price (2002), I am struck by the scene of small communities emerging out of miles and miles of trees, mountains, and bush on flights to the North, even after 30 years of living and travelling there.

As a long-time northerner who has lived and worked as a helping practitioner in an isolated community, I was interested in and concerned about how helping practitioners adapt and cope in the face of exposure to clients' trauma, whether first-person or the intergenerational transmission of historic trauma. I questioned whether their experiences fit the description of vicarious trauma or other constructs of secondary trauma.

This study is the result of a long exploration into the nature of those experiences through the lens of other northern helping professionals and my own lens. The small, isolated northern communities I am familiar with hold stories of strength, tragedy, resourcefulness, oppression, and hope. These communities are under-resourced and under-studied in the area of mental health support (Hornosty & Doherty, 2004; Leipert & Reutter, 2005).

Remote Communities

Rural isolation exists due to the reality of distance and geographical obstacles. Hurdles to services in remote communities are created from unintended consequences and barriers resulting from physical isolation and small populations residing in "a vast geographical territory" (Hornosty & Doherty, 2004, p. 111). Geographical isolation is considered by human service providers to be the biggest barrier for residents in accessing services (Delaney & Brownlee, 1997; Delaney, Brownlee, Sellick, & Tranter, 1997; Leipert & Reutter, 2005).

Weather is another isolating feature and contributor to rural stress due to its uncontrollable and unpredictable nature (Barbopoulos & Clark, 2003; Sangha, 2004). Roads may be impassable during the winter months, and travelling often takes place under unsafe conditions. The severe weather conditions can last for seven to eight months of the year, contributing to physical isolation.

Due to all these issues, the remoteness of communities makes the provision of services difficult (Leipert & Reutter, 2005; Schmidt, 2000). Remote settings are essentially secluded from mainstream society, with this seclusion contributing to feelings of professional and personal isolation for helping practitioners (Weigel & Baker, 2002).

Secondary Trauma

Research on vicarious trauma is in the formative stages of development, and researchers point to the interchangeable use of terms to describe constructs of secondary trauma (e.g., Adams et al., 2006; Baird & Jenkins, 2003; Bennet-Baker, 1999; Brady, 1998; Brandon, 2000; Lybeck-Brown, 2003; Pinsley, 2000; Rasmussen, 2005; Weaks, 2000). Definitions of burnout, compassion fatigue, and secondary posttraumatic stress syndrome are often included in discussions of vicarious trauma.

Researchers continue to work to clarify the differences and the overlap among these constructs of secondary trauma. In the field of vicarious trauma research, studies have been undertaken with therapists, psychologists, social workers, sexual assault counsellors, and emergency response workers in attempts to understand the

phenomenon, often considered to be an occupational hazard for helping practitioners or formal caregivers (Adams et al., 2006; Bride, 2007; Rasmussen, 2005).

The literature reviewed for this study suggested that northern-based practitioners, who work in physical isolation and provide ongoing support to clients who have experienced historical, intergenerational, and present-day trauma, have been neglected by researchers up to this date. Additionally, research on cultural interpretations of the concept of vicarious trauma and secondary trauma, and cultural influences on the prevention of such trauma, was lacking.

Purpose and Research Questions

The central purpose of the research described in this article was to explore and make explicit the experience of helping practitioners in providing support to traumatized clients in isolated northern communities and the effects on such practitioners in providing this support. Another goal of the study was to provide information on the challenges faced by practitioners working under isolated northern conditions and the coping strategies that they have developed to deal with these challenges.

The principal research question was “What is the experience of helping practitioners in isolated northern communities in working with traumatized clients?” Secondary questions included

1. What challenges do northern helping practitioners face in providing trauma support?
2. What are the effects on helping practitioners in providing trauma support?
3. What qualities, both personal and professional, enable them to continue to do this type of work?
4. What strategies do they use to cope with negative effects?
5. What changes do they experience in doing this work?

