MENTAL HEALTH RESOURCE & TOOLKIT

SURREY
LOCAL IMMIGRATION
PARTNERSHIP

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Mental Health Project

This project aims to mitigate barriers to accessing culturally appropriate mental health care services as well as to provide service providers with culturally responsive methods to support the immigrant and refugee community with their mental well-being. Through this project, Surrey Local Immigration Partnership aims to improve settlement and mental health outcomes for populations that have been marginalized by providing access to current and relevant information on best practices, training, and resources. This project is grounded in equity, diversity, decolonization, and justice and will include within its scope the cultural, structural, and societal factors that influence the mental health of immigrants and refugees.

Through a needs assessment and gap analysis the team of consultants identified the scope of the current knowledge, skills, and practices of mental health service providers and use the information to influence the efficiency of the project. Community stakeholders were engaged through a consultation process with an aim to assess community needs and

gaps, as well as identify available culturally safe mental health support services and programs available for newcomers. The consultation and findings guided the work to develop a toolkit that includes information, resources, and best practices to support the delivery of culturally safe mental health and well-being services.

An online self-paced training curriculum designed to meet the needs of front-line workers, community stakeholders, and mental health professionals who work with and support newcomer immigrants and refugees with appropriate course materials, assignments, supplementary materials, quizzes, assessments, and instruments for evaluation of learning will be made accessible on an LMS platform shortly and the information about that will be available on the Surrey LIP website soon.

Introduction

This toolkit is created as a supplementary cheat sheet for non-clinical front-line workers to utilize in addressing mental health in service delivery. Each section corresponds with the self-paced e-learning to enhance the learning experience and create opportunities of support for front-line workers.

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Module 1
Trauma and Trauma-informed care

Trauma comes from experiences that overwhelm a person's capacity to cope. It can result from various events such as accidents and natural disasters, childhood abuse and neglect, sexualized violence, or war to name a few. A person's perception of a traumatic event greatly affects how their mind and body react to that trauma. This is what makes traumatic events difficult to define because trauma affects each person differently. The same event may be much more traumatic for some people than for others. Experiencing a traumatic event can harm a person's sense of safety, sense of self, and ability to regulate emotions and navigate relationships.

Module 1.1
Working with trauma-exposed clients and trauma-informed care

When a person experiences a traumatic event there are a variety of changes that demonstrate in the emotional, mental, physical, and behavioral expressions of that trauma within the mind and body. An individual's reaction to trauma is complex and difficult to predict. There are a variety of actors that influence how we react when exposed to trauma including genetics, age, available social supports, general mental and emotional functioning at the time of exposure as well as previous. Moreover, the proximity to danger, degree of perceived control, the length of exposure to trauma, the reaction of others to the trauma, and the source of the trauma can also impact an individual's reaction to trauma.

As front-line workers being equipped to deal with heightened and varying degrees of mental health challenges is essential, particularly since many of the clients we work have been exposed to trauma. To do this work effectively and ethically, a trauma-informed care approach must be taken.

Trauma-informed care is a strengths-based approach grounded in understanding the impacts of trauma, and aimed at ensuring environments and services are welcoming, engaging, and empowering. Trauma-informed care is based on growing understandings about the negative impact of trauma and how systems and services can retraumatize individuals.

Assessment and intervention of trauma by non-mental health professional

As front-line workers, you are instrumental in providing information and support to your clients, helping to make their transition to life in Canada easier. Your role also places you in a position to understand the many significant barriers to settlement and adaptation if issues of mental health are not addressed, including post trauma stress.

However, it is important to understand that while your role is critical, it is not one of a mental health professional. Therefore, limitations around the assessment and intervention of trauma are important to highlight.

Module 1.2
The 6 key principles of a trauma-informed approach

A trauma-informed approach focuses on key principles that can be applied across multiple settings rather than dictated practices or procedures. The following is the 6 key principles of trauma-informed care highlighted by the Substance Abuse and Mental Health Services Administration.

Safety
Throughout the organization, staff and the people they serve feel physically and psychologically safe.

Trustworthiness and Transparency
Operations and decisions are conducted with transparency and the goal of building and maintaining trust among staff and clients receiving services.

Peer Support
A key component for building trust, establishing safety, and enhancing empowerment for clients.

Collaboration and Mutuality
There is recognition that healing happens in relationships and in the meaningful sharing of power and decision-making. The organization recognizes that everyone has a role to play in a trauma-informed approach.

Empowerment, Voice, and Choice
Strives to strengthen the client's experience and power of choice. It recognizes that every person's experience is unique and requires an individualized approach.

Cultural, Historical, and Gender Issues
The organization and staff actively move past cultural stereotypes and biases to offer culturally responsive services, utilizing cultural connections, while recognizing and addressing historical traumas.

Module 1.3
4 R's framework: Trauma-informed care in practice

A useful method for understanding a trauma-informed approach is using the Substance Abuse and Mental Health Services Administration's (SAMHSA) 4 R's framework:

Realize the widespread impact of trauma

The first step is to realize just how trauma can affect families, groups, organizations, and communities as well as individuals. Trauma is common and the range of symptoms, experiences and behaviours are better understood in the context of that person's intersectionality, coping strategies and overall circumstances.

Recognize how it is impacting the client

When this is taken as a baseline, front-line workers are better situated in their ability to recognize how trauma might be impacting the client, to identify triggers and to facilitate effective responses. In your role of having regular contact with your clients, it is not rare to also be providing informal emotional support which positions you well in recognizing and identifying clients who may need more mental health support for trauma.

Respond in a way to allow the client to feel heard and facilitate healing from trauma

Once possible signs of traumatization have been recognized, it is important to respond with trauma-informed care and through the development of trust and rapport. By responding in a way that allows the client to feel heard, the front-line worker can provide information in a compassionate manner and create opportunities for the client to make decisions. This is done by initiating supportive and non-judgemental conversation with the client and we will discuss in detail best practices in responding to discussion on trauma in a little bit.

Because front-line workers are well situated in providing accurate information about mental health treatments, referring clients becomes an important part of responding to their needs. The facilitation of timely, sensitive, and effective referrals is a key part of your role in assisting clients in seeking support for their traumas.

Resist re-traumatization

Last but certainly not least, front-line workers and the organization as a whole will need to resist traumatization.

It is important to understand how your procedures or that of the organizational practices might trigger painful memories and retraumatize clients. This can be initiated by asking the client how best to support them and creating a collaborative relationship to cultivate trauma informed care.

Module 1.4
How we talk about trauma matters

The importance of language

Language matters and how we speak to and about survivors of trauma sets the stage for trauma-informed care. We need to be mindful not to perpetuate cycles of retraumatization.

The language we use when speaking with or about people who have experienced trauma should also reflect resilience rather than simply being a description of them. This course intentionally omits terms like "victim" and "survivor" because those terms imply who

someone "is" rather than recognizing that they were impacted by a specific experience.

It's important to be aware of our use language so that it does not point to negative assumptions. For example, the assumption may be that the person is weak, wants attention, has poor coping methods, or that they will always be damaged or should be over it by now. However, a trauma-informed care response remembers that they are resilient and survivors of trauma, that they are seeking connection the best way they know how, that they are using survival skills that have supported them until now. that they can recover from trauma and that this recovery takes time.

Apart from the language we use, we need to also be mindful of our tone and the way in which our statements and questions are posed. Non-verbal communication is very significant part of communication and clients may communicate more through their behavior than with words.

If you are not speaking to the client in first language it is important to use appropriate language that matches the client's level of understanding. Refrain from using jargon and simplify as much as possible.

Asking about traumatic experiences

Asking, responding and/or discussing about traumatic experiences requires knowing how, when where and why to ask about it. It's important for front-line workers to acknowledge talking about trauma in a way that feels comfortable and authentic and is appropriate in the that situation. There are times when asking about trauma is not appropriate, and the front-line worker may need to be aware of guiding the discussions as to not overwhelm the client.

