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# Vicarious Trauma: Self-Care & Resiliency

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SCHOOL OF SOCIAL WORK  
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# What is Vicarious Trauma?

**Vicarious trauma** is an occupational challenge for people working and volunteering in the fields of victim services, law enforcement, emergency medical services, fire services, and other allied professions, due to their continuous exposure to victims of trauma and violence. Exposure to the trauma of others has been shown to change the world-view of these responders and can put people and organizations at risk for a range of negative consequences.

**Vicarious traumatization** is a *negative* reaction to trauma exposure and includes a range of psychosocial symptoms that providers and responders may experience through their intervention with those who are experiencing or have experienced trauma. It can include disruptions in thinking and changes in beliefs about one's sense of self, one's safety in the world, and the goodness and trustworthiness of others; as well as shifts in spiritual beliefs. Individuals may also exhibit symptoms that can have detrimental effects, both professionally and personally.

## **Common negative reactions to vicarious trauma:**

- Difficulty managing emotions;
- Feeling emotionally numb or shut down;
- Fatigue, sleepiness, or difficulty falling asleep;
- Physical problems or complaints, such as aches, pains, and decreased resistance to illness;
- Being easily distracted, which can increase one's risk of accidents;
- Loss of a sense of meaning in life and/or feeling hopeless about the future;
- Relationship problem (e.g., withdrawing from friends and family, increased interpersonal conflicts, avoiding intimacy);
- Feeling vulnerable or worrying excessively about potential dangers in the world and loved ones' safety;
- Increased irritability; aggressive, explosive, or violent outbursts and behavior;
- Destructive coping or addictive behaviors (e.g., over/under eating, substance abuse, gambling, taking undue risks in sports or driving);
- Lack of or decreased participation in activities that used to be enjoyable;
- Avoiding work and interactions with clients or constituents; and
- A combination of symptoms that comprise a diagnosis of Posttraumatic Stress Disorder (PTSD).

**Vicarious resilience** is a process of learning about overcoming adversity from a trauma survivor and the resulting positive transformation and empowerment experienced through witnessing the survivor's empathy and interaction.

**Vicarious transformation** is an ongoing, intentional process that results in a deepened sense of connection with others, a greater appreciation in one's life, and a greater sense of meaning and hope.

\*Note: All information on this page is quoted directly from The Vicarious Trauma Toolkit, available online at <https://vtt.ovc.ojp.gov/glossary#>. (emphasis added)

# Common Forms of Trauma & Abuse

## Physical Abuse

Can include punching, hitting, kicking, slapping, strangling, or physically retraining a partner against his or her will. It can include driving recklessly, invading someone's physical space, and making someone feel physically unsafe. This type of abuse physically and mentally weakens the survivor.

## Cultural Abuse

Occurs when abusers use aspects of a victim's cultural identity to inflict suffering or use as means of control. This may include not letting a survivor observe the dietary or dress customs of their faith, using racial slurs, isolating the survivor who does not speak the dominant language.



## Financial/Economic Abuse

Can include controlling all of the budgeting in the household; not letting survivor have access to his or her own bank account; not letting the survivor earn money; running debts in the survivor's name.

## Emotional Abuse

Includes confinement, isolation, verbal assault, humiliation, or other treatment that diminishes the sense of identity, dignity, and self-worth of a person. Some examples include threats of violence, excessive criticism, and intimidation.

## Sexual Abuse

Can include rape or other forced sexual acts; using sex as a weapon; using sex to judge a partner, and assign value. Some still assume sex is something a partner is entitled to.

# What If I Have Personal Trauma?

It is not uncommon for those working with trauma victims to be triggered themselves into remembering something traumatizing that happened in their own past. Whether one has addressed these issues before or not here are some things to help cope with this situation.

## 3 Things to Remember

- 1 People react in different ways to traumatic events.**  
There is no “right” or “wrong” way to respond. Don’t tell yourself (or anyone else) what you should be thinking, feeling, or doing.
- 2 Avoid obsessively reliving the traumatic event.**  
Repetitious thinking or viewing horrific images over and over can overwhelm your nervous system, making it harder to think clearly.
- 3 Ignoring your feelings will slow recovery.**  
It may seem better in the moment to avoid experiencing your emotions, but they exist whether you're paying attention to them or not. Even intense feelings will pass if you simply allow yourself to feel what you feel.

## Normal Emotional Responses to Traumatic Events

- Shock and disbelief – you may have a hard time accepting the reality of what happened
- Fear – that the same thing will happen again, or that you’ll lose control or break down
- Sadness – particularly if people you know died
- Helplessness – the sudden, unpredictable nature of terrorist attacks, accidents, or natural disasters may leave you feeling vulnerable and helpless
- Guilt – that you survived when others died, or that you could have done more to help
- Anger – you may be angry at God or others you feel are responsible
- Shame – especially over feelings or fears you can’t control
- Relief – you may feel relieved that the worst is over, and even hopeful that your life will return to normal