NARRATIVE INQUIRY

The personal and professional costs to practitioners working in isolated settings from helping people re-establish ontological security or the reestablishment of coherence, meaning, and hope for the future after traumatic experiences was the focus of the study. Crossley (2000) reports that trauma experiences highlight the normal state of narrative coherence made by individuals by destroying it. Rebuilding takes place primarily through narratives, with storytelling acting as the primary mechanism for attaching meaning to experiences.

Narrative inquiry is a qualitative approach that facilitates the unique voice of each participant to emerge as stories told about lived experiences (Cortazzi, 2001; Josselson, Lieblich, & MacAdams, 2003). At the same time, narratives serve to connect individuals with their social context, reflecting a multitude of voices (Moen, 2006). Narrative functions at two levels: (a) a story is composed from a complex, lived experience and becomes fixed as a narrative; and (b) this composition created from complex social interactions and situations serves as evidence of

interpretation and meaning made (Moen, 2006). Narrative inquiry seeks to collect data to describe and interpret the lives of others in the search for understanding and meaning, featuring the participant's voice at a particular time and place in the search for meaning and understanding (Barton, 2004; Gergen & Davis, 2003; Josselson et al., 2003; Richmond, 2002).

Transparency, voice, reciprocity, sacredness, sharing perquisites of privilege, and reflexivity (Lincoln, 1995) were all included as evaluative and ethical components in the research process. Reflexivity was of particular importance in this study due to my "insider" status as someone who has personal and cultural insight into the experience studied. Using reflexivity, as an insider I attempted to be aware of and to document moments during the field work and analysis that resonated with my own experience. Differences in experience were more straightforward than similarities, echoing the adage in counselling ethics that more self-awareness is required when decisions come easily to ethical dilemmas than when they are more difficult to make (Pope & Vasquez, 2007).

It was the occasions when I found myself looking for similarities in others' experience that had the potential to be problematic in the analysis (Pillow, 2003). By finding a balance in reflexivity, the participants' experiences added to my understanding of my own experience, which heightened my comprehension of their experience. The evaluation of rigour and authenticity rests with the use of multiple lenses in analysis, reflexive journal writing, and participant feedback.

Procedure and Participants

The criteria for participation in the study included working as a helping practitioner who provided some form of psychological support to clients dealing with trauma effects and who practiced or had practiced in private practice, agencies, or bands in isolated communities above the 55th parallel in Northern British Columbia and the Yukon. Introductory letters and letters of consent approved by the University of Victoria Research Ethics Board were sent to band offices, health teams, community outposts, and counselling agencies. Helping practitioners who were in private practice and publicly advertised their services were also sent introductory letters.

Eight participants (5 women, 3 men, ages 30–60) volunteered to participate in the study. Specific ages of the participants are *not* included in this study for reasons of maintaining anonymity due to the small number of helping professionals in these areas.

A major ethical concern in narrative inquiry rests with the movement of a participant's story to the public domain. In small northern communities, helping practitioners can be identified through the stories they tell due to their high visibility within their communities. Ethical concerns around the need to protect participants' anonymity in small communities entail that only broad descriptions of their context are used. Participants' experiences included years of living and working in the North, ranging from 7 years to over 40 years.

The practitioners had experience working in drug and alcohol counselling, probation work, family support work, youth work, domestic violence work, mental health professions, health professions, and community counselling. The practitioners include First Nations and non-First Nations people representing community “insiders” and practitioners who came from outside the community. All of the participants provided service to clients with trauma issues. The majority of issues represented by participants’ caseloads were the consequences of trauma related to residential school experience, historical trauma in members of subsequent generations, intergenerational trauma in non-First Nations’ clients, relational abuse, addictions and accidental deaths related to the remote environments.

The narrative interviews, or research conversations, were conducted with participants in a location of their choosing. The setting for the interviews varied: (a) offices and homes, (b) tents and good sitting rocks beside lake shores, and (c) telephone interviews. Participants from the smallest communities represented in the study requested that we meet in a larger centre or be interviewed by phone to protect their identity and ensure anonymity. The research conversations were unstructured, conversational, and extended, ruled not by the clock but by experiential time in order to provide greater breadth and adaptability than more structured interview formats (Fontana & Frey, 1998; Gall, Gall, & Borg, 2005; Moustakas, 1990).

