

Responding to Secondary Trauma Exposure

RESOURCES FOR STAFF OF SYRINGE SERVICE PROGRAMS

Overview:

Working within a Syringe Service Program (SSP) is rewarding work, but staff may require extra support due to secondary trauma. Many people working within SSPs have been personally impacted by substance use disorder and/or the drug epidemic. This is work that folks feel passionately about, and this passion fuels the work. However, at times this passion can make the work emotionally draining. Employees of SSPs may experience secondary trauma. SSP staff need opportunities for supervision, team support, case consultation, self-care, quality improvement, and critical incident debriefing.

Supervision & Team Support:

The structure of supervision may look different within each agency depending on the agency's size, capacity, and approach. Structures may include:

- Individual supervision
- Group supervision
- On-Call supervision/team lead
- Huddle
- Team meetings

To structure your team support, consider what level professional is needed (e.g., experienced harm reduction professional, licensed social worker, licensed alcohol and drug counselor). Additionally, consider what skills or expertise you most need within your organization (e.g., suicidal ideation assessment, harm reduction expertise, substance use disorder, and mental health).

Case Consultation:

Case Consultation is an opportunity to review the details of a situation and brainstorm possible solutions could help the situation. Case consultation often includes advice from an experienced provider or perspectives from another discipline.

One tool for Case Consultation is called SBAR. SBAR stands for:

- Situation: What is going on, the trigger for talking about something.
- Background: What the listeners need to know that has already happened.
- Assessment: What you think is going on, your insights on the case.
- Recommendations or Requests: What you are suggesting or asking for.

This tool would sound like:

- Situation: “I have been working with one client for about a year and he hasn’t been in recently—I’m feeling concerned.”
- Background: “In the past he has mentioned that he struggles with depression. The last time I saw him he was actively using methamphetamine and heroin.”
- Assessment: “I am concerned that he may be using alone at home. I haven’t been able to reach him by phone or email.”
- Recommendations or Requests: “I would like help brainstorming what other steps we could take to check on him.”

Self-Care:

Self-care is staff making space and time to take care of themselves. It is important that agencies value and encourage self-care. Especially in times of high stress or after exposure to secondary trauma, it is essential that staff participate in self-care and agencies give staff time and opportunity to do so.

Engaging in self-care may be informal, such as using an Employee Assistance Program (EAP), participating in mental health supports covered by the health insurance provider, or using local resources such as a walk-in counseling center.

Self-care is unique to each person. While some people may need to stay busy, keep their routine the same and be around people during stressful times, other people may need quiet time, down time, and alone time. Depending on preferences, self-care could include:

- Recreation (e.g., hobbies, physical movement, something that brings joy).
- Releasing (e.g., talking to people, writing).
- Re-fueling (e.g., eating healthy and well-balanced meals, resting).

It is important to remember that:

- All feelings are valid.
- Reach out—people do care.
- Think about ways others could support you and ask for what you need.
- It is okay to let those around you know that you are suffering or under stress.

Debriefing:

Providing debriefing after a critical incident is essential. A critical incident is any incident that causes people to experience unusually strong emotional reactions that have the potential to interfere with their ability to function. This can happen at the scene of the incident, or later.

It is common and normal to experience emotional aftershocks from a critical incident. The signs and symptoms of a stress reaction may show up immediately, a few days, weeks, months, or occasionally longer following a traumatic event. Occasionally a critical incident may require the help of a mental health provider.

A stress reaction may include one or more of the following:

- Physical reaction (e.g., fatigue, nausea, headaches)

- Cognitive impacts (e.g., blaming, confusion, poor attention, changes in alertness, nightmares, intrusive thoughts)
- Emotional impacts (e.g., anxiety, guilt, fear, grief, denial, panic, uncertainty, loss of control, depression, apprehension, overwhelmed, irritability)
- Behavioral reaction (e.g., change in speech, withdrawal, change in communications, substance consumption, changes to sleep)

Each agency can determine their process for critical incident debriefing including:

- Why (e.g., examples of critical incidents)
- Who attends (e.g., frontline staff, manager, seasoned professional)
- When, where, and how you meet (e.g., in-person huddle, skype meeting, phone call)
- Documentation and follow-up (e.g., taking notes, determining what/if any next steps)
- Guiding values (e.g., expectations, guidelines for respectful listening and space keeping)

Quality Improvement:

Quality improvement is the process of intentionally learning from service delivery and making changes to policy, workflow, and processes based on the learning.

One tool for Quality improvement is called PDSA. PDSA stands for:

- Plan: What do you want to improve? What are ways that you could make this improvement?
- Do: Try out one idea in a small way.
- Study: Reflect. How did that go? What worked? What did not?
- Act: What now? Keep going and implement the idea further, or change it up?

This tool would sound like:

- Plan: "I'm interested in engaging people in safe disposal of used syringes."
- Do: "Let's host a clean-up in the community."
- Study: "We got a few people to come and those who came were enthusiastic."
- Act: "Let's work with our clients to host clean-ups in areas they know about."

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