ECHO IDAHO

Healthcare Vitality

Vicarious Resilience and Tools for a Trauma-informed Organization

Camille A. LaCroix, MD, DLFAPA
Owner, Forensic Psychiatry Services of Idaho
Medical Director, BPA Health
Clinical Assistant Professor, UWSOM Department of Psychiatry
Distinguished Life Fellow of the APA
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University of Idaho
School of Health and Medical Professions

Project ECHO®

Learning Objectives

- define vicarious trauma, vicarious resilience and associated work-related stress terms;

- discuss the impact of vicarious trauma on organizations; and

- identify particular trauma-informed strategies that enhance both individual and organizational resilience.

Poll….

Respond in the chat or raise your virtual hand if you feel that your organization is a VICARIOUS trauma-informed workplace:

1. Completely!
2. Somewhat.
3. Trying…
4. Unsure?

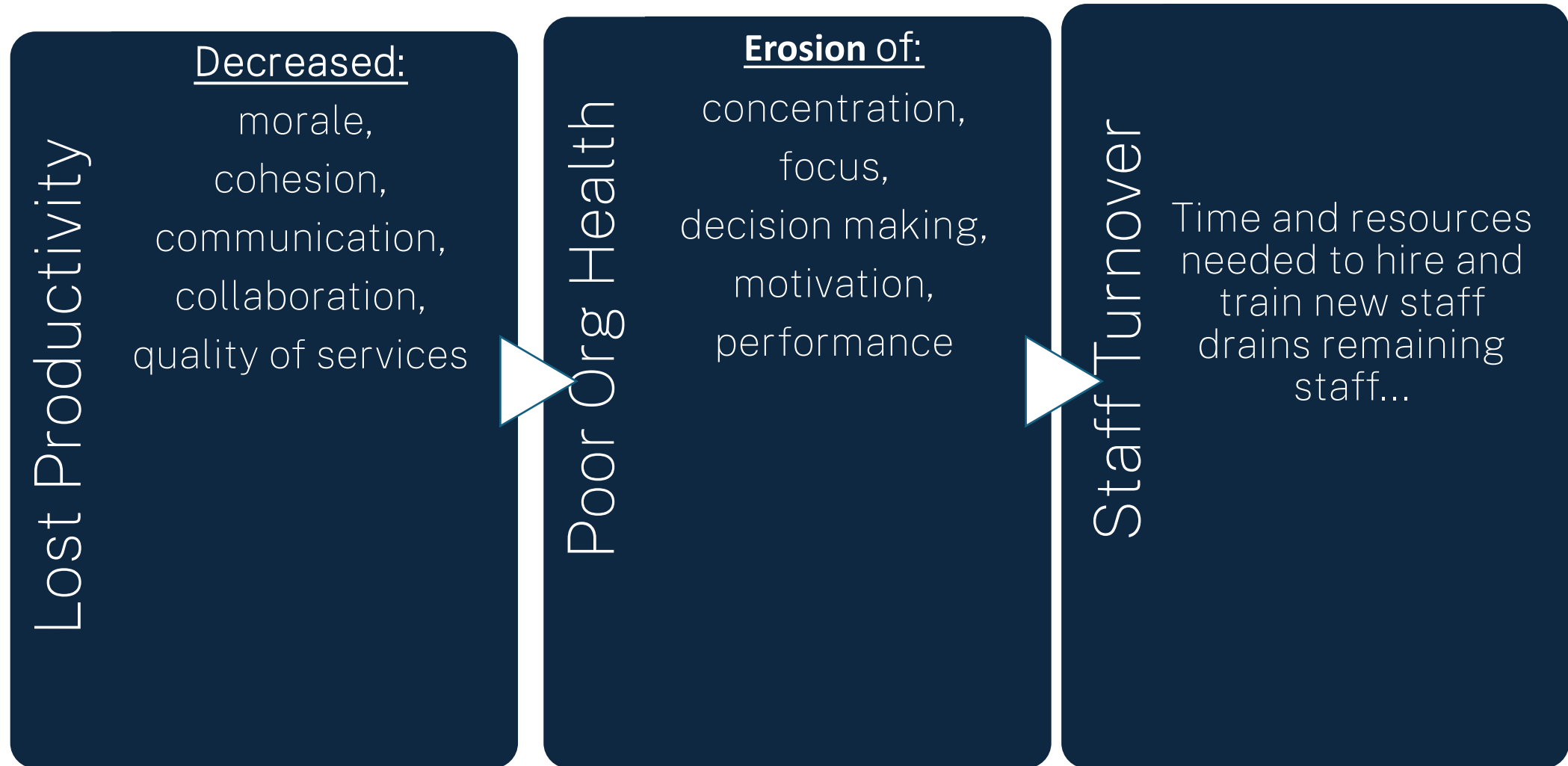# Vicarious Trauma and a VT-Informed Organization

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 has been shown to change the worldview of responders and can also put individuals and organizations at risk for a range of negative consequences.

A *vicarious trauma-informed organization* recognizes these challenges and assumes the responsibility for proactively addressing the impact of vicarious trauma through policies, procedures, practices, and programs.

Prevalence of Vicarious Traumatization among First Responders

- Across sectors, 40–80 percent of helping professionals experience high rates of secondary trauma.

- Among 28 global studies of PTSD, rescuers (fire fighters, ambulance personnel, police, search and rescue teams) had a prevalence rate of 10 percent compared with 4.4 percent within the general population in developed countries.

- Prevalence studies show rates of symptoms among first responders are much higher than 10 percent.

What Happens When Organizations Don't Address Vicarious Trauma?

Lost Productivity

Decreased:

morale,

cohesion,

communication,

collaboration,

quality of services

Poor Org Health

Erosion of:

concentration,

focus,

decision making,

motivation,

performance

Staff Turnover

Time and resources needed to hire and train new staff drains remaining staff…

Examples of Vicarious Traumatization: Personal

- Physical
  - Rapid pulse/breathing, headaches, impaired immune system, fatigue, aches

- Emotional
  - Feelings of powerlessness, numbness, anxiety, guilt, fear, anger, depletion, hypersensitivity, sadness, helplessness, severe emotional distress or physical reactions to reminders

- Behavioral
  - Irritability, sleep and appetite changes, isolate from friends and family, self destructive behavior, impatience, nightmares, hypervigilance, moody, easily startled or frightened

- Spiritual
  - Loss of purpose, loss of meaning, questioning goodness versus evil, disillusionment, questioning prior religious beliefs, pervasive hopelessness

- Cognitive
  - Diminished concentration, cynicism, pessimism, preoccupation with clients, traumatic imagery, inattention, self doubt, racing thoughts, recurrent and unwanted distressing thoughts

- Relational
  - Withdrawn, decreased interest in intimacy or sex, isolation from friends or family, minimization of others' concerns, projection of anger or blame, intolerance, mistrust

(Adapted from J. Yassen in Figley, 1995)

Examples of Vicarious Traumatization: Professional

- Performance
  - Decrease in quality/quantity of work, low motivation, task avoidance or obsession with detail, working too hard, setting perfectionist standards, difficulty with inattention, forgetfulness

- Morale
  - Decrease in confidence, decrease in interest, negative attitude, apathy, dissatisfaction, demoralization, feeling undervalued and unappreciated, disconnected, reduced compassion

- Relational
  - Detached/withdrawn from co-workers, poor communication, conflict, impatience, intolerance of others, sense of being the "only one who can do the job"

- Behavioral
  - Calling out, arriving late, overwork, exhaustion, irresponsibility, poor follow-through

(Adapted from J. Yassen in Figley, 1995)

VT Risk Factors:

Personal

- Trauma history
- Pre-existing psychological disorder
- Young age
- Isolation, inadequate support system
- Loss in last 12 months

