Guidelines for a Vicarious Trauma-Informed Organization

Human Resources

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 Human Resources in Addressing Vicarious Trauma

Experiencing VT may result in reduced work performance and productivity, increased absenteeism, and low morale, some or all of which may impact the quality of care individuals and organizations provide to those they serve (White, 2006). Human resources policies and procedures provide a framework for an agency to follow to become a *vicarious trauma-informed organization.*

Management and Supervision

- Ensure that supportive, respectful, and effective supervision includes open discussion of VT, strategies for addressing it, and compliance with relevant policies (Bell, Kulkarni, and Dalton, 2003; White, 2006; Bednar, 2003; Slatten, Carson, and Carson, 2011).

- Actively promote a flow of direct and clear communication between frontline employees and upper management.

- Provide positive and constructive feedback to staff; deliver it in a manner that is in the staff member's interest.

- Explain employees' roles and responsibilities and clarify performance expectations (Bednar, 2003; Adams, Shakespeare-Finch, and Armstrong, 2015).

Personnel Policies and Procedures

Hiring Policies

- During job interviews—

  o educate applicants about VT to ensure that they are aware of the potential risks associated with working with victims of trauma (Bell, Kulkarni, and Dalton, 2003; Urquiza, Wyatt, and Goodlin-Jones, 1997); and

  o incorporate questions for applicants that assess their knowledge of VT and their awareness and use of coping strategies (Urquiza, Wyatt, and Goodlin-Jones, 1997).

- Assess the job candidates' level of education, training, and preparation for their assigned role (Bednar, 2003).

Employee Health and Wellness

- Raise employees' awareness of professional and personal self-care strategies for addressing VT (Newell and MacNeil, 2010).

- Encourage employees to practice self-care both on and off work time (Bell, Kulkarni, and Dalton, 2003; Slatten, Carson, and Carson, 2011; Meichenbaum, 2007).

- Include coverage for mental health services in employee health benefits (Bell, Kulkarni, Dalton, 2003).

- Identify an experienced, trained, accessible, and approachable manager to provide employees with confidential support and referrals to helpful services.

Evaluation

- Assess the negative impact vicarious trauma may have across your organization and implement strategies to help reduce that impact (Bell, Kulkarni, and Dalton, 2003; Meichenbaum, 2007). You can do this through informal discussions with staff and in debriefing sessions, or by using assessment tools such as the Professional Quality of Life Scale (ProQOL) and the Secondary Traumatic Stress Scale (STSS) (Bride et al., 2004; Stamm, 2010).

- Evaluate interventions aimed at reducing the negative impact of VT among current and new personnel (Bell, Kulkarni, and Dalton, 2003; White, 2006; Meichenbaum, 2007).

- Regularly administer employee performance evaluations that include questions pertaining to VT and assess

employees' perceptions of which organizational efforts to reduce the impact of VT are helpful.

- Implement a survey to elicit employees' feedback, and assess their satisfaction with the organization.

- Conduct exit interviews, and inquire about recommendations for improving the organization's response to VT and its impact on employee well-being, turnover, and other aspects of the work (United States Fire Administration, 1999).

Variation of Job Responsibilities

- Create opportunities and procedures for employees to vary their duties and alleviate heavy caseloads (Bell, Kulkarni, and Dalton, 2003; White, 2006; Slatten, Carson, and Carson, 2011).

- Rotate frontline and coverage responsibilities (Bell, Kulkarni, and Dalton, 2003; White, 2006; Slatten, Carson, and Carson, 2011).

Employee Empowerment and Work Environment

- Ensure that employees have a safe and comfortable physical environment in which to work (Bell, Kulkarni, and Dalton, 2003; White, 2006).

- Promote a culture of caring and emotional and social support from peers and supervisors (Bell, Kulkarni, and Dalton, 2003; Meichenbaum, 2007).

- Implement support measures that foster connection and cohesion among employees. These may include formal debriefing (e.g., critical incident stress management), informal debriefing, peer or professionally facilitated peer support groups, and planned social interactions, among other activities (Bell, Kulkarni, and Dalton, 2003; Adams, Shakespeare-Finch, and Armstrong, 2015).

- Develop a diverse workforce whose members value and respect differences and enhance peer resources for employees.

Training and Professional Development

- Include education about VT during new staff orientation (Bell, Kulkarni, and Dalton, 2003).

- Provide ongoing education to new and current employees about VT, including its negative consequences and strategies for addressing them (Bell, Kulkarni, Dalton, 2003; Newell and MacNeil, 2010; White, 2006; Meichenbaum, 2007; Guarino et al., 2009).

- Encourage and support employee participation in continuing education opportunities, including workshops and conferences to strengthen professional practices and to improve responses to vicarious trauma (Bell, Kulkarni, and Dalton, 2003; Bell and Jenkins, 1993; Pearlman and McKay. 2008).

- Promote collaborations with other organizations working with victims of trauma and violence for additional information sharing and social support (McCann and Pearlman, 1990).

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