

SELF-CARE AND MANAGING STRESS

SOURCES OF STRESS:

Lack of Confidence

Personal Sore Spots

Built-up Stress

Physical Responses

**Organizational/Administrative
Confusion**

STRATEGIES:

**Utilize supervision, peers
Realize your own strengths
Seek mentors and practice skills
Seek training, observe others, read**

**Know your “buttons”
Desensitize yourself (write the most troubling
things a survivor could say/do and
rehearse your response)
Find a colleague for practice and support**

**Be aware of your own limits
Know the signs of burn-out
Attend to your needs for leisure, socialization,
rest, and pleasure
Know when to ask for help**

**Practice relaxation
Take slow, deep breaths
Progressive muscle release
Maintain a neutral expression
Keep your voice calm and ready**

**Clarify agency policies
Know and practice safety procedures
Supervisors should advocate for staff safety
Initiate a “buddy” system
Establish liaisons with police**

Defining Vicarious Trauma

- ❑ A change in a service provider's inner experience as a result of empathic engagement with survivors of trauma and hearing their story.
- ❑ Changes that occur in the service provider's physical, emotional, and/or behavioral states as a result of exposure to traumatic stories or events.

Causes of Vicarious Trauma

- Exposure to stories of trauma
- Desire to help/change survivor's situation
- Feeling powerless when a service provider does not see positive changes in the survivor's situations
- Overly identifying with survivors
- Thinking we have the power to change the survivor's situations

Dealing with Vicarious Trauma

Some ways in which people have found it helpful to prevent and manage vicarious trauma include:

- Awareness – being attuned to one’s needs, limits, emotions and resources; practice self-acceptance.
- Balance – maintaining balance among activities, especially work, play, and rest.
- Connection – maintaining supportive relationships; communication is part of connection and breaks the silence of unacknowledged pain; these connections help prevent isolation and increase validation and hope.

TEN BELIEFS THAT PREVENT HELPERS FROM GETTING HELP!

WE BELIEVE:

1. We should not experience personal problems...that we know better!
2. We view personal problems as a sign of inadequacy or failure.
3. We think that there is no safe place for us to get help.
4. We should be aware of all helping resources for all problems.
5. We have helping skills and can take care of ourselves.
6. We often intellectualize and/or disassociate from the emotional impact of our problems.
7. We often counsel family, friends, and significant others...a violation of boundaries.

8. We feel responsible for and often take the blame if a family member or significant other has a personal problem.
9. We feel embarrassed to seek help from fellow professionals.
10. As a result of the above, we often wait longer than others to let people help and often sabotage our own treatment.

Professional helpers often share the above characteristics. Early family experience may have contributed to becoming a caretaker at an early age and continuing that role into adulthood. It may also be a factor of being part of a small community (professional or social) where everyone knows everyone else.

How can our organizations and work environments support us?

- supervision**
- group case review**
- self-care groups**
- paired debriefings**
- group and team building
exercises**
- other?**

SELF-CARE PLAN

Physical Well-Being

Emotional Well-Being

Intellectual Well-Being

Spiritual Well-Being

Signed: _____

Date: _____

MY GREAT WORTH

Objective: To overcome barriers that keep advocates/service providers from receiving the full measure of self-esteem and self-worth available from their work.

Imagine yourself at an awards ceremony. What is it that you most wish someone from each of the following three categories would say about you and the work you have done?

An important supervisor:

A special survivor you once worked with:

A family member: