

# EVH S1EP11 - Putting Out Burnout - Supporting Those Who Support America's Veterans

**Nikola Alenkin:** [00:00:00] There was a study I conducted just locally at Greater LA where 65% of the social workers met the diagnostic criterion for PTSD. And to be honest here the Veterans themselves were saying, "Hey, is something going on with you? You, you seem a little bit, some pre are you preoccupied with something or you know, you're missing a lot of days. You missed a few meetings with me. We haven't had groups." The Veterans themselves are saying something's going on.

That's the impact that it has. Our Veterans see the impacts of this work. Welcome to Ending Veteran Homelessness, your firsthand look into our nation's efforts to ensure that every Veteran has a safe and stable place to call home. From the Department of Veterans Affairs, Homeless Programs Office, I'm your host, Shawn Liu.

**Shawn Liu:** If you're a Veteran who's Homeless or at risk of homelessness, reach out. Call the National Call Center for Homeless Veterans at 877-424-3838. Trained [00:01:00] counselors are standing by to help, 24 hours a day, seven days a week. That number, again is 877-424-3838.

At its core, this podcast, "Ending Veteran Homelessness," was always intended for Veterans - serving as a way to raise awareness of, and hopefully increase access to, VA's homeless programs and services.

But this month, we're gonna change things up a little bit.

In March of each year, it's Social Work Month, a time where we celebrate the hardworking and dedicated social workers all across the country, and especially here at VA.

I've mentioned this a couple times on this show, but social workers are truly the real backbones of VA's efforts to end Veteran homelessness. Simply put, if it wasn't for this profession and the care that they're trained to provide, I don't think we'd have seen the over 55% reduction in Veteran homelessness since 2010.

And I'm not just saying that because I'm a social worker too. [00:02:00] We hear it every day from the grateful Veterans who were formally homeless, but are now housed, thanks to the help of their social workers and other members of their care teams.

Social workers can often look like superheroes, but they're human. Good, decent people trying to do what's right. And like all humans, they're vulnerable to burnout.

Yes. Alas, this is an episode about burnout.

I know, I know. I'm sure as listeners, you are burnt out on burnout! Articles, YouTube videos, and other podcast episodes. But for all the virtual ink that has been spilled, burnout remains a big deal, especially for those who are charged with caring for some of America's most vulnerable Veterans: Veterans experiencing homelessness.

We have to be at our best so that we can give Veterans our very best. They deserve nothing less.

But how exactly does burnout impact the services that we provide to homeless and at-risk Veterans, and what is VA doing about it?

Those are really great questions.[00:03:00] So to help us learn more about what VA is doing to address burnout amongst their staff, I can think of no one better to talk to than our next two guests.

First we have Dr. Roger Casey, the Director of Education and Dissemination at the National Center on Homelessness among Veterans, where he leads the development and implementation of national training and education for VA and non-VA staff working with Veterans experiencing homelessness or those at risk.

And today he's joined by Dr. Nikola Alenkin, a Supervisory Social Worker with the VA Greater Los Angeles Healthcare System's Domiciliary Program, which is the largest residential treatment facility in the country. His experience spans both direct practice and research, having directed programs within public and private agencies, and his research focuses on self-care and coping, improving service delivery for Veterans and unhoused populations.

Roger, Nikola, welcome to the show!

**Nikola Alenkin:** Thank you, Shawn. Thank you very much.

**Roger Casey:** Yeah, Shawn. Great. Thanks for having me. Appreciate it.

**Shawn Liu:** Also, Roger, fun little background of the development of this [00:04:00] podcast. About a year ago when I reached out to you, I was like, "Roger, I wanna do a podcast!"

You were like, "yeah, this would be cool." And here we are a year later. Podcast is going pretty well, and you're on it. You're a guest. This is fantastic.

**Roger Casey:** Yeah. No, I really appreciate being on. It's great.

**Shawn Liu:** Excellent. So, we're gonna dive into burnout today, but before we do, we'd love to hear more about both of you.

Roger, let's start with you. You're the Director for Education and Dissemination at the National Center on Homelessness among Veterans.

What does your role entail? In this podcast, we've been talking a lot about clinical services, but your role in the Homeless Programs Office is somewhat unique. Can you tell us a little bit about it?