## Trauma Toolbox

Protective Factors Worksheet

<https://www.therapistaid.com/worksheets/protective-factors.pdf>

Identifying Triggers Worksheet

<https://www.therapistaid.com/worksheets/triggers.pdf>

Deep Breathing Worksheet

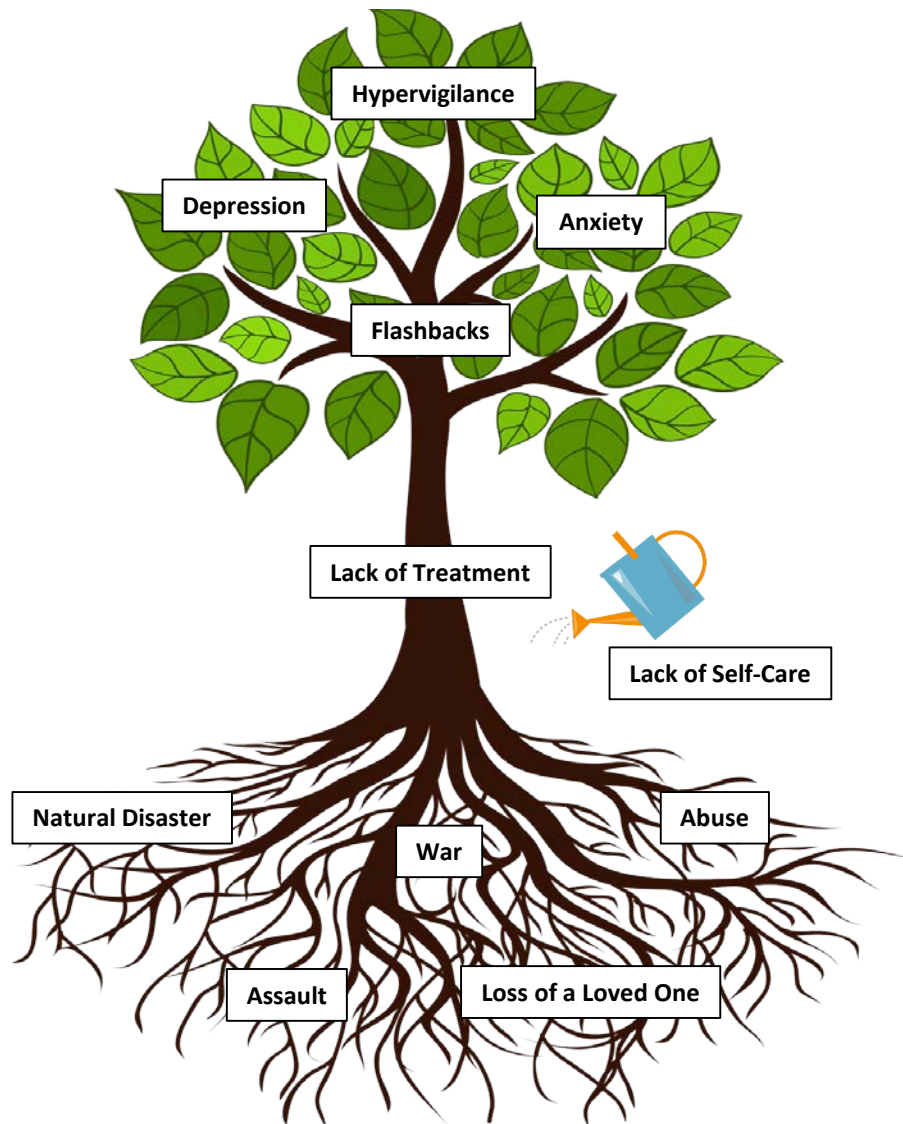
<https://www.therapistaid.com/worksheets/deep-breathing-worksheet.pdf>

# Previous Trauma

It is important to distinguish between vicarious trauma and your own personal, previous trauma. Trauma is an emotional response to experiencing a difficult event. Often, when trauma is not worked through, it can have an impact on one's psychological, emotional, and physical functioning.

Traumatic events come in many forms and may include: abuse, physical or sexual violence, serious injury, loss of a loved one, witnessing the death of another, witnessing violence, learning that a close friend or family member has experienced violence, injury or death, experiencing a natural disaster, and experiencing war.

If you have experienced trauma, you may feel particularly sensitive or triggered when hearing of another's traumatic experience. Here are some warnings and signs to be aware of, which may help you recognize that you may need to work through your own trauma, such as: anxiety, panic attacks, hypervigilance, flashbacks, nightmares, poor concentration, depression, difficulty sleeping, headaches and nausea, irritable or angry behavior, or dissociation. If you find yourself struggling with some of these issues, and have experienced trauma, this is a sign that you may greatly benefit from treatment and self-care!





# 7 Tips to Cope with Trauma

## Tip 1: Minimize Media Exposure

- Limit your media exposure to the traumatic event.
- Try to avoid distressing images and video clips.
- If coverage makes you feel overwhelmed, take a complete break from the news.

## Tip 2: Accept Your Feelings

- Give yourself time to heal and to mourn any losses you've experienced.
- Don't try to force the healing process.
- Be patient with the pace of recovery.
- Be prepared for difficult and volatile emotions.
- Allow yourself to feel whatever you're feeling without judgment or guilt.

## Tip 3: Challenge Your Sense Of Helplessness

- Volunteer for a cause that's important to you.
- Connect with others affected by the traumatic event.

## Tip 4: Get Moving

- Exercise that is rhythmic and engages both your arms and legs.
- Focus on your body and how it feels as you move. Notice the sensation of your feet hitting the ground, or the rhythm of your breathing.
- If you're struggling to find the energy or motivation to exercise, start by playing your favorite music and moving around or dancing.
- Aim to exercise for 30 minutes or more each day.

## Tip 5: Reach Out To Others

- Do "normal" things with friends and loved ones, things that have nothing to do with the event that triggered your traumatic stress.
- If you live alone or your social network is limited, it's never too late to reach out to others and make new friends.
- Take advantage of support groups, church gatherings, and community organizations. Join a sports team or hobby club to meet people with similar interests.

## Tip 6: Make Stress Reduction A Priority

- Relieve stress in the moment.
- Make time to relax.
- Re-establish a routine – structure is comforting.

## Tip 7: Eat A Healthy Diet

- The food you eat can improve or worsen your mood and affect your ability to cope with traumatic stress.
- Eating a diet rich in fresh fruit and vegetables, high-quality protein, and healthy fats, especially omega-3 fatty acids, can help you better cope with the ups and downs that follow a tragic event.

<https://www.helpguide.org/articles/ptsd-trauma/traumatic-stress.ht>

# Developing Emotional Boundaries

Emotional Boundaries are the lines that you draw to differentiate your own emotions from those of others. Drawing boundaries is a healthy practice, especially when listening to traumatic events of others. Included below are some steps for healthy emotional boundaries:

## 1. Understand What You Are Feeling

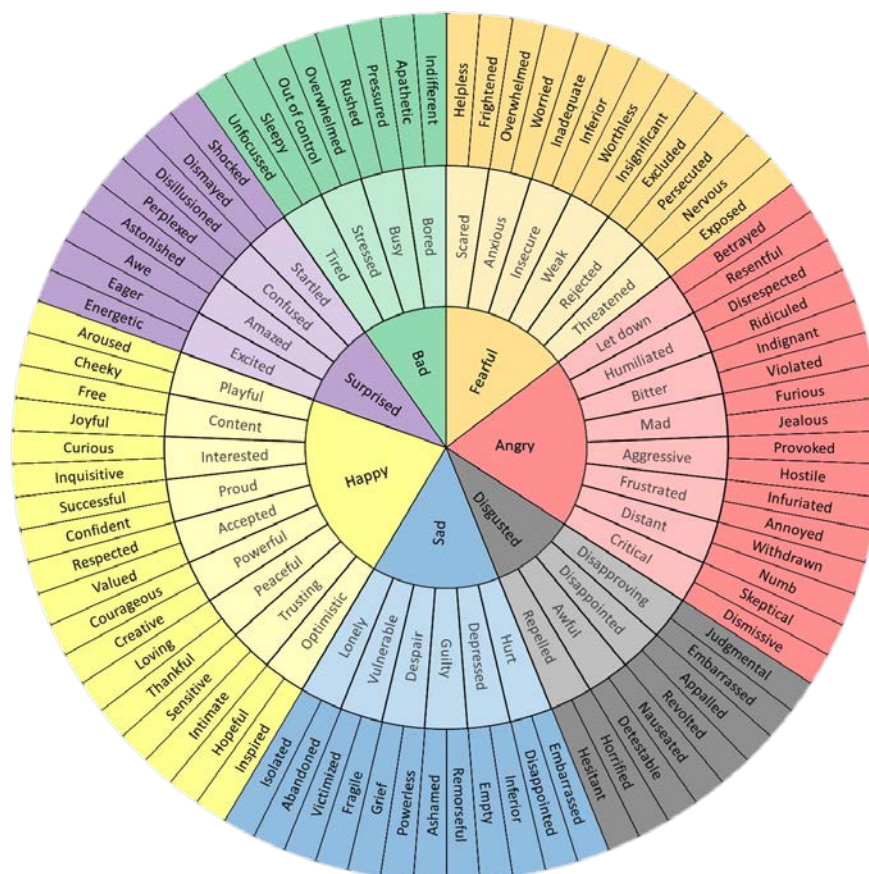
In order to have healthy emotional boundaries, it is important to understand what emotions you personally are experiencing when hearing about others' traumatic experiences. Use the above emotional wheel to identify both the core emotion (at the center) and the specific emotion (on the outside).

