

Guidelines for a Vicarious Trauma-Informed Organization

Supervision

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/>.

(NOTE: Although these guidelines were created by a victim services organization, they contain insights and practices that first responder organizations can modify for their own use.)

Regardless of their role, all workers in a victim services organization are exposed to trauma and are at risk for the negative effects of VT. Supervision has been shown to be effective at decreasing the negative effects of exposure to the trauma experiences of others on staff and helping to mitigate turnover, burnout, and low morale. (Bell, Kulkarni, and Dalton, 2003; Middleton and Potter, 2015). In a vicarious trauma-informed organization, supervisors have the requisite knowledge and skills to help their staff and volunteers address VT.

Recommendations for Vicarious Trauma-Informed Supervision

Create a Safe Space for Addressing Vicarious Trauma

- Design a workplace that is safe, fosters collaboration, demonstrates respect for diversity, and acknowledges the importance of addressing VT on a regular basis.

- Affirm the importance of staff and volunteers and the work they do for the organization to advance its mission (Canfield, 2005).
- Provide regularly scheduled supervision that is evaluated by both the supervisor and the employee or volunteer.
- Acknowledge staff differences (e.g., in culture, race, identity, gender, survivor status, work experience) and discuss how they inform one's work and experience of VT.
- Openly discuss exposure to trauma and the resources available to help employees and volunteers address VT.
- Ensure that any discussion of the trauma history of a staff member or volunteer is solely to identify its potential impact on their work and their risk for vicarious traumatization.

Manage Workload and Expectations

- Monitor staff and volunteer workloads and jointly set realistic expectations for meeting clients' needs including, but not limited to, extra time for non-English speaking clients, time for writing notes, formal and informal meetings, stress-reducing and self-care activities, and time off (Schauben and Frazier, 1995).
- Attend to the "whole person," understanding the employee's client caseload, other life stressors, and symptoms of vicarious traumatization (Cerney, 1995; Trippany, Kress, and Wilcoxon, 2004).
- Offer staff and volunteers opportunities to have a wide range of cases and other work responsibilities (e.g., varied types of cases, policy advocacy, training, outreach).
- Offer opportunities for professional development through participation at conferences, trainings, and community meetings that also strengthen collaborations.
- Represent the organization on committees and task forces that address systemic issues.
- Discuss macro issues that impact both the supervisor and employee or volunteer (e.g., lack of critical resources for clients, lack of adequate staffing).
- Remind staff and volunteers of the important contributions they make for clients despite limited resources.

Identify and Address Warning Signs

- Be familiar with the warning signs of vicarious traumatization (Yassen, 1995) including, but not limited to—
 - disengagement from work, colleagues, and supervisor;
 - anger at clients;
 - changes in interpersonal relationships (e.g., less compassionate and patient, more irritable and negative);
 - incomplete or late paperwork; and
 - no recent time off or vacations.
- Discuss any warning signs you see with the employee or volunteer (“I have observed these things—have you?”), with a focus on introducing effective coping strategies.

Support Supervisors

- Recognize the organization’s responsibility to its supervisors by addressing their needs as they manage the impact of VT on their staff and volunteers.
- Provide opportunities for supervisors to attend trainings about both supervision and strategies for addressing VT.
- Create forums for supervisors to use to debrief and discuss challenging issues with their staff and volunteers.
- Ensure that supervisors have varied workloads and supervise a reasonable number of staff and volunteers.

References

Bell, Holly, Shanti Kulkarni, and Lisa Dalton. 2003. “Organizational Prevention of Vicarious Trauma.” *Families in Society: The Journal of Contemporary Social Services* 84(4): 463–470.

Canfield, Julie. 2005. “Secondary Traumatization, Burnout, and Vicarious Traumatization: A Review of the Literature as It Relates to Therapists Who Treat Trauma.” *Smith College Studies in Social Work* 75(2): 81–101.

Cerney, Mary S. 1995. “Treating Heroic TREATERS.” In *Compassion Fatigue: Coping With Secondary Traumatic Stress Disorder in Those Who Treat the Traumatized*, edited by C. Figley, 131–149. New York: Brunner/Mazel.

Knight, Carolyn. 2013. “Indirect Trauma: Implications for Self-Care, Supervision, the Organization, and the Academic Institution.” *The Clinical Supervisor* 32(2): 224–243.

McCann, Lisa I., and Laurie Ann Pearlman. 1990. “Vicarious Traumatization: A Framework for Understanding the Psychological Effects of Working With Victims.” *Journal of Traumatic Stress* (3): 131–149.

Middleton, Jennifer S., and Cathryn C. Potter. 2015. “Relationship Between Vicarious Traumatization and Turnover Among Child Welfare Professionals.” *Journal of Public Child Welfare* 9(2): 195–216.

Newell, Jason M., and Gordan A. MacNeil. 2010. “Professional Burnout, Vicarious Trauma, Secondary Traumatic Stress, and Compassion Fatigue.” *Best Practices in Mental Health* 6(2): 57–68.

Pearlman, Laurie Ann, and Karen 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.

Schauben, Laura J., and Patricia A. Frazier. 1995. “Vicarious Trauma: The Effects on Female Counselors of Working With Sexual Violence Survivors.” *Psychology of Women Quarterly* 19: 49–64.

Trippany, Robyn L., Victoria E. White Kress, and S. Allen Wilcox. 2004. “Preventing Vicarious Trauma: What Counselors Should Know When Working With Trauma Survivors.” *Journal of Counseling and Development* 82(1): 31–37.

Vicarious Trauma Institute. 2015. “What Is Vicarious Trauma?” Accessed April 26, 2016. www.vicarioustrauma.com/whatis.html.

Yassen, J. 1995. “Preventing Secondary Traumatic Stress Disorder.” In *Compassion Fatigue: Coping With Secondary Traumatic Stress Disorder in Those Who Treat the Traumatized*, edited by C. Figley, 178–208. New York: Brunner/Mazel.

This product was produced by Northeastern University’s Institute on Urban Health Research and Practice, in collaboration with the Boston Area Rape Crisis Center, and supported by grant number 2013-VF-GX-K011, awarded by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this product are those of the contributors and do not necessarily represent the official position or policies of the U.S. Department of Justice.

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