

Guidelines for a Vicarious Trauma-Informed Organization

Family Support

WHAT IS A VICARIOUS TRAUMA-INFORMED ORGANIZATION?

Vicarious trauma (VT), the exposure to the trauma experiences of others, is an occupational challenge for the fields of victim services, emergency medical services, fire services, law enforcement, and others. Working with victims of violence and trauma changes the worldview of responders and puts individuals and organizations at risk for a range of negative consequences (Bell, Kulkarni, and Dalton, 2003; McCann and Pearlman, 1990; Newell and MacNeil, 2010; Vicarious Trauma Institute, 2015; Pearlman and Saakvitne, 1995; Knight, 2013). A **vicarious trauma-informed organization** recognizes these challenges and proactively addresses the impact of vicarious trauma through policies, procedures, practices, and programs.

For more information on vicarious trauma and its effects, visit <https://vtt.ovc.ojp.gov/>.

The Role of Family Support in Addressing Vicarious Trauma

Employees who experience VT, exposure to the trauma experiences of others, may display a reduction in work performance and productivity, increased absenteeism, and low morale—some or all of which may impact the quality of care that individuals and organizations provide to those they serve (Bell, Kulkarni, and Dalton, 2003; McCann and Pearlman, 1990; Newell and MacNeil, 2010; Vicarious Trauma Institute, 2015; Pearlman and Saakvitne, 1995; Knight, 2013). Families are an important source of care and support that can help to ameliorate the effects of VT among responders; however, they too are susceptible to its negative effects. Organizational policies and procedures pertaining to family support provide a framework for your agency to become a *vicarious trauma-informed organization*.

Recommendations for Addressing the Needs of Employees' Families

First, it is important to recognize that there are many ways in which individual employees define family. Definitions may include immediate and extended family members who live together; spouses or partners, whether legally married or not; and single, heterosexual, and same-sex parent households, among others. Responding to the needs of employees and their families requires an understanding and appreciation of the diversity of families and their experiences.

At the core of an organization's response to families is raising the family's awareness about VT and its potential impact on the family of the victim services provider and first responder. The handout entitled "Guidance for Families & Other Loved Ones" will help organizations reach out to families with critical information about VT. You can customize it for your agency and add your designated contact person.

Beyond this initial step, the following recommendations for specific areas of focus may help you support employees' and volunteers' families.

Leadership and Mission

- Demonstrate your understanding of VT and its impact on employees and their families, and the role of the organization in supporting them, through both verbal and written communications.
- Make developing and implementing programs that foster social support for employees' families a priority (Regehr et al., 2005).

Management and Supervision

- Ensure that supervision is supportive, respectful, and effective and includes open discussion of VT, its potential impact on both employees and families, and strategies for addressing it.
- Provide family members with clear explanations of the employees' roles, responsibilities, and other employment expectations (e.g., on call, overtime).

- Establish a contact person(s) to serve as liaison for families that need information, consultation, and resources, and to coordinate relevant educational and other services.
- Integrate employees' families into their occupational life (e.g., provide tours of the workplace, sessions about the organization and its mission).
- Actively promote effective and clear communication between family members and administrative staff, where appropriate, in the immediate aftermath of critical incidents.
- Institute and enforce a zero-tolerance policy toward domestic violence (Miller, 2007).

Personnel Policies and Procedures

Family Health and Wellness

- Provide access to, and coverage for, mental health services for employees and immediate family members regardless of their occupational role or status. Compile a list of mental health providers who are attuned to first responder (or other organizational) culture and VT, and make it readily available (Adams, Shakespeare-Finch, and Armstrong, 2015; Montgomery County (MD) Fire and Rescue Service, 2009).
- Identify experienced, trained, accessible, and approachable managers or peer leaders to serve as confidants and conduits for referrals to necessary services.
- Institute a flexible leave policy and encourage employees to use their vacation days (Miller, 2007).
- Educate employees and families about coping mechanisms (e.g., physical exercise, spending time with children, spiritual activities) that may help them deal with VT (Brodie and Eppler, 2012).