## 2. Stay Empathetic & Present

In order to stay present when you are having an emotional response to the trauma you are hearing, take a moment to acknowledge mentally that you are having an emotional response to what they are saying. Once you identify that feeling, you can take a deep breath to breathe it in and then return to the person in front of you with your full attention on them. Use therapeutic responses, such as repeating what the person says in your own words, to demonstrate that you are listening. Remember to remain calm with the trauma survivor in front of you so that they feel safe telling their story. And then make time to process your own emotions regarding what you have heard.

## 3. Take Time to Process Your Own Emotions

Once you have identified the emotions that you are experiencing in response to hearing another person's trauma, it is important to take time to process it. You may not be able to process your own emotional response in the moment, so if that is the case, stay with the person's emotions that they are experiencing and commit to taking time later to process your own response. As you process through talking to someone, writing, or pondering take the time to recognize that you did not cause the trauma that happened to the trauma survivor and that it is not your responsibility to fix all of it. However, you can make a difference by contributing what you have been trained to do.



# How Should I Respond?

## Basic

- "Ok."
- "Uh huh."
- "Wow."
- 'Shake Head'
- "I hear you."
- "Oh, ok."

## Addressing Emotion & Paraphrase

- "You feel hurt from everything that has happened to you."
- "You are pretty worn out."
- "You are under a lot of stress and pressure."
- "You feel like you are being attacked."
- "Right now you are feeling hopeless and desperate."
- "You have had to be strong for a very long time."

## Closing Conversation

- "Ok, so as we wrap up, let me recap..."
- "As we end it here today, I want to thank you for sharing your story with me, even though I am sure it was difficult. I hope that we can continue to work together to accomplish our goal."
- Clearly this has been an emotional experience. I want to make sure you are ok when you leave. We can take some time to sit here and gather our thoughts. When you are ready to leave, we can say goodbye."

## Remember

- Stay neutral
- Listen
- Care

## Empathy

- "That must have been terrible to watch all that bad stuff happen to your family."
- "It must be very gratifying and empowering to do that."
- "As you have shared your story I have been touched by the notions of you feeling as if very few people really care about you."
- "I can imagine that to have been a terrible experience."
- "For you, life takes a lot of work and effort."
- "It took courage to come talk to me."

# Spiritual Self-Care

Work that involves the care and helping of people in dire circumstances can be a heavy burden; it is important to not be blind to the toll this has on one's spiritual stamina.

## An Apostolic Perspective

“For those of you who earnestly seek to bear another's burdens, it is important that you refortify yourself and build yourself back up when others expect so much of you and indeed take so much out of you. No one is so strong that he or she does not ever feel fatigued or frustrated or recognize the need to care for themselves. Jesus certainly experienced that fatigue, felt the drain on His strength. He gave and gave, but there was a cost attached to that, and He felt the effects of so many relying on Him. When the woman with an issue of blood touched Him in the crowd, He healed her, but He also noted that “virtue had gone out of him.”

- Elder Holland



## Applicable Talks

*Bearing One Another's Burdens* - Jeffrey R. Holland  
*Turning Enemies into Friends* - Sharon Eubank, BYU Devotional  
*Through God's Eyes* - Dale G. Renlund  
*You Matter to Him* - Dieter F. Uchtdorf

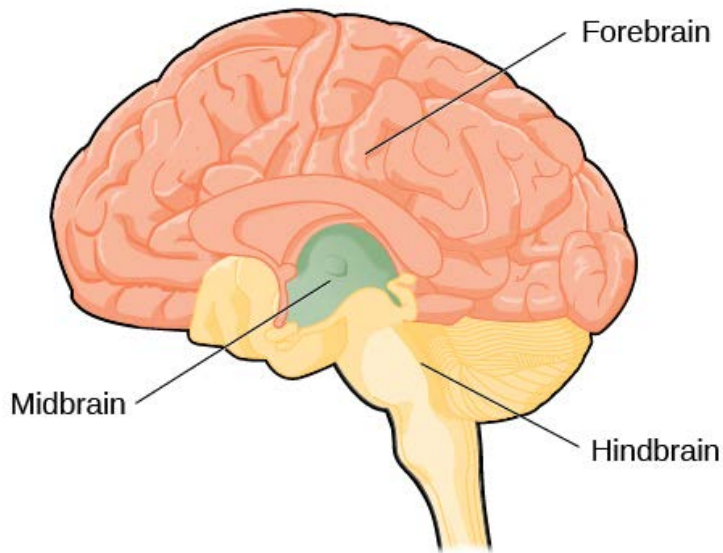
If the Lord, being perfect, needed to replenish Himself, then we, being imperfect, have a greater need to self-rejuvenate. We all need to take time to nurture ourselves mentally and spiritually.

One of the greatest things we need to understand is that Christ's role in performing the Atonement was to bear the pain and consequences of all the world. Our role is to walk with those in need and make sure they do not feel alone, and then leave the rest unto God. Even Christ, the most perfect of us all, needed self-care.

## Ideas for Spiritual Maintenance

- Feel the spirit of the temple inside or outside.
- Pray for protection, for the Lord to put the struggle out of your mind, and for Him to take the rest.
- Keep a journal of spiritual experiences to turn to in troubling moments.
- Engage in spiritual conversations with family, friends and/or others you meet.
- Listen to spiritually uplifting music.
- Try to get the most out of sacrament, bear testimony, or fast.

# Processing



Processing helps us move emotional experiences from the midbrain to the forebrain, where memories are less emotional and more rational. This allows us to remember and think about experiences without being overwhelmed with emotion. Because language is a function of the forebrain, processing occurs when we put our feelings into words.