Key considerations when asking about traumatic experiences

- Build relationships based on respect, trust, and safety
- Use a strengths-based perspective
- Frame questions and statements with empathy, being careful not to be judgmental
- Frame the client's coping behaviours as ways to survive and explore alternative ways to cope as part of the recovery process
- Respond to disclosure with belief and validation that will inform practical issues related to care
- Help the client regulate difficult emotions before focusing on recovery.
- Acknowledge that what happened to the client was bad, but that the client is not a bad person

Module 2
Cultural competence in mental health

Module 2.1
The visual guide of creating cultural safety

Creating cultural safety

Cultural awareness is the start of a process of creating cultural safety. It is where we recognize that there are similarities and differences that exist between cultures. This awareness allows us to see and acknowledge the influences of our own culture and become aware of the biases that we hold. This sensitivity and awareness of culture is demonstrated through a responsibility of acting respectfully and empathetically as we engage with others.

Cultural competence is the building on this process as we continue to understand other cultures and begin to develop practical skills for interacting in considerate ways. The word "competence" here may be misleading as it does not require us to be experts on all other cultures but rather requires us to be responsible for having the competency to reduce our assumptions, judgments, and biases about others.

Cultural humility is a lifelong journey that allows us to continue to explore, learn and reflect our path towards creating cultural safety. It requires understanding and identifying the roles of privilege and power dynamics.

Cultural safety is the space that cultural awareness creates to support opportunities to practice the skills of cultural competency moving us towards cultural humility. This journey enables cultural safety in the services that are provided for the clients.

Module 2.2
How to create cultural safety

Cultural safety is an approach we can use to look at how our behaviours, opinions and actions might negatively impact the cultural identity and wellbeing of the people we work with.

Here are 8 ways to strive for a more culturally safe environment:

- Become aware and understand your own biases through self-education and self-analysis

- Educate yourself on cultural safety to reflect on your biases and worldviews as well as the ways power and control operate. Some examples include racial literacy, queer theory, ableism, intersectionality, decolonization, and feminism

- Attend workshops and events that support you to understand and unpack how your own cultural background frames your thinking and behaviour. Seek to expand your appreciation and respect for people whose experience and knowledge differ from your own

- Evaluate and invite colleagues to evaluate your workshops, orientations, and other projects. Ask yourself how you have applied cultural safety principles to your work and what actions you have taken to address culturally unsafe spaces within your sphere of influence

- In your work, discuss the ideas and principles behind cultural safety and collectively draw on each other's skills and knowledge to enhance cultural safety

- Commit to communicating about cultural safety. Seek to amplify the values that reflect cultural safety and challenge those that do not

- Lead and support your organisation towards a commitment to being a culturally safe place

- Acknowledge that working towards cultural safety in your creative practice is a life-long commitment. Acknowledge and celebrate the effort and the learnings along the way

The steps are adapted from the book "The Relationship Is The Project – working with communities" Brow Books, 2020

Module 2.3
Strategies for anti-oppressive lens in practice

An anti-oppressive framework recognizes the structural origins of oppression and promotes social advocacy for change. It recognizes that multiple forms of oppression can occur at different levels to impact marginalized individuals and communities and works to eradicate oppression.

This means that when working with a client, we understand how social inequality and structures of oppression work to create disadvantaged life circumstances in areas like housing, employment, healthcare, education, and other aspects of life.

Here are 5 critical practice principles for working from an anti-oppressive framework:

1. Critical reflection of self in practice

Settlement work may hold a position of power and privilege via their knowledge and access to resources and structure of the settlement sector, therefore, it is important to avoid recreating oppressive social relations.

Asking ourselves questions like, "how does my social location create positions of privilege?" can create the foundation for reflection on

how our own biographies shape and create power differentials. It is also important to consider that identity and social locations are dynamic and heavily dependent on the context.

For example, a racialized female settlement worker working with a white male client might navigate power differentials based on her race and gender positions that do not reflect normative power imbalances.