Data Analysis

In the analysis, Clandinin and Connelly’s (2000) continuity component of the three-dimensional narrative-inquiry space was combined with Lieblich, Tuval-Mashiach, and Zilber’s (1998) two-by-two model of narrative analysis as a framework for working with the helping practitioners’ stories. The model is formed by the continuums of holistic-categorical and content-form, which refers to units of analysis. Three phases of analysis were used in the attempt to understand the multidimensional qualities and complexity found within the participants’ stories. This process resulted in three levels of interpretation: global (holistic-content, holistic-form); themes and metathemes (categorical-content); and temporality (categorical-form).

Phase 1: Experience portraits. In Phase 1, the transcripts were read for global impressions, with each narrative considered as a whole. In this phase, I worked to summarize what I heard as the participant’s story, my interpretation based on the “acoustic images” (Vizenor, 1997, p. 191) presented and arranged by the participant in the interview. After multiple readings, main phrases and sections of the transcription that were most relevant to the principal research question were selected. Painstaking care was taken in removing or changing any identifying information that would compromise the anonymity of the participants, with each participant’s story given a title comprised of a key word or phrase from their narrative instead of a pseudonym. These sections were combined and arranged based on the presented topics and flow of the story, then edited and written in the first-person as “experience portraits.”

The eight experience portraits were titled *Believe, Connected, The Pool, Life Role, Porous, Small Town Helping, Laugh or Weep, and Holding the Good with the Bad*. The experience portraits were sent to all participants for consideration and input. In checking the analysis with participants, their responses ranged from no requests to small editorial changes and work on anonymity, to more extensive editing to make meanings clearer, illustrating changes in interpretations from the time of the interview.

Phase 2: Content sketches. In Phase 2, a categorical-content analysis was used with the experience portraits from Phase 1, with multiple reading for thematic process and the breaking of the text into smaller sections. Phrases and words that appeared to reveal meaning and answering the secondary research questions were selected, and then grouped conceptually. The categories were defined as they occurred in the stories, with sentences and phrases from all eight narratives arranged under the most appropriate heading. These groupings or categories became "content sketches," small linguistic studies of meaning found within the larger experience portrait.

The categories were then analyzed for themes within the categories as well as metathemes across categories and themes. All the material in each category was considered, with the strongest and most meaningful statements highlighted. Each theme was titled with a quote from one of the participants' phrases found within each category.

Phase 3: Change compositions. In Phase 3, the reading of transcripts focused on the dynamics of plot, looking for action taken and aspects of temporality using a categorical-form analysis. The interviews were read for participants' past, present, and future experiences, with sentences, phrases, and selections on life-in-time experiences selected from the main text. These selections were summarized in a change chart and rewritten as short "change compositions." The change composition formed a link to the vicarious or secondary trauma question by indicating the effects on practitioners through change processes and the direction of that change.

RESULTS

Multiple perspectives and alternative interpretations (Gergen, 1999) were found within the eight narrative accounts of the experience of providing trauma support in isolated northern communities. Practitioners described very different paths taken that resulted in work as helpers in the North. Some practitioners' experiences were those of outsiders while others work in the community of their birth. The focus of their work varied, but strands of common themes were found connecting the stories.

Categories and Themes

Ten main categories were identified—comprehensive categories that held all the principal sentences and main ideas expressed in the participant stories. Themes

found within the categories were described under each category heading as listed in Table 1. Participant quotes representing each theme are included within category descriptions. Relevance of the literature reviewed to the categories and themes was omitted in the thematic section in order to avoid overshadowing participant knowledge and experience, “honouring participatory and experiential knowledge construction over the dominant psychological discourse” (Arvay, 1998, p. 16).

Community. In the category of community, practitioners discussed the level of connection and involvement required in acting as a serving community member. Community involvement was named as being as important as the services they offered. Community members depend on each other, requiring honesty and transparency in daily interactions as “ways of being” that allow members to function together.