Emergency Preparedness

- Include families in your organization's emergency preparedness protocols (Bertram, Landahl, and Williams, 2011), and be sure to inform families about them (Bertram, Landahl, and Williams, 2011).
- Anticipate the needs of your employees' families during an emergency, plan your organization's responses, and communicate what services you can realistically provide.
- Organize a family support network to communicate with family members and assist them during and after traumatic events.
- Determine procedures for providing logistical support and relocation efforts during an emergency, as needed (Bertram, Landahl, and Williams, 2011).

Evaluation

- Evaluate your organization's family support initiatives by administering surveys to families, utilizing a family support committee or liaison, or by other means.

- Solicit input from employees regarding their families' needs in general and in the aftermath of a traumatic event or critical incident (Adams, Shakespeare-Finch, and Armstrong, 2015).
- Include questions about family support initiatives in regularly administered employee performance evaluations to assess employees' experience of family interventions.

Variation of Job Responsibilities

- Create flexible shift schedules whenever possible to avoid persistent scheduling conflicts with the occupational and childcare responsibilities of spouses or domestic partners.
- Avoid unplanned or sudden shift changes to respect families' needs for consistent schedules.

Employee Empowerment and Work Environment

- Promote a culture of caring, encourage emotional and social support from peers and supervisors, and value the experiences and needs of families.
- Foster connection and cohesion among employees and their families by implementing support measures including, but not limited to, debriefings for family members, peer or professionally facilitated support groups, and social activities.
- Demonstrate a commitment to the value of a diverse workforce that feels inclusive to families of all backgrounds.

Training and Professional Development

- Conduct an orientation for new employees' families that includes a focus on VT, its signs and symptoms of negative impact, and strategies to address them.
- Provide ongoing education about VT to employees' family members.
- Encourage employees to talk with their children about their job responsibilities and provide guidance to help them address their children's fears and concerns.
- Train employees and create opportunities for them to be guest speakers in their children's schools (Miller, 2007).
- Provide training on a variety of coping strategies and resources including, but not limited to, mindfulness meditation, stress management, yoga, conflict resolution, exercise, nutrition, substance abuse services, and types of therapy (e.g., individual, family, cognitive behavioral therapy (CBT), eye movement desensitization and reprocessing (EMDR) therapy) (Adams, Shakespeare-Finch, and Armstrong, 2015).
- Disseminate written materials about VT to family members and offer them additional resources. Provide materials for children that are developmentally appropriate.

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For more information about vicarious trauma, visit <https://vtt.ovc.ojp.gov/>.

WHAT IS VICARIOUS TRAUMA?

Guidance for Families & Other Loved Ones

Vicarious trauma (VT), the exposure to the trauma experiences of others, is an occupational challenge for the fields of victim services, emergency medical services, fire services, law enforcement, and others. There are a number of ways individuals respond to hearing about and witnessing the trauma experiences of those they are helping.

While it is important to understand the negative consequences of work-related exposure to trauma, it is also helpful to know that this exposure can result in a range of responses, including ones that are neutral and even positive.

Working with victims of violence and trauma changes the worldview of responders and puts individuals and organizations at risk for a range of consequences.* Vicarious traumatization is the **negative** reaction to the trauma work your loved one does. A **neutral** reaction may reflect ways in which an individual is able to manage the traumatic material to which they are exposed that grows with experience and training. And, significantly, **positive** reactions are referred to as vicarious resilience, where the worker is inspired by trauma survivors' own resilience, or compassion satisfaction, in which a sense of positive meaning is gained from the work. These **positive** outcomes motivate workers professionally and personally and, in turn, can help protect them against the negative effects of trauma exposure. Understandably, your concerns and questions are typically about the negative effects of trauma exposure on your loved one.

Who is at risk for being negatively impacted by VT?

Anyone working with survivors of trauma and violence is at risk for experiencing the varied effects of VT. Factors that may make this occupational risk greater include—

- prior traumatic experiences;
- social isolation, both on and off the job;
- a tendency to avoid feelings, withdraw, or assign blame to others during stressful situations;
- difficulty expressing feelings;
- lack of preparation, orientation, training, and supervision in their jobs;
- being newer employees and less experienced in their jobs;
- having little or no variation in the work so that the employee's exposure to trauma is constant and intense; and
- absence of an effective and supportive process for discussing traumatic material and difficult interactions.

