SELF-CARE TIPS FOR STAFF

Self-care allows providers to protect themselves in ways that enable them to provide better and more effective services to persons with multiple trauma issues. Therefore, Perlman and Caringi (2009) argue self-care is an ethical imperative. Here are some suggestions to help advocates and other providers in this vital area:

- **Social support.** A strong social support network can help prevent vicarious trauma (Trippany, Kress & Wilcoxon, 2004). Connection outside as well as inside the workplace is necessary. Advocates and other providers should develop and maintain sustaining intimate, family and other interpersonal relationships. Wherever possible, they should also disengage from activities and relationships that are depleting and replace them with those that are sustaining (Perlman & Caringi, 2009).

- **Professional support.** This might be a supervisory relationship or a peer support group, and preferably both. The setting must offer permission to express emotional reactions as well as technical or intellectual concerns related to providing services to people with histories of trauma (Herman, 1997). Whereas limits of confidentiality prevent advocates and other providers from being able to debrief with support systems such as family and friends, peer supervision serves as an opportunity to debrief in an ethical manner (Trippany, Kress & Wilcoxon, 2004). In her landmark book *Trauma and Recovery*, Judith Herman, M.D., points out that just as no survivor can recover alone, no provider can work with trauma alone.

- **Opportunities for continuing education and professional growth.** Shirley Moses, Shelter Manager at the Alaska Native Women’s Coalition in Fairbanks, AK, says:

  We try to encourage continuing education. We have a graduate student volunteer. We got someone to donate a ticket and per diem and airfare, hotel and everything, for her to go to a national conference. She is one who will probably give more than she gets at the conference. She is just so excited to be able to attend trainings like that. If people are wanting to be mentors or wanting to become trainers, we give them the chance to grow professionally at their own rate of speed, however they feel comfortable. If they want to do trainings, or participate in the trainings we do, we bring them along. Sometimes at first, we bring them along to give them exposure, and once they feel comfortable, they start chiming in for parts of it, and before you know it, they are up there doing the bulk of that unit of training” (Moses, 2010).

- **Mentoring.** Both new and seasoned staff can benefit from mentoring relationships with people who have experience in the field. Shirley Moses says:

  “Mentoring people is a big thing for me. I tell women who work with me, ‘I’m 58 years old. I’d like to sit in a rocking chair on a deck that I want to build in my spare time someday. I want you guys to feel comfortable and recognize your strengths,
WHAT WE DO TO TAKE CARE OF OURSELVES

In interviews with the authors of this manual, advocates shared what they do to take care of themselves:

“I do a lot of self-care,” says Karen Foley, founder of Triple Play Connections, and a behavioral health specialist and intensive case manager at Pacific Treatment Alternatives in Seattle, WA. “It’s so vital. I practice my faith. I make sure that I put time aside to play. I have a work environment that’s flexible, in that I can use comp time. If I end up in a situation that is really draining one day, I can take the next day off. I also have a lot of vacation time. I have positive co-workers that are really supportive, that I can debrief with at any given moment. The work environment, for it to be healthy, really has to be flexible. Reasonable caseloads are a huge factor too. And occasionally I access therapy.”

“I have to make sure I eat,” says Paula Lee, Shelter Coordinator at South Peninsula Haven House in Homer, AK. “I have to eat my breakfast, and I can’t overload on coffee. I make sure my exercise is in there. And I do my crafts.”

“Self-care is important to me,” says Erin Patterson-Sexson, Lead Advocate/Direct Services Coordinator at S.T.A.R. in Anchorage, AK. “It might be little things like cleaning off my desk every day before I go home from work, so when I come to work in the morning, I have a fresh slate. Having lotion at my desk or having a little candle on my desk or always having a bunch of gum in my drawer or going out for lunch, getting out of the office. Going to the bookstore. And then, when you need it, take a day off. Don’t wait until you’re ready to quit. Take a day off and get out of the office and don’t answer your cell phone.”

Consultation or counseling. Professional consultation or counseling allows advocates and other providers to acknowledge and reflect on their reactions to the intense feelings and extreme behaviors sometimes exhibited by survivors of multi-abuse trauma. Examining personal responses in a supportive, confidential, trauma-informed, professional counseling relationship can be a powerful source of support in identifying and managing vicarious trauma (Perlman & Caringi, 2009). “The healer needs to have someone for support in that area, so that they make sure they stay current with their own...
issues, and for processing issues that present themselves about the work,” says Cindy Obtinario of New Beginnings in Seattle.