In my life I feel I have to try to support this community. I can never walk away, not emotionally, not spiritually. Even if I could physically leave, I would still be tied ... still be connected. There would be a sense of obligation or duty. (Connected)

The dichotomous nature of those practitioners who are embedded and those who are not was explored, with both groups offering necessary services. Knowing the history and context of community members’ lives was considered to be an asset, but left one practitioner wondering about what isn’t done or said based on these close, often dual relationships. Practitioners are expected to act simultaneously in many roles in small communities, and they practice in a very personal context with limited privacy.

But at the same time being so, being so bound up within the community as a whole and the individuals in it means that you are so much more vulnerable to the pain that goes with it; the pain of deaths and injuries and emotional trauma. You can’t see these people that you care about and see that they are suffering and not care too. (Small Town Helping)

Being “bound up” in the community was also problematic when practitioners believed that there were issues they could not address or be upfront about because of possible repercussions and consequences that have to be negotiated when living in small communities. The embedded nature of practice in these communities leaves practitioners vulnerable to the pain inherent in relationships based on caring.

Isolation. The factors of physical location of practice and the limited population were described as having an impact on practice due to a scarcity of colleagues and the lack of supervision. Most of the practitioners did not have anyone else in the community doing the work they were doing, which resulted in feelings of professional isolation unless they had access to adequate supervision. Additional stress was added to the burden of professional isolation when practitioners ended up being the only source of support for clients. “That’s the biggest downside of the whole process (in isolation): You can’t ... you don’t have a place you can refer someone to” (Believe).

Table 1
Categories and Themes

Secondary research questions	Categories	Themes
What challenges do northern practitioners face in providing support to clients with traumatic experience in isolated northern communities?	Community	I can never walk away: Community engagement It takes everybody: Within-community support A mixed blessing being embedded: Specific community challenges
	Isolation	Kiss of death to your soul: Professional isolation Not as in touch with the world: Physical isolation Travelling: Environment Over my head: Referrals
	Clients	Anything that will stop the memories and the pain: Client struggles So much strength themselves: Client strengths I know what you put up with: Client success I know where they go: Levels of interactions
	Culture	It is complicated for me: Differing worldviews I am simply more invested: Culture is everything
What are the effects on helping practitioners in providing trauma support?	Post-trauma	Getting to the real trauma: Views of trauma What ignites everything: Residential school trauma Bits and pieces come down: Intergenerational trauma
	Challenges	The biggest downside of the whole process: Challenges in helping They said: Society's Influence
	Work components	Hurt can be too big: Trauma work I try to be as competent as I can be: Training They are the best teachers: Sources of knowledge
What strategies do northern helping practitioners use to cope with negative effects?		We know how to care for each other: Work support A choreographed kind of deal: Work described My work impacts on me: Effects of work This is how I feel: Supervision Past the word upsetting: Emotions This job never ends: Work in small communities
What qualities, both personal and professional enable practitioners to continue to do this work?	Practitioner trauma	You take on a lot of your client's load: Unlabeled trauma Pace yourself: Burnout My worldview has been altered: Vicarious trauma
	Strategies	You can do it for a long time because you believe it: Strategies for continuing/coping People will talk over vegetables: Creativity in work
	Guiding beliefs	Sustaining, totally sustaining: Beliefs guiding work You have to believe: Hope and resilience

Professional isolation was described by one practitioner as a major factor in the development of vicarious trauma. Practitioners also described the frustration of bringing clients along in the helping process to a point where they are ready for other services, only to find that such services are inadequate or not available. Without services to refer to, practitioners have to know their own limits of practice, but also find ways to support their clients who are ready to move on but have nowhere to go.

Culture. The theme of the sensitivity required in addressing cultural differences was found in the transcripts of both First Nations and non-First Nations practitioners.