2. Critical assessment of client's experiences of oppression

Front-line workers working from an anti-oppressive lens strive to understand the diversity of oppressions that may impact a client's life. The personal, cultural, and structural processes each individual has shapes their problems as well as their access to solutions. Critically analyzing the intersections of oppression such as gender, class, and race, allow us to understand how policies, discourse, and processes might impact a client's life.

3. Empowering clients

Empowering clients is one of the central principles of the anti-oppressive framework. It seeks to create empowerment both at the interpersonal level as well as the institutional level. At the interpersonal level, it is able to deconstruct experiences and recognize the impacts of social forces. This allows people to see the true nature of their circumstances

by analyzing the structures and institutions that impact and influence their ability for social mobility, economic prosperity, and educational attainment.

At the institutional level, settlement workers might enhance changes to the organization and delivery of services in ways that promote anti-oppressive practice such as ensuring that clients views and needs are incorporated into the assessment and solution options provided.

4. Working in Partnership

Working in partnership with the client is prioritized through collaborative efforts that place the client as the expert in their own life.

As such, clients are included as much as possible in the decision-making processes that impact their life. Through a deliberate sharing of power and a commitment to transparency the client has the full information and awareness of the circumstances to make decisions in their best interest. By working in partnership, attempts are made to balance unequal power dynamics to create a supportive environment.

5. Minimal intervention

Another key principle includes reducing oppressive situations and minimizing opportunities of social control. This is done by strategically intervening in the least intrusive way possible in the client's life.

Adapted from Karen Healy's Social Work Theories in Context: Creating Frameworks for Practice (2014)

Module 2.4
The power and privilege wheel

The below illustration of the Wheel of Power & Privilege is a good visualization to help us better understand intersectionality and marginalization.

In the wheel, the further you are from power, the more marginalized you may feel. However, as you try to place yourself in the different categories, notice how your level of power and privilege shifts between categories creating various intersections of power and privilege.

Take a look and gain a better sense of where your power and privilege may show up. Addressing our own privilege may bring discomfort, but it is necessary in order to work from a culturally safe and anti-oppressive framework.
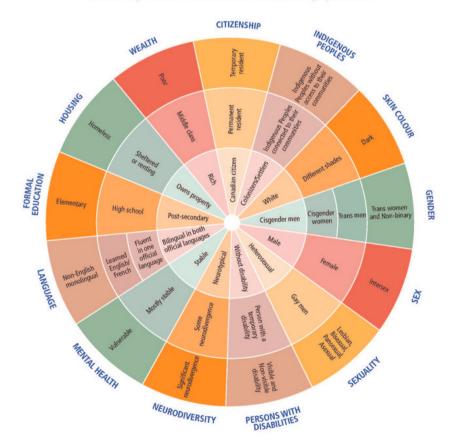
Reflection questions

Reflect on the following questions

- What are the intersections of my own power and privilege?
- How do I resist positioning myself in my locations of disadvantage when serving suffering others?
- How are we holding ourselves as professionals, our teams, and organizations to account for cultural safety?
- How are clients invited in culturally safe spaces?
- What structures and practices are in place to create cultural safety in my work?

WHEEL OF PRIVILEGE AND POWER
(the closer you are to the centre, the more privilege you have)

Note: the categories within this wheel are only examples in the Canadian context, and we should not limit ourselves to them. Intersectionality is a broad concept, and this tool is only a beginning point.

Source: https://www.canada.ca/content/dam/ircc/documents/pdf/english/corporate/anti-racism/wheel-privilege-power.pdf

Module 3: Mental health promotion and addressing stigma

Module 3.1
Significance of mental health promotion

Mental health promotion are actions taken with the intention to enhance positive mental health and well-being. The strategies of promoting mental health are directed towards empowerment and participation creating an environment to strengthen protective factors, lessen risk factors, and build on the social determinants of health.