- **Realistic expectations.** Focus on process rather than outcomes. For many survivors, especially those with multiple trauma issues, healing is a long, slow process. A focus on doing what needs to be done rather than on an individual’s ability to live differently, will likely result in less frustration for both providers and the people they serve. Realize that even the most competent providers cannot accomplish miracles. They can neither undo the past nor protect people from all future harm (Perlman & Caringi, 2009). Also have realistic expectations for yourself, in terms of the workload you are capable of handling.

- **Boundary management.** Set clear boundaries between home and work. Managing boundaries appropriately includes remembering the provider’s role and mandate, treating the people one serves with respect and leaving work at the office (Perlman & Caringi, 2009). Paula Lee, Shelter Coordinator at South Peninsula Haven House in Homer, AK., says:

  “I constantly tell people it’s good to feel compassion. But let the problems leave when the people leave your bubble. Don’t take on everybody’s stuff. That is a healthy boundary. I don’t take the women in the shelter or the staff everywhere I go.”

People who last longer as advocates and helping professionals generally develop a system of closure. Long-term advocates report numerous coping strategies such as saying a prayer at the end of the day, changing clothes, placing a rock in a garden, lighting a candle, taking a walk, a bath, or a steam when they are ready to move from the work setting to their personal space. The method of closure is less important than the purpose it serves. Advocates with good boundaries are able to let go at the end of a day, acknowledge they have done what they can and let go long enough to actively engage in their own lives. This balanced approach fosters good health and makes it possible for advocates and other providers to continue doing their work just for today, one day at a time.

- **Respite and replenishment.** Create frequent opportunities to engage in activities offering distraction and/or personal growth, to exercise, have fun, rest, relax and connect with others. Physical activities during breaks at work such as stretching, taking a walk and exercising may provide an antidote to ongoing bodily tension and may further counter the sedentary nature of many work settings (Perlman & Caringi, 2009).

- **Spiritual renewal.** Given the central role of spirituality or meaning systems to trauma, it is essential to attend to the development of whatever is self-nourishing, whether that be traditional practices such as prayer and organized religion, or being useful to others, or enjoying nature (Perlman & Caringi, 2009). Participate in activities designed to increase your personal tolerance level. Including journaling, personal counseling, meditation, and obtaining emotional support from significant others allows reconnection to emotions (Trippany, Kress & Wilcoxon, 2004).
• **Social activism.** Advocates and other providers angry about injustices – ranging from perpetrator behavior to lack of appropriate funding levels for social service agencies, statements made by judges or defense attorneys, and societal attitudes toward victims – may find social activism is a way to channel their feelings in a productive and constructive manner (Wasco & Campbell, 2002).

• **Balance.** Confronted with the daily reality of people in need of care, advocates and other providers are in constant danger of professional over-commitment. Providers must understand their own realistic limits and strive to take as good care of themselves as they do of others. Providers have many strengths and resources they use to help traumatized people. Helping themselves, as well, serves both their own interests and the best interests of the people they serve (Herman, 1997).

“My brain says I can do all kinds of things,” says Cindy Obtinario of New Beginnings in Seattle. Only half jokingly, she adds, “And my body says, ‘What? Are you kidding?’” Balance also includes the development of healthy habits. Getting sleep and good nutrition can reduce the toll stress places on the body. While nicotine can act as an anti-hostility agent and alcohol and other drugs can initially provide relaxation, energy or escape, reliance on these substances can pose health dangers and other risks for advocates and other providers.

The Alaska Network on Domestic Violence Training Project encourages advocates to consider alternatives to alcohol and other drug use following exposure to trauma and stressful events. We recommend debriefing following a stressful incident within 24 hours, preferably before sleep. Sharing feelings, rather than confidential details, with another trusted human being as soon as possible is critical. It is also helpful to refrain from substance use (including alcohol) for at least 72 hours (or longer) following a traumatic incident whenever possible. These choices can facilitate the internal processing of a traumatic event and serve as psychological first-aid reducing the likelihood of long-term mental health consequences.

Finally, remind yourself that you really are making a difference in people’s lives. “You don’t always know you’re helping when you’re helping, because they don’t always tell you,” says Olga Trujillo, Director of Programs at Casa de Esperanza in St. Paul, MN. “So just hold onto that, that you can make a huge difference in people’s lives and you do make a difference” (Trujillo, 2009).

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References

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