And I think because it is my government that is complicit in the stories, it's by default something I carry ... I sort of represent that white society that has benefited from the policy against FN people. So it is complicated for me. I have never had a sense my clients see it that way, so that's my own thing to own. (The Pool)

The practitioner in this quote addressed the feelings of "guilt by race" that I have heard other non-First Nations practitioners talk about when they become immersed in First Nations communities and confront on a daily basis the lingering effects of colonization.

What I do know is that it matters to me that this client makes it, it matters to me that another client stays sober, it matters to me that still another client gets her child back. Not that it would not matter to you or other non-First Nations workers. I am simply more invested, that might be the word. (Connected)

For most First Nations practitioners, culture was a pervasive theme throughout their stories. The culture ties these practitioners to their communities, contributing to the level of embeddedness they have in their communities and the devotion that they practice with. They addressed the issue that non-First Nations practitioners were making efforts in supporting First Nations clients, but the level of understanding and investment could not realistically be the same.

Challenges. Practitioners described facing the challenge of getting to the main issues and working proactively despite the large workload of crisis situations. "How do you just live a normal human life with heartbreaks and car accidents, you know the things that happen to me in my personal life. How do you live that and also be an okay counsellor?" (The Pool).

Practitioners also included a limited social life inherent in small-town practice as an isolating challenge. Specific community problems were described as challenges, including lack of resources, poverty, family violence, and rotating staff. Lack of training and access to training were also named as other challenges.

Work components. The size and extent of the hurt found with clients was linked to heightened stress in practitioners as they negotiated what they can and cannot do in the face of such need. The amount of empathy required to do this type of work was acknowledged as well as cautions about how compassionate

interventions can have negative results. Practitioners also explored the problems encountered for workers with a generalist knowledge base who are expected to provide a wide range of services in northern practice and the added responsibility of finding ways to access information and training. "Most of my friends are counsellors, which is very helpful because we all understand that. We understand the tone of voice all of us get when there is a client there. We know how to care for each other" (The Pool).

Practitioners described the isolation that comes from doing this type of work in small communities, isolation that is related to issues of confidentiality and lack of supervision. The importance of having any kind of support was emphasized. "Anyone who has done this job for a long time just has a sense of how people can be hurt" (Holding the Good and the Bad).

A major theme found in every participant's story was the profound effect of the work. Negative effects included hypervigilance, loss of compassion, guilt, sleeplessness, and emotional and physical depletion, while positive effects included increased compassion, knowledge, integration of good and bad, and enrichment. Participants described how helpers get caught up in the crises that affect small communities. This type of work has the potential to take over a person's life. The nature of helping work in small communities was described as consisting of dedication and full immersion into the community. Four of the practitioners described the open-ended nature of helping work in small northern communities. Work issues either followed practitioners physically through client encounters in public or psychologically through worry and concern for clients.

Practitioner trauma. For many of the practitioners, the definitions and terminology of the phenomenon of secondary trauma were not familiar terms. They described consequences of the level of engagement with clients in different ways, using various terms.

There are some horrible things that happen [or] you have to hear or witness or whatever. And then does that go away? I don't know if it ever does. It's always up in the brain stored in the filing cabinet somewhere. I don't know how I live with the images. I don't know how I deal with them, quite frankly. (Life Role)

Practitioners described themselves as haunted, injured, and taking on clients' issues. They used the terms "traumatized," "hurt," and "survivors' guilt" to describe some of their reactions to clients' stories. Practitioners who had been educated on vicarious trauma spoke to some of the effects that they had experienced. Hypervigilance, altered worldviews, and difficulty in dealing with the lingering images generated by clients' stories were explored in this theme.

Guiding beliefs. Beliefs and values that underlie and guide practitioners' personal and professional actions were predominant themes in all the participants' stories. Belief in clients' need to have power in their lives and faith in their abilities came through many of the stories. Fostering independence and building on client strength were other beliefs. Some practitioners were guided by their belief in humanitarianism, an orientation that they considered to be their role in life.