**Roger Casey:** Yeah, sure. We have two goals in our education dissemination core. One is to enhance the clinical skills of our staff that are working with homeless Veterans. Not only VA staff, but our provider staff. We provide webinars once a month based on knowledge gaps.

We do more specific evidence-based training. We have great staff in our core and we really look at needs first and [00:05:00] curriculum development education second, with the goal of enhancing the skills of our staff.

The other part of our core is to look at those model services. How can we develop a pilot or a model to test to see if we have services that could address that need?

**Shawn Liu:** What I hear you saying is really helping to make sure that our staff across the country, and again, those who are charged with caring for Veterans experiencing homelessness and housing instability, making sure those staff have the knowledge, skills, and abilities to do this work well.

Really important stuff. And I know something that doesn't get a lot of attention, especially as we start thinking about the programs and services. But, a lot of what you're talking about is so foundational.

Nikola, I wanna come over to you next, Supervisory Social Worker at the VA Greater Los Angeles Healthcare System, largest residential facility in the country.

Tell us a little bit about your role and where some of your kind of clinical and research interests are.

**Nikola Alenkin:** I've been with the Domiciliary program entering in my 18th year. Very complex [00:06:00] and challenging population. But at the same time, the most rewarding work that I've done in my career.

My career at VA was and is largely as a direct service provider, but I've managed programs as well, looking at how to develop programs suit the needs of our homeless Veterans who experience substance use and mental illness. And during that time, I began to see that the complex and challenging work, although it was rewarding, was having impacts on us. So my research for the past 13 or so years has focused directly on issues of burnout, secondary traumatic stress, compassion fatigue, and coping. And in the last few years, I've also looked at how this impacts our service delivery for our homeless populations.

**Shawn Liu:** It's definitely been a hot topic all throughout the country, especially here in VA, and especially here in homeless programs.

Roger, I want to come back over to you and ask what will feel like a very basic and easy question.

It's kinda like, what is [00:07:00] love? What is truth? What is family? But I feel like it's important to level-set with terms. So as basic as it is, from the perspective of the National Center and the work that you and Nikola have been working on, what is burnout and why is it bad?

**Roger Casey:** Yeah, that's an important question, Shawn. That is basic level setting, but it's really important to have this conversation because the word, the term, has been in our public eye, in our clinical eye, in organizations, and in personnel services. It's all over the place.

There's a number of different definitions, so let's throw some of this stuff out there.

The last definition that I saw was that it's a feeling of hopelessness. Here's some other words that were used: feelings or lack of motivation, anger. Some have associated burnout with depression. It's a feeling of hopelessness and your inability to make a difference in your work or your [00:08:00] life.

And you know, there's no clinical definition. So when there's no defined vernacular for the word, it is used in a lot of places, especially social media, and the news, and the headlines.

The bottom line is, one, the population that our staff work with can have lots of challenges. Two, that resources are very frequently limited. And three, there are demands and expectations from our social workers, the partners, the supervisors, the institution they work for locally, and the institutions they work for under a national umbrella.

The best way to describe it is folks not feeling as though they're making a difference.

**Shawn Liu:** There was a couple things there that I heard that were pretty resonant, especially from my own history working with Veterans experiencing homelessness and getting them into housing. Things like hopelessness, I heard you say depression. Real serious stuff that, for the Veterans listening in who maybe are working [00:09:00] with their case managers, working with their social workers, needing their assistance but potentially seeing that depression, that that hopelessness, that can have a big impact on the Veteran's own wellbeing.

Nikola, Roger teed this up nicely. From your research perspective and the work that you do, how are you hearing and seeing burnout defined?

**Nikola Alenkin:** It's important to know the terms, but I think it's more important to know that what we are experiencing as service providers, as social workers, because we are working with really complex populations, because we have the scarcity of resource, because sometimes we have those system challenges, we used to think that if you just take a few days or take a vacation, everybody used to throw around the words mental health day, "I'm taking a mental health day today." But what we're finding actually is really persistent and pervasive stress that is really impacting service providers, social workers,

really at their core. Really in terms of their professional sense of self and [00:10:00] even in terms of their own personal sense of self.