**Here are three ways you can process emotional or traumatic experiences:**

## 1 Journaling

Take some time to write and express your thoughts. Be honest with yourself. Don't judge yourself for what you write or feel and don't worry about making sense or using proper grammar and spelling. Pay attention to both your thoughts and your feelings. Look for the positive and express gratitude. Don't rush yourself.

### Example Prompts

- What did I learn today? How will this change me?
- What was the hardest part of my day?
- What was the highlight of my day?
- How would the Savior respond to what I heard today?
- What do I want to accomplish tomorrow?
- What did I learn about how I cope with difficult stories?
- I feel \_\_\_\_\_ because \_\_\_\_\_.
- What physiological reactions did I have?
- What is the most unexpected part of this experience?

## 2 Grounding

Stay in touch with loved ones. Focus on things going on back home to remind yourself that there is a normal life going on outside of what you are experiencing.

## 3 Debriefing

Talk with others about your experiences. Choose an accountability partner within the group of volunteers who can check up on you regularly. Share your thoughts and feelings about your experiences. Participate in any debriefing sessions provided.

# Support Systems

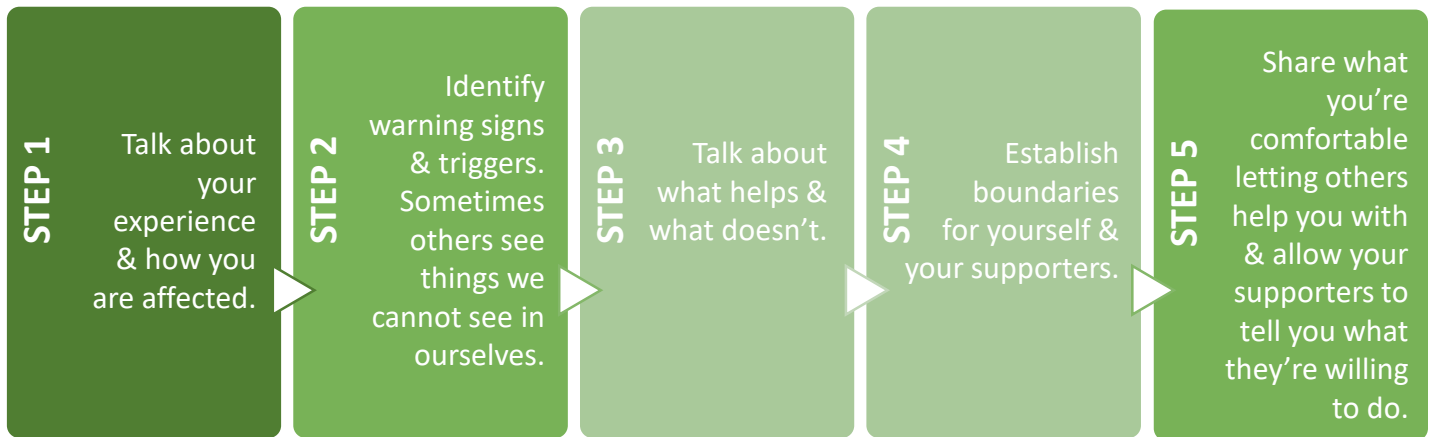
## What does a support system do?

Social support system is a group of people that can help you by giving you emotional and practical support in various aspects of your life.

## Why is it important to have a support system?

We see from the research that having a support system allows for higher levels of well-being, longer life, better coping, and an overall healthier life. Other studies have found that having a support system can reduce depression and anxiety. Overall, support systems lower our stress levels.

## How to Use your Support System



My Supporters	
Someone who makes me laugh	Someone I can vent to
Someone who will openly listen to me	Someone who makes me happy
Someone I can cry with/to if needed	Someone who comforts me
Someone who I can talk to openly	Someone who helps me

**You  
CANNOT  
do this alone.  
Reach  
out & get  
support!**

# Self-Care & Resiliency

## What is Self-Care?

- The activities and practices that we can engage in on a regular basis to reduce stress and maintain and enhance our short- and longer-term health and well-being.
- Self-care is necessary for your effectiveness and success in honoring your professional and personal commitments.

## Types of Self-Care:

- Macro self-care: If you have time and money, this is a good place to start. Vacation, exercise, social interactions, hobbies, sleep, diet, massages, etc.
- Micro self-care: These are practices that are simple enough to fit into your existing schedule, your current energy level and your budget. Calm awareness, rejuvenation, and balance can be summoned in the moments between normal activities. Grounding practices, energizing practices, and relaxation techniques.

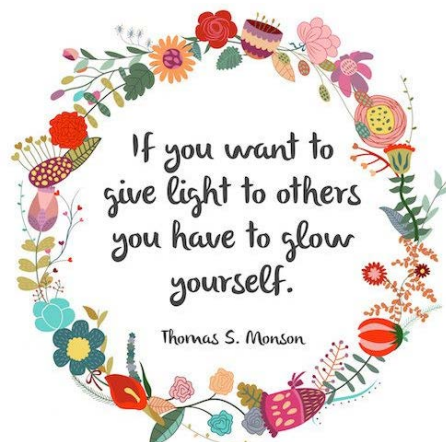
\*See Self-Care Plan at back of manual

## Resiliency:

- The ability to bounce back and recover quickly from difficulties
- Positive adaption in the context of risk or adversity
- How to Build resilience: Reduce negative thinking and beliefs, manage energy (vitality), learn good problem-solving skills, cultivate gratitude, have strong relationships, balance caring for others and self, and implement regular self-care

## My Gratitude Guide:

- I am grateful for my family because \_\_\_\_\_
- Something good that happened this week \_\_\_\_\_
- I am grateful for my friendships because \_\_\_\_\_
- I am grateful for who I am because \_\_\_\_\_
- I am grateful for what I am doing because \_\_\_\_\_



# The BIG List of Self-Care Activities

- Talk to or text a friend
- Organize a party
- Go to the gym
- Do yoga, Pilates, tai chi
- Stretch your muscles
- Go for a long walk
- Go to a park
- Watch the clouds
- Go running, hiking, swimming
- Go rock climbing, camping
- Go skiing, snowshoeing
- Visit a lake or river
- Ride a motorcycle, skateboard
- Go kayaking, boating, wakeboarding
- Find a pick up game at a playground
- Go miniature golfing, play ping pong
- Play basketball, tennis, handball
- Write a gratitude list
- Help a neighbor
- Give blood
- Go for a drive
- Take The Frontrunner
- Take a nap
- Sleep in
- Play a musical instrument
- Cook a favorite dish and share it
- Add your own\_\_\_\_\_
- Eat comfort food
- Try a new recipe
- Take a cooking class
- Try a new restaurant
- Hike up the Y
- Play with your pet
- Borrow a dog and go to the park
- Breathe and Meditate
- Go bird watching
- Read something for pleasure
- Watch a funny movie
- Go out to the movies
- Go to a sporting event
- Go to a concert
- Play board games with friends
- Draw, sketch or paint
- Drive up the Canyon
- Call a family member
- Plan a trip
- Go window shopping
- Take a hot bath
- Re read a favorite book
- Listen to music you love or that inspires you
- Sing out loud
- Organize some personal space
- Talk to God



# Schedule Your Happiness Time

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7am							
8am							
9am							
10am							
11am							
12pm							
1pm							
2pm							
3pm							
4pm							
5pm							
6pm							
7pm							
8pm							
9pm							
10pm							

# Play With A Purpose

## Types of Recreation:

Recreation music, nature therapy, recreational art, dance or movement therapy, and horticulture therapy.