Promoting mental health

- Reducing inequities by providing culturally appropriate care

- Promoting resilience and highlighting a person's ability to cope with major stress or risk factors. Being resilient means being able to recover from adversity by adapting to change and promoting resilience for newcomers to Canada is a key component in promoting their mental health

- Identify barriers to care and facilitate access to mental health services. This can often be a great challenge for immigrant and refugee families, who may be less informed about services and therefore are much less likely to use them when needed than families born in Canada

- Identifying and addressing risk and protective factors and supporting increased resilience. This means we focus on well-being rather than solely on illness to include protective factors, rather than simply focusing on risk factors and pathology

- Reduce stigma and increase mental health literacy for individuals and communities through a wide range of activities such as communication, education, and training

Module 3.2
Addressing stigma in mental health

Mental health stigma is the fear and misunderstanding around mental health issues that often leads to prejudice and judgements. This discrimination often leads to feelings of hopelessness and shame in those struggling to cope with their mental health creating a serious barrier to getting support and treatment.

Challenging the stigma associated with mental health includes awareness, education, and reflection at our own attitudes toward health.

According to the Centre for Addiction and Mental health, here are some things you can do to reduce stigma:

- Educate yourself about mental health issues and the barriers faced by newcomers who may be under added stressors

- Be aware of your attitudes and behaviour. Examine your own judgmental thinking, reinforced by upbringing and society

- Choose your words carefully recognizing that the way we speak can affect the attitudes of others.

- Educate others and provide psychoeducation normalizing conversations and positive attitudes towards mental health while breaking down myths and stereotypes

- Awareness that mental health issues are only part of a person's overall picture

- Support people and treat everyone with dignity and respect by offering support and encouragement

Module 3.3
How to ask questions about mental health

Front-line workers can help to mitigate stigma by normalizing mental health services through providing information and emphasizing that confidentiality is a client's right to build trust. The following are some suggestions for how to frame questions to help reduce stigma and normalize conversations around mental health:

Use a strengths-based approach to help the client feel empowered when seeking for help. For example, asking *"You have overcome so many things in your life. What do you think would be the most helpful for you now?"*

Validate distress around possible somatic symptoms. For example, you might ask *"I wonder if you might be able to speak to a doctor about the stressors that might be contributing to your physical pain."*

Normalize the mental health experiences. Use analogies related to physical conditions. For example, *"If you had a broken leg, you would go to the doctor and fix it. If you're having difficulties coping with all the changes you have gone through, you can speak to a professional about it."*

Be aware of your language acknowledging that the way you discuss mental health is just as important as having the conversations in the first place. For example, it's better to say, "a person who has schizophrenia," instead of referring to someone as *"they're schizophrenic."*

Choosing your words carefully helps reduce stigma about mental health in your discussions.

One of the best ways to break down the stigma around mental health is to practice compassion and empathy.

Module 3.4
How to make effective mental health referrals

The following are tips for each step of making an effective mental health referral.

Pre-Referral

The pre-referral focuses on establishing and maintaining client trust throughout and clearly communicating on the referral process. This might start with mentioning the concerns you have identified. *'I'm a bit concerned that you are having these upsetting thoughts and feelings. It might be useful to talk with a professional who can support your more.'*

If they are willing, involve them in making a plan. Ask for their ideas about what is needed. *'What issues are impacting you the most right now? What would help make things better?'*

Ask for permission to offer them guidance. *'I have some suggestions that have helped other clients in the past in situations similar to yours. May I share them with you?'*

Ask about their readiness to seek supports. *'Is this something you would be interested in doing? Would you like me to make the referral?*

During Referral

Once the referral process has started, a good strategy would be to support the client transfer through inter-agency communication to ensure a successful referral outcome.

This might simply be a phone call between the settlement worker and the mental health agency to ensure that the client is expected and welcomed.

Post-Referral

In the last phase of making a mental health referral, it is important to get feedback from the client to see if the mental health services were relevant for the client and how they are addressing their needs.

This is an opportunity to create trust and further build on the relationship while continuing to reduce stigma associated with mental health services.

"How are you feeling about that referral. Are the services what you were hoping for?"