I believe I make a difference, I don't know when, why, or how, but I really believe. If you can catch onto that, you are fine, just fine. And then you can do it. You can do it for a long time because you believe it. I hear a really tough story and I go, "I am so glad I was here to hear the story." I believe something can change. (Believe)

The theme of hope and resilience is at the heart of practitioner practice in light of the overwhelming weight of multiple traumas found within the stories. Believing in possibilities and acknowledging the resilience and strength of clients were ways of sustaining hope. Practitioners accepted that hope is essential to their work and to the lives of their clients.

Meta-Analysis

In multiple hearings and readings, more encompassing themes connected and blanketed many of the experience portraits and the resulting categories. This sharing of themes suggested six metathemes: *helping takes over life*, *humanity*, *respectful engagement*, *invested and embedded*, *profoundly affected*, and *belief*.

Helping takes over life. In all the participants' stories, the passion and commitment for the work they do came across. There was the sense that for many practitioners, their helping practice was their life. The scarcity of mental health practitioners in the North puts more pressure on those who are practicing in professional and paraprofessional helping to work longer and harder. This situation may also have a connection to the social bonds of community members and the concept of strong-tie orientations found in remote communities (Rawsthorne, 2003).

This sense of belonging as described by the practitioners appears to contribute to practitioners' level of dedication. The nature of counselling or supportive work to take over practitioners' lives may also come from the need found in northern communities. The elements of northern life that affect practitioners, including physical isolation and seclusion from mainstream society (Barbopoulos & Clark, 2003; Weigel & Baker, 2002), affect clients in similar ways.

Humanity. Three of the participants described themselves as humanitarians. In other portraits where that label was not explicitly used, the implicit nature of the level of humanitarianism formed the foundation of the work they did. Interacting with clients at a very human level first and a professional level second was regarded as a principle of practice. This may be connected to the necessity in isolated and northern practice of practitioners often working with entire communities including family members and friends and spending time with clients outside of work (Delaney et al., 1997; Schank & Skovholt, 1997).

The level of humanity displayed by practitioners is also connected to clients' situations and needs, especially in terms of traumatic experience. Multiple layers of traumatic experience may result in humanitarian concern for vulnerable clients in need of support, echoing Tlingit counsellor Edward Anderson's (personal communication, June, 2007) admonition that trauma transcends culture and reduces situations to a human commonality.

Respectful engagement. In every portrait, compassion and understanding of clients' situations and behaviours was presented. Client stories were treated with honour, and the sacredness found in helping relationships appeared to dominate the stories. Practitioners who are not First Nations were mindful of cultural difference in working with First Nations clients (Salois, Holkup, Tripp-Reimer, & Weinert, 2006) and appeared to have been impacted by those interactions.

Invested and embedded. The degree of investment in their work was a powerful piece of practitioners' stories. Those practitioners working in their home communities were particularly invested and embedded in their community. Embedded practitioners often work with experiential knowledge based on their own experiences as well as other informal training due to lack of access to more formal training, while those with advanced training have received that training elsewhere (Barbopoulos & Clark, 2003). The very nature of embedded and invested practice suggests that leaving the community to pursue additional training is difficult and often not an option (Crago, Sturney, & Monson, 1996; Weigel & Baker, 2002).

Practitioners who had come from "away" also expressed a level of embeddedness in both their work and their location. This may indicate the level of engagement necessary for outsiders to build trusting relationships and become accepted insiders (Zapf, 1993).

Profoundly affected. All the practitioners interviewed had been affected by their work to varying degrees. Whether conceived as just a natural part of the job or a process of learning and life, all the practitioners had been changed. This change is multidirectional, with practitioners giving up beliefs and previous knowledge but gaining new knowledge and qualities. No matter what label was used or how explicit the description, the effects were acknowledged. The consequences of working with traumatized clients in northern settings for extended lengths of time appear to include profound changes in (a) beliefs, (b) expectations, (c) assumptions of self and the world, (d) levels of compassion and strength, and (e) identity (Adams et al., 2006; Collins & Long, 2003; Pearlman & Saakvitne, 1995).

