

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?**

DAILY EVALUATION FORM

TODAY'S DATE _____

- 1) How valuable were today's sessions for you, based on a scale of 1 to 5?
(1 = not valuable at all; 5 = extremely valuable)

|-----|-----|-----|-----|-----|
1 **2** **3** **4** **5**

- 2) Identify 3 things from today that will be useful to you in your job.

a. _____
b. _____
c. _____

- 3) Please provide any comments or recommendations regarding the content of today's training.

- 4) Please feel free to write any additional comments here.

Responses as Guide to Action: Working with Victims of Domestic Violence

Emotional Response

What You Can Do

	The Victim's Response	The Worker's Response	For the Victim	For Yourself
Fear	Of getting hurt again or being rejected by those close to her or by institutional personnel. Of being injured or killed. Specific phobias can develop.	Of getting involved. Of what might happen to you. Of getting hurt. That what happened to victim could happen to you. Specific phobias can develop.	Offer medical attention, safety options e.g., shelter, moving, living with friends. Listen to her fears. Help her anticipate dangers and plan for safety. Secure your work environment.	Do not discount any fears, they are based on reality. Establish safety procedures; 1) People who will look out for you. 2) Self-defense courses Talk out your fears.
Denial	Of the seriousness or even the <i>existence</i> of the problem. May put problem outside of her. She may say "this can't be happening" or "I have a problem; he doesn't."	Of the seriousness of the problem or that there <i>is</i> a problem or that it can happen to you.	Remember that denial is a <i>defense</i> , not a shortcoming. Continue to encourage communication while respecting the survival value of her defenses.	Find someone to talk to. Process cases or sessions. Attempt to learn more about you own victimization experience: your resilience, skills, and unresolved issues.
Overwhelmed	By lack or total inadequacy of options and resources. By feelings of terror, rage, helplessness. By urgency of need to drastically change her entire life, e.g., move, find new schools, new job. By other people's expectation.	By lack or total inadequacy of options and resources for victims. By hearing too many painful, scary stories. By anxiety because you cannot control client's fate. By anxiety because victim's safety is questionable.	Help her mobilize a support network. Help her prioritize and focus on safety as the primary concern. Help client articulate goals. Point out her personal strengths.	Establish realistic goals. Try to determine your own limits and personal needs. Talk out feelings. Check out your expectations for yourself and for clients. Use support networks for yourself and victim.
Discouragement	Being beaten down by having ventured forth before and finding that nothing worked. Constant confrontation with institutional indifference or hostility. Support systems will not come through and she may feel unable to mobilize herself anymore.	Cannot do <i>anything</i> for victim Victim's discouragement may produce overwhelming anxiety about your own helplessness. Violence makes you acutely aware of how helpless you can be.	Do not establish goals for client based upon <i>your</i> definition of "what's best." Help her see that there are alternatives. Try to understand the significance of even small steps. Help her believe she can regain control over her life.	Try to establish specific areas where you and victim can succeed. Share your concerns. Feel mastery in your job; know resources, helpful counseling ideas and what has worked for other programs.
Ambivalence	May question whether or not she should leave or terminate the relationship. Partner may be both loving <i>and</i> violent. She may have to make drastic life style changes and feels legitimately ambivalent about them.	May question whether or not victim should "break up family." May feel ambivalent about getting involved with victims.	Acknowledge ambivalence. Do not push her to change. She must make her <i>own</i> choices and resolve conflictual feelings. Allow her to express her ambivalence, and accept it.	Examine the sources of your ambivalence, value systems, societal pressure, stereotypes, etc. Acknowledge your own ambivalence. Do not avoid talking about client's ambivalence: accept it as part of the deal.

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:

Case Vignettes

Sara is a 23-year-old woman who frequently wakes up in the middle of the night after having nightmares about a child being forced to have sex. Rarely does she have a full night's sleep and usually spends her days at work exhausted and irritable. Often she finds herself feeling anxious when she sees a young child with her father and wonders whether the parent has molested the child.

Ellen is a 25-year-old woman who has difficulty concentrating at work. She often keeps to herself and rarely speaks to her co-workers. Often she seems nervous and jumpy when someone approaches her to ask her a question. She seldom socializes outside of work and feels afraid of most men, thinking that they are probably abusive. She often finds herself crying at the slightest thing.

What do Ellen and Sara have in common?

EMPATHY vs. SYMPATHY

EMPATHY

Empathy is a psychological identification with or attempt to understand the feelings, thoughts, or attitudes of another person. It is the attempt to put oneself in the survivor's shoes.

SYMPATHY

Sympathy is the ability to share the feeling of another, especially in sorrow or trouble, as in compassion or commiseration. Sympathy describes a quality of relations between people or things whereby whatever affects one also affects the other. Sympathy also implies that the service provider feels sorry for the survivor.

EMPATHY

- An intellectual/personal understanding**
- A professional distance**
- Maintenance of objectivity**
- Compassion without companionship**
- Leaves room for EMPOWERMENT of the survivor**

SYMPATHY

- **Emotional identification**
- **Loss of objectivity**
- **Personal attachment**
- **Compassion and companionship**
- **Open to co-dependency**
- **Can take power away from the survivor**