Module 4: Grounding and De-escalation tools

Module 4.1
Tools for grounding clients

When a person experiences trauma, certain memories, emotions, and behaviours can trigger severe reactions associated with that trauma, where the person experiences retraumatization. Having strategies and tools that can assist in grounding triggered clients can be essential in such situations.

Grounding focuses on shifting the attention towards the here and now and away from the negative emotions. It is an active strategy that works towards distraction and connection to the present moment and to help the client, we want to create a space where they can regain composure and a sense of control.

The following are grounding techniques that can be used by non-clinical service providers:

5,4,3,2,1:

This technique is very useful for distressing symptoms as it takes the client through the five senses to help bring them back to the present moment and refocus on the now. The exercise entails listing things around them starting with 5 things they see, 4 things they feel, 3 things they hear, 2 things they smell and 1 thing they taste.

The exercise:

- Ask the client to take a few deep breaths and assess their level of tension
- Ask them to look around and name 5 things they see, 4 things they feel, 3 things they hear, 2 things they smell and 1 thing they taste
- Ask them to take some more deep breaths and reassess their feelings of tension. Repeat this if necessary

Ask what they know:

This is a simple technique of asking the client questions that they easily know. Asking them to say their full name and address, to look outside and check what the weather is like, etc. The idea is to get them to think and say things that they easily know the answer to and bring them back to the present if they are experiencing flashbacks.

Deep breathing:

This is a simple yet powerful grounding technique that involves breathing in deeply thru the nose and exhaling thru the mouth. It is intended to help the person in times of intense distress because it works through the body's various mechanisms to calm the stress response. Deep breathing can be a fast, simple, and extremely effective way for calming a distressed client.

One example of deep breathing to calm distress is box breathing:

Picture a square or box in your mind.
The four stages of your breathing are equal, like the sides of the square.
Breathe in for a count of 3, hold it in for a count of 3, breathe out for a count of 3, hold it out for a count of 3.
Repeat.

It may be helpful to model the breathing to create ease for the client to follow your cues.

Use of temperature

When distressed, our bodies tend to heat up. Cooling our temperature can help slow down our heart rate and decrease the intensity of emotions.

Ask the client to splash some cold water on their face. Washing your face, neck or hands with cold water is a fast way to change the physiological reaction the client is experiencing from distress.

This can also be achieved by simply offering them a glass of cold water.

Words of affirmation:

Affirmations for trauma can be effective in empowering clients by helping them acknowledge and voice their strengths, safety and present moment.

Examples of affirmations include:
"You are safe here."
This is a safe place."
"No one is harming your right now."

Body movement:

Extensive research proves that our body is our most underutilized resource when it comes to calming distress. Any kind of body movement can profoundly decrease symptoms related to trauma. If your client is distressed or experiencing retraumatization, ask them to take a short walk or engage in another form of movement. This could be as simple as asking them to come with you as you switch to another workstation.

Module 4.2
How to help the client de-escalate

The goal of de-escalation is to build rapid rapport and a sense of connectedness with an agitated person in order to reduce the likelihood of escalation to physical violence. This sense of connectedness is established through the use of specific verbal, psychological, and nonverbal techniques that emphasize controlling one's own emotional response to threat while guiding communication.

The following are recommendations provided by the Crisis Intervention Institute that support distressed clients with a trauma informed approach:

Be empathic and non-judgemental

Don't judge or be dismissive of the feelings of the person in distress. Remember that the person's feelings are real, whether or not you think those feelings are justified.

Respect personal space

Be aware of your position, posture, and proximity when interacting with a person in distress. Allowing personal space shows respect, keeps you safer, and tends to decrease a person's anxiety. If you must enter someone's personal space to provide care, explain what you're doing so the person feels less confused and frightened.

Use non-threatening nonverbals

The more a person is in distress, the less they hear your words and the more they react to your nonverbal communication. Be mindful of your gestures, facial expressions, movements, and tone of voice. Keeping your tone and body language neutral will go a long way toward defusing a situation.

