

SPOTLIGHT x CAB CORNER: How Agencies Can Support Staff with Lived Experience

Working with forcibly displaced children and families can be deeply inspiring, especially for those with lived experience themselves as they are able to connect around shared resiliencies and build upon community resources and successes. At the same time, helpers often hear stories of violence, persecution, and oppression, and see discrimination and marginalization in their communities in the U.S., all of which can lead to secondary and vicarious trauma. This was an important topic of discussion with the CARRE Community Advisory Board members this past quarter – one which deserves resources and support.

While celebrating and embracing connections between clients and staff with lived experience, there also needs to be recognition that helpers with lived experience may be uniquely vulnerable to negative impacts of the work, as well as re-traumatization. Agencies and supervisors have a responsibility to think about how direct service work may be different and unique for staff with lived experience, and what systems and supports they need to establish to ensure staff well-being. In addition to the [Secondary Traumatic Stress Core Competencies for Trauma-Informed Support and Supervision](#) developed by the NCTSN, agencies and supervisors should consider:

- **Acknowledging the Situation** – It is important to let staff with lived experience know that you understand that because of their lived experience the work may impact them differently or offer distinct challenges. Regardless of your own experiences, acknowledge that their experiences are unique and that you are committed to working with them to develop solutions and identify resources to support their wellness. At the same time, it is important that these staff members should not be regarded as the sole agency “cultural expert” where the burden is on them to solve or provide support to all agency or project related community concerns or issues. Additionally, do not assume similarities or complete unanimity within communities; differences within community members are ubiquitous should be taken into account.
- **Ensuring Adequate Supervision** – Best practices indicate that direct service staff should have one hour of dedicated supervision each week to discuss their work. However, some workers with lived experience like peer support workers, staff interpreters, and others in supportive but not lead case management roles are often left out of this equation. Ensuring that all direct service staff – including ones in supporting roles and especially ones with lived experience – get at least one of hour of dedicated supervision each week ensures that staff with lived experience have a chance to talk about their work and potential impact. Supervisors should explicitly ask about staff wellbeing and vicarious trauma so that staff have permission to broach this topic.
- **Collaborating on Certain Processes** – Staff who are from the same community as clients are likely to have additional pressures that their supervisor or agency may be unaware of if they are from a different culture. For instance, an agency may prohibit staff from socializing with

clients; however, this may be incredibly difficult in a small community. Additionally, there might be boundaries or approaches that might be better communicated from someone outside the community prevent cultural shame and stigma from the community. While there is no one answer for how to solve these situations, agencies and supervisors need to collaborate with staff who are from the community for how to best manage them in a way that is most supportive and culturally appropriate, while maintaining important boundaries and ethical standards.

- **Giving Permission for Supportive Debriefing** – It can be helpful for supervisors to let all direct service staff – but especially staff with lived experience – know that if they find painful memories or feelings being triggered while working with a client, that they can ask for time that same day to debrief and discuss with a supervisor, supportive colleague, or employee assistance and resilience program (EARP). Sometimes this open acknowledgement and brief support can help prevent more long-term, damaging impacts. In addition, if something happens that is collectively painful to a community or there is a historically significant event or anniversary, an agency may want to bring in specialized and dedicated support. For example, after the fall of Kabul to the Taliban, the IRC offer dedicated group support by an independent, culturally appropriate mental health professional to Afghan staff in the U.S.
- **Ensuring Inclusive Duty of Care Resources** – Duty of Care is the responsibility of an agency to support the resilience and wellbeing of staff and their families through a suite of services, approaches and programs, most often including individual and group counseling, education and health guidance. Agencies should evaluate their Duty of Care services and supports for language and cultural inclusion to ensure that all staff can benefit from these services. This means making sure that services – especially mental health support – includes providers who speak different languages, are from different cultures, and are people of color. This also includes making sure materials are inclusive of topics relevant to their lived experience and are linguistically accessible.

Workers with lived experience are invaluable in providing meaningful and impactful care to forcibly displaced people. However, they must often simultaneously attend to a client’s pain and loss while also being reminded of their own. Over time this can have a detrimental impact on their wellbeing and mental health. Agencies and supervisors need to be proactive and intentional in how they can compassionately support workers with lived experience so that they can continue to use their rich knowledge and gifts to help children and families heal, while being well themselves.