## Benefits of Recreation:

- Increases or maintains short and long term memory
- Increases or maintains general cognitive functioning
- Improves general psychosocial health
- Reduces self-abusive and inappropriate behaviors
- Improves self-control
- Improves coping behavior

## Time-limited Activities:

- Draw/paint something
- Meditation or mindfulness activity
- Push-Ups
- Drum
- Go on a swing
- Play a sport
- Thumb War
- Take a nap
- Make a craft
- Go outside & breathe
- Stretch
- Take a walk

*“In the end, it’s not the  
years in your life that count.  
It’s the life in your years.”*

*- Abraham Lincoln*

Find a partner, or two and intentionally spend at least 10 minutes a day doing something recreational. Do it for them, do it for you.



# Let Food Be Your Medicine

## The Role of Nutrition in Mental Health

Think about it. Your brain is always “on.” It takes care of your thoughts and movements, your breathing and heartbeat, your senses — it works hard 24/7, even while you’re asleep. This means your brain requires a constant supply of fuel. That “fuel” comes from the foods you eat — and what’s in that fuel makes all the difference. Like an expensive car, your brain functions best when it gets only premium fuel. Eating high-quality foods that contain lots of vitamins, minerals, and antioxidants nourishes the brain and protects it from oxidative stress — the “waste” (free radicals) produced when the body uses oxygen, which can damage cells.

### Drink

Avoid sugary drinks and excessive amounts of caffeine. If you feel like you need some caffeine, try tea. Tea has lower amount of caffeine and has lots of antioxidants chemicals found in plants that protect body tissues and prevent cell damage. Try to drink at least 8 glasses of water a day (2 liters) to prevent dehydration.

### Breakfast

Avoid skipping breakfast! Skipping meals leads to fatigue and feelings of “brain fog”. Try to incorporate a healthy breakfast into your routine. If you’re tight on time in the mornings, grab a whole grain granola bar, yogurt and a piece of fruit to get you off to a good start.

### Lunch and Dinner

Avoid high-fat dairy, and fried, refined and sugary foods, which have little nutritional value. According to research, a diet that consists primarily of these kinds of foods significantly increases risk of depression. Try to eat a diet that relies on fruits, vegetables, nuts, whole grains, fish and unsaturated fats (olive oil).

### How Food You Eat Affects How You Feel

**Serotonin** is a neurotransmitter that helps regulate sleep and appetite, mediate moods, and inhibit pain. Since about 95% of your serotonin is produced in your gastrointestinal tract, and your gastrointestinal tract is lined with a hundred million nerve cells, or neurons, it makes sense that the inner workings of your digestive system don’t just help you digest food, but also guide your emotions.

### Eating Healthy When Eating Out

- Choose foods that are steamed, broiled, baked, roasted, poached, or lightly sautéed or stir-fried.
- Ask for fat-free or low-fat milk instead of cream for coffee or tea.
- Pick food without butter, gravy, or sauces—or ask to have the food without it.
- Choose a lower-calorie salad dressing.
- Ask for salad dressing on the side, and use only some of it.
- Pick drinks without added sugar, like water, fat-free or low-fat milk, unsweetened tea, or diet iced-tea, lemonade, or soda.

### Other boosting nutrients

#### Folate (Folic Acid, Vitamin B9)

Examples: Leafy green vegetables like spinach and kale, fruits, nuts, beans, and whole grains.

#### Omega-3 Fatty Acids

Examples: Oily fish (salmon, trout, mackerel, anchovies, and sardines), walnuts, flaxseed, olive oil, fresh basil and dark green leafy vegetables.

#### Vitamin D

The best way to up your vitamin D is through regular sun exposure.

Examples: salmon, tuna, sole, fortified cereals, eggs ricotta, milk, pork, and mushrooms.



# Busting Insomnia

## 1. Sleep Hygiene

The term “sleep hygiene” refers to one’s sleep habits. People who experience problems falling asleep, staying asleep, or getting good quality sleep may benefit from practicing good sleep hygiene. However, many people aren’t aware of the good sleep hygiene principles advocated by most sleep specialists. The list below provides an overview. ([http://www.getsleepfacts.com/1\\_sleep\\_disorders/1\\_landing.html](http://www.getsleepfacts.com/1_sleep_disorders/1_landing.html))

DO’S	DON’TS
Establish a regular bedtime and rise time	Take daytime naps
Exercise in the late afternoon/early evening	Use stimulants such as caffeine or nicotine
Take a hot bath before bedtime	Drink alcohol before bedtime
Establish a comfortable sleep environment (bed, bedding, humidifier, white noise etc.)	Eat ‘offensive’ foods such as spicy or acidic foods (orange juice) before bed; go to bed too hungry or too full
Sleep in a dark, quiet area that is temperature and humidity controlled	Try too hard to fall asleep (if it takes more than 30 minutes, leave your room and come back when tired again)
Establish a relaxing pre-sleep routine that you use every night such as washing face, reading or listening to soft music	Take prescription and over-the-counter medications that might be waking you (check with your doctor)
Read a physical book or magazine (not on your phone) in low light to get ‘eyes tired’ ( <a href="http://time.com/3642620/why-you-shouldnt-read-a-tablet-before-bed/">http://time.com/3642620/why-you-shouldnt-read-a-tablet-before-bed/</a> )	Look at screens 30 minutes before bedtime (cell phone, TV, computer etc.) ( <a href="https://sleep.org/articles/ways-technology-affects-sleep/">https://sleep.org/articles/ways-technology-affects-sleep/</a> )

## 2. Guided Sleep Meditations & Mindfulness

Many clients find this the most helpful thing for ‘active’ brains. Mindfulness recordings are likely to help reduce active brain wandering and help to calm the mind of those who have ‘churning’ brains keeping them awake.