Keep your emotional brain in check

Remain calm, rational, and professional. While you can't control the person's behavior, how you respond to their behavior will have a direct effect on whether the situation escalates or defuses.

Focus on feelings

Facts are important, but how a person feels is the heart of the matter. Watch and listen carefully for the person's real message and offer supportive words.

Ignore challenging questions

Engaging with people who ask challenging questions is rarely productive. When a person challenges your authority, redirect their attention to the issue at hand. Ignore the challenge, but not the person. Bring their focus back to how you can work together to solve the problem.

Set limits

As a person progresses through a crisis, give them respectful, simple, and reasonable limits. Offer concise and respectful choices and consequences. A person who's upset may not be able to focus on everything you say. Be clear, speak simply, and offer the positive choice first.

Choose wisely what you insist on

It's important to be thoughtful in deciding which rules are negotiable and which are not. For example, if a person doesn't want to meet in the morning, can you allow them to choose the time of day that feels best for them? If you can offer a person options and flexibility, you may be able to avoid unnecessary altercations.

Allow silence for reflection

We've all experienced awkward silences. While it may seem counterintuitive to let moments of silence occur, sometimes it's the best choice. It can give a person a chance to reflect on what's happening, and how they need to proceed. Silence can be a powerful communication tool.

Allow time for decisions

When a person is upset, they may not be able to think clearly. Give them a few moments to think through what you've said. A person's stress rises when they feel rushed. Allowing time brings calm.

By putting some of these simple strategies above in practice, we acknowledge that even though we can't control what other people may do, we can control how we respond to it and help de-escalate distressing situations.

Module 4.3
Self- regulation and self-care for the worker

Being exposed to another person's trauma history may cause various negative impacts on the front-line worker including vicarious trauma. Vicarious trauma happens because as social beings we empathize with others, and this can cause us to feel connected to the point that we feel their pain.

We deeply and empathically engage with trauma survivors and connect to understand the person's traumatic experiences. This sense of connection, responsibility and commitment to help can result in negative consequences when left unrecognized. Self-care strategies can help to prevent of better cope with vicarious trauma.

Self-Care Strategies at work:

- Be mindful of mental activities that influence our perceptions in the work including our attitudes, discourse, and self-talk.
- Engage in physical and sensory activities such as listening to music, going for walks, hydrating etc.
- Practice mindfulness, spirituality, or value systems that an outlook on the work that you do.

- Create opportunities for social engagement at work such as going for coffee breaks with colleagues, having potlucks with teams and other fun activities.
- Name your feelings. Use language to identify and express the emotions and stress by talking to your support systems or professional resources.
- Create a self-care plan at work where you plan your workload, allowing space and time in between exposure to traumatic stories. Develop and employ self-care strategies, including personal debriefing when you feel overwhelmed.

Self-care Exercise:

Start with a reflection of what self-care will look like for you today.

- Ask yourself: what is the best way for me to release my stress and tension?
- What can I do today that will nourish my soul and my body?
- What small act will give me joy today?

Now put that awareness into practice.

Commit yourself to following one small act of self-care and compassion towards yourself. Choose a small goal that will allow you to achieve it.

Acknowledge that taking care of yourself is a powerful way to take care of others as well.

The emphasis here is that not only will you be taking care of yourself when you practice wellness but that you will also by extension take care of others in the process by providing the version of your best self.

Module 4.4
Regulate first, educate later

Next time you meet with a client think about this:

It is likely that when a client is reminded of a traumatic experience, their brain goes into overdrive, activating in the same way as if they were experiencing that trauma for the very first time. The logical part of their brain becomes suppressed, so they are less capable of controlling their fears. Meanwhile, the activity of the hippocampus, whose function is to distinguish between past and present is reduced. Their mind is in a completely reactive state with great difficulty in differentiating between the actual traumatic event and the memory of that traumatic event.

This explains why it becomes so important to first "regulate" a client's stress response and then begin to "educate" and inform them of possible solutions.

Always remember: Regulate first, educate later!

Lead Consultants

- Bahar Taheri
- Mona Hassannia