A lot of the research is focused and aimed on how these changes have created symptoms: depression, irritability, lack of sleep. In many ways, very much akin to what we find with individuals that have post-traumatic stress: avoidance, intrusive images. So this is something that's really serious. Organizations and agencies have, within the last few years, because of what we saw and are seeing with the pandemic, have really talked about making changes, structural changes, to the ways in which social workers are doing the work.

At a start, we can begin to look at how we can integrate more self care, more sense of purpose, more sense of identity in the professional and personal role in the work that people are doing.

There was a study I conducted just locally at Greater LA where 65% of the social workers met the diagnostic criterion for PTSD.

And to be honest here the Veterans [00:11:00] themselves were saying, " Hey, is something going on with you? You, you seem a little bit, some pre are you preoccupied with something or you know, you're missing a lot of days. You missed a few meetings with me. We haven't had groups." The Veterans themselves are saying something's going on.

That's the impact that it has. Our Veterans see the impacts of this work.

**Shawn Liu:** That's a pretty dire situation and I really appreciate you bringing in the fact that our Veterans can tell, like they can see it within us. And what I would fear for our Veterans is seeing the toll that providing services is taking on our staff and then feeling their own increased sense of shame. Like, "oh, look how much of a burden I am that my social worker is going through this."

That's definitely a sentiment that none of our staff across the country want for our Veterans. What I also heard from you, as well for you, Roger, you know that a lot of this is tying to feelings of self-efficacy. Do our staff feel like the work that they're doing are making a difference in the Veterans lives? [00:12:00] Right? And they care so much about being able to help our Veterans effectively.

But Roger, I would love to get more perspective, zooming out a little bit from the national level, what we are hearing from homeless program staff about how burnout is manifesting.

**Roger Casey:** From a national perspective, the Center has done interviews with staff around the country, homeless programs and justice programs. About half of the staff reported symptoms of burnout. We have to be really careful about blaming the victim, accusing the staff of not being good enough, not being competent enough, not being able to handle those projects. Like Nicola was saying, take a mental health day, eat right, get some exercise, self care. That's important, but it's not just about the staff. It can be the work environment. It can be leadership. Does leadership actually know what the staff is facing or how to meet some of those demands? It's important to consider the systems, the institutions, and what role they play in [00:13:00] this dynamic.

**Shawn Liu:** Really great points.

Nikola, I want to come back to you and zoom back into your work. We touched on what burnout is, why it's bad, how we're seeing it appear in our homeless program staff across the country.

I'd love to shift gears a little bit and talk about what are we doing to address it? And I know that you've been leading a lot of interesting work in Los Angeles that may have some interesting implications for scaling and spreading throughout the country.

**Nikola Alenkin:** Absolutely. Let me just start with a national approach. VHA has taken a really important look at this. And so one of the programs that was set up as a task force is called the REBOOT program. We love acronyms at VA, so Reduce Employee Burnout and Optimize Organizational Thriving. And I think that's been a really important effort to look at the issues of burnout and resiliency among staff.

In terms of local, one of the things I developed was a very simple 12-week class on integrating self-care techniques [00:14:00] for our staff. This was pre-pandemic, but we literally would meet in an office, a larger space which could fit about four, or five, six of us, and we started there by meeting every morning. We had a daily self-care check-in. Then we started to implement mindfulness-based practices. We would do meditation and mindfulness awareness practices. And that spread to integrating other aspects of our staff. So we had a nurse practitioner that joined us that brought in some aspects of healthcare. We had a dietician that joined us that talked about nutrition and diet. We even had a psychiatrist that came and talked about the larger issues like sleep disturbances and other things that might require us be involved with seeking professional care.

So it was a very simple idea that was populated by not much effort on our behalf other than committing to being together at a certain time and a certain place. What developed was this peer support and kinship to feed [00:15:00] into the sense of self, the sense of professional self, and the sense of personal self.

If people are interested in doing this, I think the notion of starting small and growing it organically, and I think demonstrating to leadership, to management, to the organization, that these things can be effective without much cost and without much effort.

I can tell you just anecdotally, as we were improving our sense of self, the Veterans also saw that. And I can tell you that the service delivery became much better. It was much more efficient. People were more effective simply just at a basic level because people were not having absenteeism from work. They weren't taking days off from being sick. They weren't feeling like they had to come to a workplace that was going to increase their stressors. But they really bought into and felt like it was a positive environment, both for them and for the Veterans that they serve.