- (5 minutes; calming meditation) <https://tinyurl.com/relax5min>
- (5 minutes; progressive muscle relaxation) <https://tinyurl.com/relax5minmuscle>
- (9 minutes; bedtime meditation) <https://tinyurl.com/bedtimerelax>
- (10 minutes; guided imagery relaxation) <https://tinyurl.com/relax10min>
- (16 minutes; progressive muscle relaxation) <https://tinyurl.com/relax16min>
- (30 minutes; guided sleep meditation) <https://tinyurl.com/relax30mi>

## Why Do We Need to Sleep?



*Cleaning the Brain of Toxins*



*Physical Restoration*



*Information Processing & Memorization*



*Mood Regulation*



*Strengthening Immune System*

### 3. Stimulus Control Therapy

Stimulus control therapy is based on the idea that people with insomnia develop negative associations between the sleep environment and sleep. This idea, essentially, is that people who lie awake in bed for extended periods begin to associate the bed and bedroom with “hyperarousal,” rather than comfort and relaxation. ([http://www.getsleepfacts.com/1\\_sleep\\_disorders/1\\_landing.html](http://www.getsleepfacts.com/1_sleep_disorders/1_landing.html))

So, getting into bed is thought to be a stimulus that provokes insomnia. Many people with insomnia can attest to this phenomenon, and describe their ability to fall asleep easily on their sofas or in their favorite recliners, but not in their own beds!

A protocol for stimulus control therapy was developed several years ago. This protocol usually is followed under the supervision of a professional who can tailor it to a specific patient’s needs. However, the basic outline of the protocol is provided below:

1. Go to bed only when sleepy
2. Allow yourself 15 – 20 minutes to fall asleep
3. If not asleep within 15 – 20 minutes, get out of bed, go to another room, and engage in a sedentary activity (e.g., reading) until you feel sleepy
4. Repeat steps 1 – 3 as often as necessary
5. Get up at the same time each morning, even if you had a difficult night

### 4. Over-the-Counter Medications

There are many over-the-counter (OTC) medications that are available to treat insomnia. These medications include drugs such as Sominex®, SleepEze®, and Unisom® that contain antihistamines such as diphenhydramine or doxylamine as the active ingredient. They also include pain-reliever/sleep-aid combinations such as Tylenol PM®. ([http://www.getsleepfacts.com/1\\_sleep\\_disorders/1\\_landing.html](http://www.getsleepfacts.com/1_sleep_disorders/1_landing.html))

Such medications may be appropriate for the relief of short-term insomnia. However, patients should be aware that OTCs may fail to produce the desired result, and also may be associated with some unwanted adverse effects (e.g., dry eyes, dry mouth, next day “hangover”).

### Melatonin

There is little scientific evidence to suggest that melatonin is valuable as a sleep aid in people with insomnia.

### Herbal Remedies

There is little scientific evidence to suggest that herbal remedies are valuable as sleep aids in people with insomnia.



# Trauma & Sleep

Stress from a traumatic event can often lead to a variety of sleep problems. When the body is overstimulated, the brain is flooded with neurochemicals that keep us awake, such as epinephrine and adrenaline, making it difficult to wind down at the end of the day. The neurochemicals remain present in the brain and can interrupt your normal sleep cycle. The result can be insomnia, bad dreams, and daytime fatigue caused by sleep disturbance.

## Effect of Trauma on Sleep

- Flashbacks and troubling thoughts can make falling asleep difficult.
- The victim might feel the need to maintain a high level of vigilance, which can make sleep difficult.
- For those who experience violent situations, nighttime and darkness can, in and of themselves, bring about added anxiety and restlessness.
- Once asleep, nightmares can frighten a survivor back to consciousness, and getting back to sleep can be very difficult.

## Recommendations

1. Make your bed all about sleep.
2. Leave a couple of hours between eating and going to bed.
3. Avoid technology right before going to bed.
4. Create an environment in which you can sleep well.
5. Go to bed when you feel ready to sleep.
6. Engage in a relaxing, non-alerting activity at bedtime. E.g. exercise, don't watch news or be on your phones.
7. Don't watch the news right before going to bed.
8. Take a warm bath or soak in a hot tub before bedtime.
9. Sleep in a location where you will feel most rested and safe.
10. If sleep problems persist, see your doctor, who can prescribe medications that will help you sleep but won't.



# What Is Mindfulness?

State of nonjudgmental awareness of what's happening in the present moment, including the awareness of one's own thoughts, feelings, and senses.

## Components of Mindfulness

### Awareness

During a state of mindfulness, you will notice your thoughts, feelings, and physical sensations as they happen. The goal isn't to clear your mind or to stop thinking—it's to become aware of your thoughts and feelings, rather than getting lost in them.

### Acceptance

The thoughts, feelings, and sensations that you notice should be observed in a nonjudgmental manner. For example, if you notice a feeling of nervousness, simply state to yourself: "I notice that I am feeling nervous". There's no need further judge or change the feeling.

## Benefits of Mindfulness

- Reduced symptoms of depression and anxiety.
- Greater satisfaction with relationships.
- Improved memory, focus, and mental processing speed.
- Reduced rumination (repetitively going over a thought or problem).
- Improved ability to adapt to stressful situations.
- Improved ability to manage emotions.

## Mindfulness Practice

### Mindfulness Walk

While walking, make a point to practice mindfulness. Start by noticing how your body moves and feels with each step. Then, expand your awareness to your surroundings. What do you see? Hear? Smell? Feel? This technique can also be expanded to other daily activities.

### Body Scan

Pay close attention to the physical sensations throughout your body. Start with your feet, and move up through your legs, groin, abdomen, chest, back, shoulders, arms, hands, neck, and face. Spend anywhere from 15 seconds to 1 minute on each body part.

### Other ways to practice mindfulness

Observe your breathing, connect with your senses, and meditation.



# Developing & Enhancing A Safe Place

## Image

“Think about some place you have been that feels very calm or safe. Perhaps on the beach or sitting by a mountain stream.

What image represents your place? \_\_\_\_\_

## Emotions and Sensations

“As you think of that calm/safe place, notice what you see, hear, and feel right now.

What do you notice? \_\_\_\_\_

## Enhancement

“Focus on your calm/safe place—its sights, sounds, smells and your body sensations.

What do you notice? \_\_\_\_\_

## Further Depth

“Bring up again the image of that place. Concentrate on where you feel the calmness in your body and allow yourself to embrace the sense of safety and peace.

What do you notice? \_\_\_\_\_

Positive: Focus on the positive feelings and allow them to sink into your experience.

Negative: Redirect yourself to identify a different calm place.

## Cue Word

Is there a word or phrase that represents your calm/safe place? \_\_\_\_\_

Think of (repeat the cue word/phrase) and notice the positive feelings and sensations you have when you think of that word. Bring up along with the word the image of your calm/safe place.

What do you notice? \_\_\_\_\_

## Self-Cuing

“Now say the word/phrase \_\_\_\_\_ and notice how you feel.”