Belief. The requirement of belief in clients, belief in self to help, and belief in hope was an essential part of practitioners' ability to practice despite difficulty and despair. Without a vision of hope, practitioners acknowledged that they would not be able to do the work that they do. This need to believe in clients' abilities pushed practitioners to work through and beyond their own trauma effects.

DISCUSSION

The contribution of this study to the literature on secondary trauma may rest with the inclusion of paraprofessionals, First Nations practitioners, and other embedded practitioners working in the extreme environment of the North. The stories of practitioner experiences are filled with wisdom juxtaposed against primary and secondary trauma response. The work experience of individual helping practitioners expands to include the histories of clients and communities

and the impact of those histories on practitioners. These portraits are set against a multi-textured background built up out of layers and layers of cultural context and history.

Participants' beliefs are presented not as generalizations, but as "experiential artifacts: monuments constructed out of the internal and existential histories" (Clandinin & Connelly, 2000, p. 417). The stories of helping practitioners, both those originating in the community where they work, and those who make the transition into northern communities, may help researchers to develop a much-needed conceptual model of the complex issues faced in rural and isolated practice (Barbopoulos & Clark, 2003). A new discourse related to the well-being of helping practitioners may involve the protective factors found in elements of embeddedness and connectiveness of practitioners and their motivation for doing the work they do that emerged from the study.

Limitations

A limitation to this study is that participants were not given a guiding definition of secondary trauma; rather, the research question was broad and focused on general experience with the intent of not confining participants to an already defined construct of how they had been impacted. Without this structure, some of the participants may have shared more general aspects of their experience rather than specific incidents or feelings of secondary trauma.

In qualitative research, there is always a challenge in ensuring that the self of the researcher is a trustworthy instrument (Ely, Vinz, Downing, & Anzul, 1997). Elements of both limits and growth exist in the unique tensions that develop out of the dual roles of counsellor and researcher (Etherington, 2007). This tension was evident in the context of the relational culture setting of northerners where help is given when requested. Mirroring the counsellor-client boundary difficulties discussed in the literature on isolated and rural practice (Boone et al., 1997; Green, Gregory, & Mason, 2003), the boundaries between researcher and practitioner were not always clear during the research interactions (Connolly & Reilly, 2007) due to the norm of reciprocity found in northern communities, particularly among First Nations communities (Salois et al., 2006).

If practitioners requested assistance that I could provide, it was given. My ethic of care dictates that I act morally when others are in need. In research, this results in understanding how to hold both an analytic stance and an emotional connection, how to "blend the emotional insider experience back to a cognitive outsider role in order to conduct analysis" (Connolly & Reilly, 2007, p. 534). Negotiating how to blend those roles will be an ongoing process for me as a northern-based counsellor/researcher.

Implications for Research

The situation of embedded practitioners suggests elements of the phenomenon of vicarious posttraumatic growth: the psychological growth that sometimes devel-

ops from vicarious encounters with clients' trauma experiences (Arnold, Calhoun, Tedeschi, & Cann, 2005). This area of research may add to an understanding of the complexity of therapeutic engagement.

The developmental nature of the phenomenon of secondary trauma that appeared to exist within the participants' experiences is an area for future research. The participants' stories suggest that practitioners experience various interpretations of secondary trauma over their work life depending on their stage of life and experience and their clients' context. Research into how the constructs of burn-out, compassion fatigue, secondary traumatic stress, and vicarious trauma relate to and are different from each other will continue to be important work in support of all helping practitioners.

The literature indicates a gap in research on vicarious trauma and other constructs of the phenomenon of secondary trauma undertaken with more diverse populations of mental health providers practicing in isolated and rural areas. Wider samples of therapists are required in order to examine diversity in work settings, supervision, personality, and income as factors related to the development of vicarious trauma (e.g., Cunningham, 2003; Lugin, 2001).

In my situation as a non-First Nations researcher, I deliberately focused on the culture of northern helping practitioners in this study rather than a direct comparison between First Nations and non-First Nations helping practitioners. Follow-up studies focusing on specific groups of northern practitioners such as embedded practitioners and First Nations practitioners would provide additional culturally relevant information and understanding of trauma support in isolated communities.

