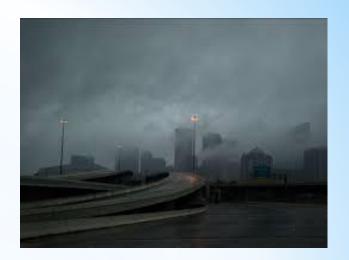
\*Supporting Survivors
& Mitigating the
Effects of Secondary
Trauma in Staff

Genevieve Kane-Howse, LMHC - University of MA Medical School
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Family Advocacy Center

RESPECT, TRUST, SAFETY, WELLNESS, CARING, CONNECTIVITY, and EDUCATION

### \*Family Resource Center Mission

\*Trauma takes away control.



\*Trauma compromises the ability to trust.

\*Trauma causes an overwhelming sense of fear, powerlessness, and loss of safety & security.





There is often a parallel process that takes place. The front line staff support the families. The Managers and Directors support the front line staff.



Short term and long term impacts of trauma.

Addressing the immediate needs so that families can have what is necessary to begin to heal.

There is a need for families to feel psychologically safe...this is how the process begins.





Basic Needs & Safety

Strengths: There has been enough clothes & food

Worries: Not enough housing/ Working with limited resources



#### \*Strategies to Help Families Cope -Reducing Anxiety

Allow them to see the process

Show them the steps

First we will...

Then we will...

I will call you when...

Be concrete

Provide Reassurance

Be honest about limitations

**Build Trust** 



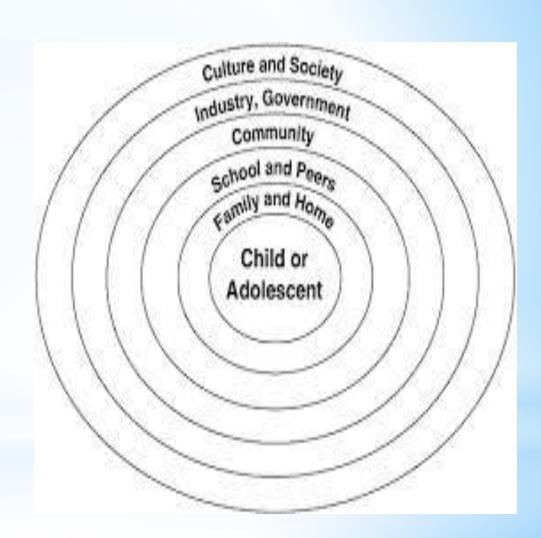
#### \*Strategies to Help Families Cope -Reducing Anxiety

#### Focus on Successes

- Child entering school
- Short term shelter

**Building New connections** 

**Expanding Social Networks** 





Control what we can control - "focus on one thing in the moment" this will reduce the staff's feeling of stress and hopelessness; model the same for the families.

Attunement
Active & Reflective Listening
Validation

"Emotional Container"





#### Provide Families with Resources

- Phone numbers of appropriate providers
- Food pantries
- Linking them to other "helpers"
- Linking them to local faith communities



"Here is what you can do to help your family"

## \*Empowerment

\*We can get very overwhelmed when we think into the future in a crisis like this.



\*Offer reassurance that right now they are physically safe.
Focus tasks on day to day to make the future better. We can become paralyzed if we focus too much on the future.

\*Try to Stay in the Moment. Again - that parallel process



\*How do we help the helpers?

# Vicarious Trauma & Secondary Trauma: Risk and Resiliency Factors



# \*Personal Reactions to Secondary Traumatic Stress

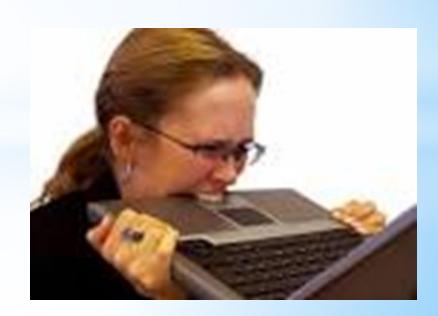
- Physical rapid heartbeat or breathing, aches and pains, dizziness, headache, exhaustion
- **Emotional** powerlessness, anxiety, guilt, anger, numbness, fear, helplessness, sadness
- <u>Behavioral</u> irritability, withdrawal, moodiness, sleep disturbances, appetite changes, nightmares, hypervigilance, elevated startle response, use of negative coping (smoking, alcohol or other substance misuse)
- <u>Spiritual</u> loss of purpose, pervasive hopelessness, anger and/or questioning of prior religious beliefs, for example, anger at God or higher power
- Interpersonal withdrawal, decreased interest in intimacy or sex, mistrust, isolation from friends, parenting

# \*Personal Reactions to Secondary Traumatic Stress

- <u>Cognitive</u> -diminished concentration, preoccupation with trauma, whirling thoughts, perfectionist standards, self doubt, world view
- Job Performance decrease in quality or quantity of work, low motivation, avoidance of job tasks
- Morale decrease in confidence, loss of interest, dissatisfaction, negative attitude, apathy
- Relationships with Peers impatience, decrease in quality of relationship, poor communication, staff conflicts
- <u>Behavior</u> absenteeism, exhaustion, faulty judgment, irritability, tardiness, overworked

- \*Individual and group supervision
- \*"Reflective Supervision"
- \*Brief stress reduction strategies staff can be encouraged to do throughout the day.
- \*Regular breaks
- \*Allow time to debrief
- \*Celebrate successes

## \*What Now??





\*Accept Limitations



\*Encourage Staff Self-Care Plans

### Q & A

\*Thank You!

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