## Cuing with Disturbance

“Now imagine a minor annoyance (1-2) and notice how you feel. Bring up the word/phrase and notice any shifts in your body.

What do you notice? \_\_\_\_\_

## Self-Cuing with Disturbance

“Now imagine another mildly annoying incident (2-3), notice how you feel, then bring up the cue word/phrase and notice any changes in your body.

What do you notice? \_\_\_\_\_



# Mindfulness Exercise: Leaves On A Stream



1. Sit in a comfortable position and either close your eyes or rest them gently on a fixed spot in the room.
2. Visualize yourself sitting beside a gently flowing stream with leaves floating along the surface of the water. Pause 10 seconds.
3. For the next few minutes, take each thought that enters your mind and place it on a leaf... let it float by. Do this with each thought – pleasurable, painful, or neutral. Even if you have joyous or enthusiastic thoughts, place them on a leaf and let them float by.
4. If your thoughts momentarily stop, continue to watch the stream. Sooner or later, your thoughts will start up again. Pause 20 seconds.
5. Allow the stream to flow at its own pace. Don't try to speed it up and rush your thoughts along. You're not trying to rush the leaves along or "get rid" of your thoughts. You are allowing them to come and go at their own pace.
6. If your mind says, "This is dumb," "I'm bored," or "I'm not doing this right" place those thoughts on leaves, too, and let them pass. Pause 20 seconds.
7. If a leaf gets stuck, allow it to hang around until it's ready to float by. If the thought comes up again, watch it float by another time. Pause 20 seconds.
8. If a difficult or painful feeling arises, simply acknowledge it. Say to yourself, "I notice myself having a feeling of boredom/impatience/frustration." Place those thoughts on leaves and allow them float along.
9. From time to time, your thoughts may hook you and distract you from being fully present in this exercise. This is normal. As soon as you realize that you have become sidetracked, gently bring your attention back to the visualization exercise.

<https://www.mindfulnessmuse.com/acceptance-and-commitment-therapy/leaves-on-a-stream-cognitive-defusion-exercise>



# Mindfulness Exercises

## 5, 4, 3, 2, 1

This is a simple mindfulness technique that helps you manage distress by focusing on your five senses and remaining fully present in the moment.

5: Acknowledge 5 things you see around you.

4: Acknowledge 4 things you can touch around you

3: Acknowledge 3 things you can hear around you

2: Acknowledge 2 things you can smell around you

1: Acknowledge 1 thing you can taste

## Worries in a Box

When you are struggling with worries or unwanted, intrusive thoughts, this mindfulness technique can help you mentally place your worries or troubles in a safe place until you are ready to process them.

Start by allowing your body to relax. Take a few deep breaths and focus on your breath.

Create a box in your mind. Visualize a strong, secure box that you know will hold your troubles, worries, and cares safely. Imagine the box in any way you want to. What is it made out of? What color is it? Is it simple or elaborate? What kind of lock on the box will keep your troubles secure?

Now take a few breaths and imagine opening your box. Take the thoughts that are troubling you, and place them into your box, one by one. If you need to think about these thoughts, you can take them out later, but for now put them away. As you put these thoughts away, tell yourself, “these thoughts are important, but I don’t need to worry about them right now. “

Now close the box and lock it. Imagine in your mind a safe place in which you can place your box. It may be a shelf, a closet, a safe or any place that will keep your box secure. Put your box in this safe place and leave it behind. All your troubles are in the box and you can return to them whenever you need to. Take a few more deep breaths. The more you practice this exercise, the more you will be able to put distracting worries away and remain calm and focused.

# My Self-Care Plan

Take a few minutes to create your own personal self-care plan.

Activity Category	Solitary	With another person	No Cost	Low Cost	Medium to high cost	30 seconds to 3minutes	30 minutes to 3 hours	3 hours +
Physical								
Spiritual								
Social								
Mindful								
Other								



**SCHOOL OF SOCIAL WORK**  
BRIGHAM YOUNG UNIVERSITY

## Secondary Traumatic Stress Core Competencies in Trauma-Informed Supervision Self-Rating Tool

**Competency #1:** Knowledge of the signs, symptoms, and risk factors of STS and its impact on employees; Knowledge of agency support options, referral process for employee assistance, or external support resources for supervisees who are experiencing symptoms of STS.

The Supervisor is able to do the following:

Competency	Self-Rating		
Recognize the signs of STS in their supervisees	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Address observed STS with symptomatic employees in a supportive manner that normalizes their responses, promotes resiliency, and is supportive of the supervisee and does not pathologize, demean, or threaten the supervisee	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Delineate what the STS-informed services and support options are available from the organization	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Facilitate the referral process for accessing available, quality services for symptomatic employees	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Identify other resources that provide STS prevention or intervention services and is able to assist the employee into accessing those resources	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Encourage the consistent use of organizational supports for the mitigation/ prevention of STS symptoms as a normalized part of doing this work	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Act as an advocate within the organization for STS supports, training, or other needed adjustments needed by supervisees indicated by supervisory monitoring of STS symptoms in supervisees	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Differentiate STS, PTSD, and burnout symptoms, and describe the differential varying responses to each condition	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Identify how race, historical trauma, implicit bias, and/or culture impacts the way STS manifests at the individual and organizational levels	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area

## Secondary Traumatic Stress Core Competencies in Trauma-Informed Supervision Self-Rating Tool

**Competency #2:** Knowledge and capacity to self-assess, monitor, and address the supervisor’s personal STS.

The Supervisor is able to do the following:

Competency	Self-Rating		
Recognize the effect of race, historical trauma, implicit bias, culture and/or other trauma exposure upon themselves him/herself and describe how it may manifest in the supervisory process	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Self-assess for signs and symptoms of secondary traumatic stress that is affecting their/his/her own functioning on a regular basis	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Define a plan for regular reflection to identify and self-assess secondary traumatic stress	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Address secondary traumatic stress signs and symptoms of STS when they arise in their own lives	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Willingly seek support from peers or own supervisor	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area

## Secondary Traumatic Stress Core Competencies in Trauma-Informed Supervision Self-Rating Tool

**Competency #3:** Knowledge of how to encourage employees in sharing the emotional experience of doing trauma work in a safe and supportive manner.

The Supervisor is able to do the following:

Competency	Self-Rating		
Employ skills to enhance psychological safety of supervisees during supervision	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Describe common emotional responses to trauma work	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Skillfully employ reflective listening as part of supervisory practice	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Identify and utilize supervisees' strengths in order to use data to increase supervisee self-awareness, competence, and resilience	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Describe common emotional responses to trauma work and integrate these into discussions with supervisees	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Normalize common emotional responses to trauma work during supervision	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Provide emotional support to supervisees, and how to determine what method may be most helpful to supervisees	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area

## Secondary Traumatic Stress Core Competencies in Trauma-Informed Supervision Self-Rating Tool

**Competency #4:** Knowledge of skills to assist the employee in emotional re-regulation after difficult encounters; capacity to assess the effectiveness of intervention, monitor progress and make appropriate referrals, if necessary.