Implications for Counselling Practice

There is a need for open discussion of the issues facing not only professional helpers but also paraprofessionals in northern communities to lessen the risk of professional isolation. Helping practice is a field that contributes to personal and professional isolation through the covenant of confidentiality. This inherent isolation is compounded in northern communities by the basic uncontrollable features of geography and weather, resulting in conditions that on their own may contribute to practitioner vulnerability. All new practitioners need to be informed on the specific challenges of northern practice.

Practitioners need to have an awareness of the multigenerational impact of historical trauma for First Nations people and the similar impact of intergenerational trauma for non-First Nations clients in order to develop effective interventions and to be prepared. For helping practitioners in northern communities, socioeconomic and psychosocial conditions as well as the historical context are essential to understand (Tafoya & Del Vecchio, 1996) in order to comprehend the magnitude of traumatic issues experienced by clients in the past and the present and to prepare themselves to engage with traumatic material.

The dedication to community for the First Nations helping practitioners was evident in the conversations with participants and community advisors. As the

practitioner in *Connected* explained, it is important for practitioners to ask themselves the reason they are doing the work. If the practitioners believe that the part they play is of critical importance to the client's well-being and are invested in the client's present and future functioning, the inevitable changes that occur from empathic engagement with trauma are considered to be part of the work and are not as debilitating. The practitioners (i.e., *Connected*, *Life Role*, and *Laugh or Weep*) suggest that the passion to help individuals within their communities becomes a protective or coping factor when cultural survival is added.

Places have power and presence, with power bringing the potential to subvert dominant narratives, a challenge to helping practitioners coming into communities (Cheers, 2004; Hornosty & Doherty, 2004). This challenge was addressed by several practitioners, but it was a sensitive topic. When the dominant narratives develop in a culture that is not the practitioner's culture, delicate transactions are required in order to work cross-culturally, let alone challenge such narratives. The power of northern communities may be seen in the effect on outsider practitioners as they struggle simultaneously to become community members, keep their professional identity, and negotiate the dominant narratives. The matrix of certain communities is either conducive to community connection and embeddedness or it keeps practitioners in a disengaged relationship. Without community support, helping practitioners may become vulnerable to the phenomenon of secondary trauma.

Practice focused on trauma support and small community settings suggests that practitioners understand the vital importance of supportive relationships regardless of whether they have received formal training. The importance of supervision for rural and isolated practitioners found in the literature (Barbopoulos & Clark, 2003; Weigel & Baker, 2002) was emphasized by five of the practitioners. Supervision needs to be provided for the day-to-day crisis and trauma responses that practitioners face, as well as the more profound issues.

Paraprofessionals would benefit from access by phone or online to supervision that focuses on trauma interventions and crisis counselling. Taking steps to normalize the inevitable effects of witnessing clients' trauma response and awareness of the impact of the cumulative effects of the disruption of everyday realities may be most beneficial to practitioners working in isolated conditions.

SUMMARY

The helping practitioners interviewed for this study present glimpses of the struggle with imperfect practice and the challenges of serving two masters: ethics and training expectations pertaining to professional and paraprofessional helping and the demands of small communities. Acknowledgement of the academic/community divide sums up the challenge of reconciling culturally specific orally-based knowledge and information on residential schools and historical trauma with empirical clinical studies on vicarious trauma and work in isolation. The challenge that arises comes from the interface of differing culturally-based worldviews of

academia and the scientific community and those found in isolated communities such as the ones represented in this study, with researchers attempting to operate in a completely different cultural ethos (Salois et al., 2006).

Reconciliation may not be possible or desired. Relevant cultural and community-based knowledge may enhance and inform the findings of clinical studies.

It is my hope that the combined personal and local knowledge found within the stories will benefit helping practitioners working in isolated communities and also inform funding agencies, training facilities, and academic institutions as to the needs of such workers and their clients living and working in the North. It is the hope offered in the stories of dedicated human beings in helping relationships that brings worth and authenticity to this research journey.

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