What are some common negative reactions to VT?

Each individual may experience the effects of vicarious trauma differently. Some of the responses or reactions you may recognize in your loved one, or that you or other family members may experience as well, include, but are not limited to—

- difficulty managing emotions;
- feeling emotionally numb or shut down;
- fatigue, sleepiness, or difficulty falling asleep;
- physical problems (or complaints), including aches, pains, and decreased resistance to illness;
- feeling vulnerable or distracted, which can increase one's risk of accidents;
- loss of a sense of meaning in life, feeling hopeless about the future;
- relationship problems (e.g., withdrawing and isolating from friends and family, avoiding intimacy);
- excessive worry about safety and potential dangers in the world for self and loved ones;

- increased irritability sometimes resulting in aggressive, explosive, or violent outbursts and abuse;
- destructive coping 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; and
- avoiding work.

What can I do if my loved one is experiencing negative reactions to VT?

If you see any of these signs or others that make you concerned for your loved one, consider—

- reaching out, talking to your loved one about how the work is affecting him or her;
- encouraging your loved one to reconnect with other interests, hobbies, and social activities;
- encouraging your loved one to create new activities and life routines, in addition to resuming old ones;
- recognizing the need for down time and protecting that time, while staying attuned to withdrawal or isolation;
- supporting time for reflection through reading, writing, prayer, and meditation, among other activities;
- helping your loved one to establish a consistent work-to-home transition and to recognize the value of “letting go” when off duty;
- attending to the basics—sleep, healthy eating, hygiene, and exercise;
- supporting connections with family, friends, and coworkers; and
- seeking therapeutic and professional assistance when needed.

What can I do to take care of myself and my family?

Because you love this person, you may also be affected by the first responder’s and victim service provider’s exposure to trauma. In addition to the suggestions offered above, consider these additional ways to address your own needs and those of your family:

- Share your concerns and develop supportive strategies with your loved one.
- Do your best not to take your loved one’s reactions personally; remind yourself that what your loved one may be experiencing is related to the job, not you.
- Stick to routines (predictability helps).
- Stay connected with family and friends.
- Share information about the demands of the job and its impact with other family members, including ways they can help. Consider having age-appropriate talks with children.
- Take time to engage in social and creative activities, and private time for reading, writing, prayer, meditation, and other self-care.
- Seek therapeutic or professional assistance, when needed.

Where can I find additional information and assistance?

Some online resources you may find helpful are listed below:

- <https://vtt.ovc.ojp.gov/>
- www.ovcttac.gov
- www.headington-institute.org/
- www.vicarioustrauma.com/whatis.html
- www.trauma-pages.com/resources.php
- www.mindfitproject.com

In addition, please contact our agency’s family liaison, _____, at _____, with any questions or concerns.

*Bell, H., S. Kulkarni, and L. Dalton. 2003. "Organizational Prevention of Vicarious Trauma," *Families in Society: The Journal of Contemporary Social Services* 84 (4):463–470; McCann, L. I., and L. A. Pearlman. 1990. "Vicarious Traumatization: A Framework for Understanding the Psychological Effects of Working with Victims," *Journal of Traumatic Stress* (3):131–149; Newell, J. M., and G. A. MacNeil. 2010. "Professional Burnout, Vicarious Trauma, Secondary Traumatic Stress, and Compassion Fatigue," *Best Practices in Mental Health* 6 (2):57–68; Vicarious Trauma Institute, 2015, "What Is Vicarious Trauma?" Accessed April 26, 2016. www.vicarious-trauma.com/whatis.html; Pearlman, L. A., and K. Saakvitne. 1995. "Treating Therapists With Vicarious Traumatization and Secondary Traumatic Stress Disorders," in *Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder in Those Who Treat the Traumatized*, edited by C. Figley, 150–177, New York: Brunner/Mazel; Knight, C. 2013. "Indirect Trauma: Implications for Self-Care, Supervision, the Organization, and the Academic Institution," *The Clinical Supervisor* 32 (2):224–243.

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