The Supervisor is able to do the following:

Competency	Self-Rating		
<b><i>Educate supervisees</i></b>			
Define self-regulation	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Teach self-regulation skills	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Normalize emotional responses to difficult situations	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
<b><i>Assess supervisees</i></b>			
Evaluate the immediate current well-being of the supervisee	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Identify negative self-appraisals, cognitive distortions and ineffective coping behaviors that the supervisee may be demonstrating	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Observe—continuously and over time—the emotional response of the supervisee over time to assess recovery and the potential need for added supports or referrals	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
<b><i>Coach and support supervisees</i></b>			
Assist with self-regulation, including cognitive skills (e.g., thinking about a situation differently), and behavioral recovery (e.g., distraction, self-soothing, and physical relaxation and redirection of energy)	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Communicate concern and support	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Support the supervisee toward the development of skills for managing intense affect, and to prompt supervisees to utilize these strategies when needed	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Provide concrete suggestions regarding emotional regulation strategies, and emphasizes their importance by allowing supervisees the time needed to implement their chosen strategies	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area



## Secondary Traumatic Stress Core Competencies in Trauma-Informed Supervision Self-Rating Tool

**Competency #5:** Knowledge of basic Psychological First Aid (PFA) or other supportive approaches to assist staff after an emergency or crisis event.

The Supervisor is able to do the following:

Competency	Self-Rating		
Assure the psychological, physical, and emotional safety of staff following an emergency or crisis event incident, including a discussion of physical and psychological and emotional safety	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Know the eight Core Actions of PFA approach	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Recognize the different ways staff may respond to an emergency or crisis event	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Invite questions from staff in a manner that supports individuals' need for emotional safety and by respecting individuals' choice to share or not share as they see fit	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Provide accurate information regarding secondary traumatic stress, signs to self-monitor the signs and symptoms, and strategies to enhance coping	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Inquire about the immediate needs of staff following an event	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Assist supervisees in the development of an action plan to address identified needs	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Facilitate access to up-to-date information regarding on resources available to staff who have experienced direct/indirect trauma exposure, including EAP information, insurance empaneled providers, and specific recommendations related to referral sources familiar with secondary traumatic stress	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area

## Secondary Traumatic Stress Core Competencies in Trauma-Informed Supervision Self-Rating Tool

**Competency #6:** Ability to both model and coach supervisees in using a trauma lens to guide case conceptualization and service delivery

The Supervisor is able to do the following:

Competency	Self-Rating		
Educate supervisees regarding how trauma may alter functioning of a trauma-exposed client	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Assure that the supervisee has formulated the role of trauma in the clinical presentation	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Redirect the supervisee from focusing on what is wrong with a trauma-exposed client (i.e., diagnosis and symptoms) to what happened in the client's life (i.e., consideration of how behaviors/symptoms may make sense when the client's trauma exposure is assessed)	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Guide supervisees to a recognition of a client's trauma history and symptoms in a way that explains what the client may be experiencing and serves to guide service delivery	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Redirect supervisees when they drift into attitudes/beliefs about clients that are inconsistent with the trauma-focused "lens"	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Educate supervisees about key trauma concepts, support them in incorporating these concepts into a trauma-informed case formulation, and in guiding the supervisee when they drift into an approach inconsistent with the trauma lens	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Promote fidelity to trauma-responsive, and evidence-supported/based models in daily practice	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Encourage supervisee to bring forth multiple perspectives of the presenting problem(s), priorities, focus, and goals of treatment by encouraging supervisee's active engagement of the client, the client's significant others/family, and extended supports in the assessment, intervention planning, and ongoing service delivery process	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area

## Secondary Traumatic Stress Core Competencies in Trauma-Informed Supervision Self-Rating Tool

**Competency #7:** Knowledge of resiliency factors and ability to structure resilience-building into individual and group supervisory activities.

The Supervisor is able to do the following:

Competency	Self-Rating		
Facilitate the supervisee’s experience of a developing sense of mastery of the management of trauma-related issues with clients	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Identify and develop supervisee’s strengths and help supervisee him or her apply those strengths to job-related activities	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Connect the individual to his or her team to guard against isolation and to develop a sense of shared ownership of difficult circumstances	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
<b><i>Support the development of compassion satisfaction in the supervisee via the following:</i></b>			
Assisting with the analysis of supervisee perceptions regarding complex case situations, and to supporting acceptance of situations that cannot be changed	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Assisting the supervisee to reframe situations to allow for the recognition of partial successes	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Assisting the supervisee to adopt a positive view of him or herself and their skill level	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Encouraging the supervisee to notice, acknowledge, and savor positive moments with clients	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Reinforcing the benefits of engaging in pleasurable activities at work and off hours	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area

## Secondary Traumatic Stress Core Competencies in Trauma-Informed Supervision Self-Rating Tool

**Competency #8:** Ability to distinguish between expected changes in supervisee perspectives and cognitive distortions related to indirect trauma exposure.

The Supervisor is able to do the following:

Competency	Self-Rating		
Recognize when changes in a supervisee's perspectives occur	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Successfully engage supervisee in discussion of observed changes and obtain supervisee's his or her perspectives thoughts regarding these changed views	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Normalize that changes in worldview (e.g., bad things do happen to innocent children) that will naturally occur during trauma work	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Assist supervisee by challenging unhelpful cognitive distortions about self, work, or the world; (e.g., thinking "This is useless", "The world is unsafe", "I'm the only one", or displaying hypervigilance)	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Provide support towards replacing cognitive distortions with more accurate assessments	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area

## Secondary Traumatic Stress Core Competencies in Trauma-Informed Supervision Self-Rating Tool

**Competency #9:** Ability to use appropriate self-disclosure in supervisory sessions to enhance the supervisees' ability to recognize, acknowledge, and respond to the impact of indirect trauma.

The Supervisor is able to do the following:

Competency	Self-Rating		
Normalize STS responses through timely use of self-disclosure related to his or her own experiences dealing with trauma work	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Employ self-disclosure as a tool to help supervisees recognize, acknowledge, and respond to the impact of indirect trauma	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Willingly disclose when asked directly by a supervisee, thereby avoiding a posture of withholding, and facilitating emotional relatedness and equality in the relationship	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Monitor his or her own motivation and intentions as a critical factor in weighing the ethical force of self-disclosure, particularly whether the goal of such disclosure is primarily for the supervisee's benefit	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area