**Shawn Liu:** Amazing stuff. For everybody's awareness, we're gonna put links to [00:16:00] the REBOOT taskforce's fact sheet and links to Nikola's research study in the description of this episode.

Nikola, I was gonna ask, but you answered it, how has the impact been on staff for these interventions that you've been able to roll out? I've heard a couple bits of, "Hey, I'm too burned out to do the thing that will help me reduce my burnout."

Um, so I'm really, really glad to. Right?

I'm really, really glad to hear that it, it's been a positive impact.

What's next for you? Where are you headed with either your national work or your local work?

**Nikola Alenkin:** My work is focused now on specifically the service delivery piece. A lot of the challenges as we're coming out of this pandemic era, the stress is still there. The burnout is still there. Organizations are more open and more knowledgeable.

But I still think we're at the beginning phases of having organizations integrate what will be ultimately a holistic approach for their workers. For me, my



research is gonna go into how can we [00:17:00] increase very small changes. The program that I began, very small changes and don't cost a lot of money. That's the area that I want to take my research in.

**Shawn Liu:** Roger, what about the work at the Center? Where are you headed with researching, learning more and relieving the burnout for homeless program staff?

**Roger Casey:** The Center is continuing this national review. There's going to be a convening of all our homeless program national managers at a round table setting. And the Center's always looking for promising practices, best practices.

That's our role: make sure we have the ear of the field. And part of Nicola's work may be something that we can highlight or model at some other sites.

**Shawn Liu:** Okay. I'm gonna go ahead and start winding us down, ending with a tradition on this show: ending with "why."

We're all social workers. We work for Veterans here at VA.

I'm not a Veteran and one of the things that has been really, really important for the Veterans that I've worked with is, because I'm not a Veteran, that I'm here for the mission. That this is not just [00:18:00] another job. And I think what we're revealing today is for social workers all across the country, for homeless program staff across the country, this isn't just another job. That we are here for the mission, we're here for them.

And you two are obviously very smart gentlemen. So as we bring this episode to a close, Roger, I'd like to start with you. What is your "why" for this work? Why do you rep for Veterans experiencing homelessness?

**Roger Casey:** I've had some personal experiences of friends and brothers of friends that had a hard time in the service. Vietnam era and other service-related issues.

And I felt as though it was really important for me to do this work. I don't know why a Veteran should be homeless. We should do everything we can to help those guys and gals.

**Shawn Liu:** Agreed. Agreed. Nikola, I'll give you the last word. What's your "why" for this work?

**Nikola Alenkin:** For me it's personal and it's professional. I've been working with the unhoused population for over 30 years. From New York on the East Coast and in Skid Row in Downtown Los Angeles. And working in different settings: Twin Towers County Jail, [00:19:00] Children and Family Services.

But I have always come back to the work that I've done with the Veterans. They just demonstrate so much resiliency. And for me, that's the driving factor.

It really is a shame that we have homeless Veterans in this county. For me, it's a calling. To be there at the front lines for Veterans, for the service that they've given to our country and the sacrifices, we really owe it to them to give them the best of us and that's really what drives me every day.

**Shawn Liu:** Dr. Roger Casey is the Director for Education and Dissemination at the National Center on Homelessness among Veterans and Dr. Nikola Alenkin is a Supervisory Social Worker with the VA Greater Los Angeles Healthcare System.

Roger, Nikola, thanks so much for the gift of your time.

**Nikola Alenkin:** Thank you, Shawn.

**Roger Casey:** Appreciate it.

**Nikola Alenkin:** Thank you.

**Roger Casey:** Yep. Appreciate it, Shawn.

**Shawn Liu:** If you want to know more about the services that VA provides to Veterans experiencing homelessness and housing instability, visit us online at [www.va.gov/Homeless](http://www.va.gov/Homeless).

And if you're a Veteran who's Homeless or at risk of homelessness, reach out. Call [00:20:00] the National Call Center for Homeless Veterans at 877-424-3838. Trained counselors are standing by to help 24 hours a day, seven days a week. That number, again is 877-424-3838.

That's all for this month.

We hope that you found this time to be valuable and that you feel empowered in our collective work to ensure that every Veteran has a safe and stable place to call home.

Take care.