Professional

- Lack of quality supervision
- High percentage of trauma survivors in caseload
- Little experience
- Worker/organization mismatch
- Lack of professional support system
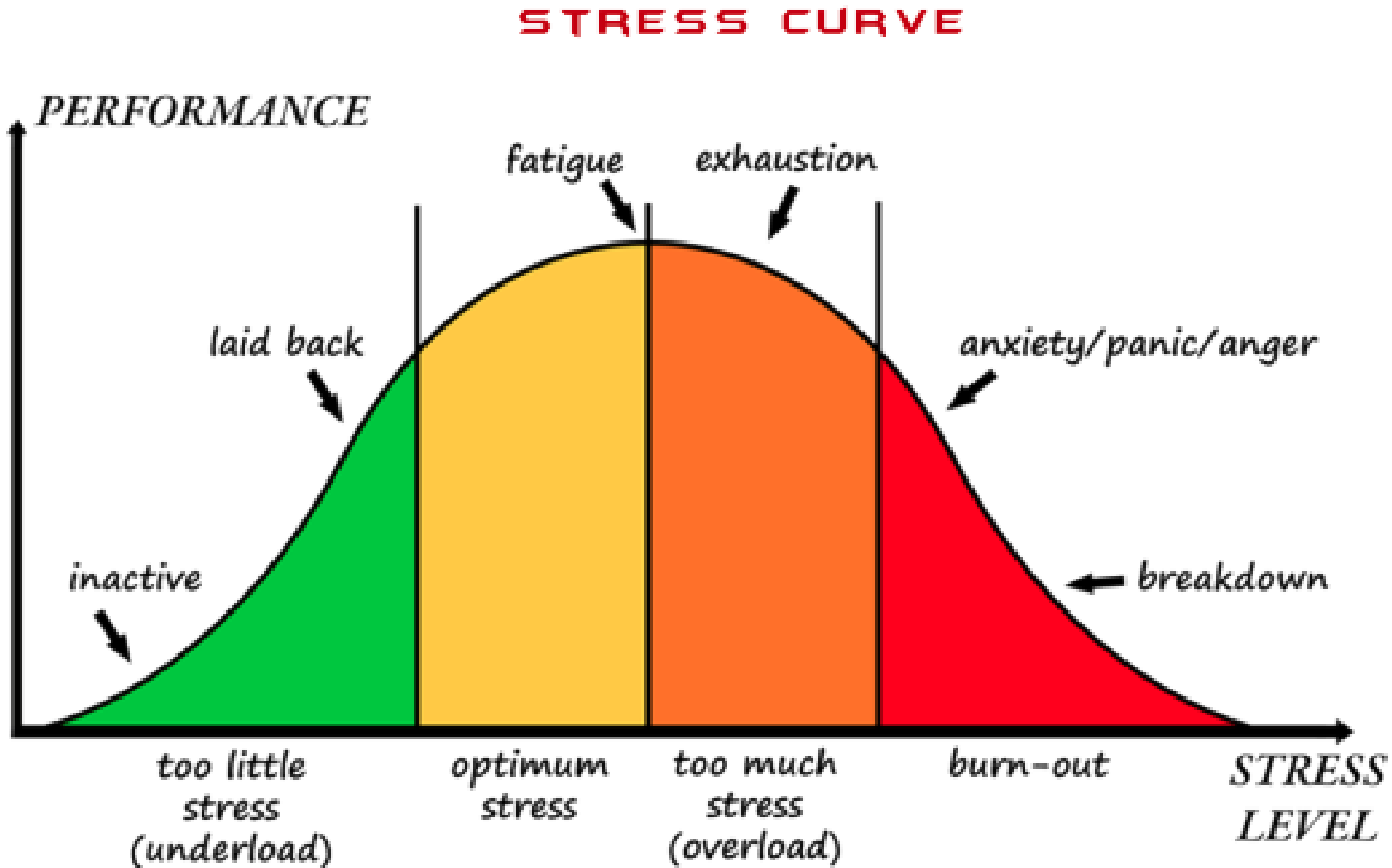- Inadequate orientation and training

(Bonach and Heckert, 2012; Slattery and Goodman, 2009; Bell, Kulkarni, et al, 2003; Cornille and Meyers, 1999)

TERMINOLOGY

STRESS

- Acute
- Chronic
- Traumatic stress

VICARIOUS TRAUMA

- Critical incident stress
- Vicarious traumatization
- Secondary traumatic stress
- Compassion fatigue
- Burnout

The Stress Curve

Traumatic Events:

Human
Homicide
Sexual Assault
Assault/attack
War

Natural
Hurricane
Earthquake
Flood
Fire

On the job
Fight or physical attack
Threat of physical harm
Accident

Work-Related Trauma Exposure:

- Vicarious Trauma

- Compassion Fatigue

- Secondary Traumatic Stress

- Indirect Trauma

- Empathic Strain

- PTSD

- Critical Incident Stress

- Burnout

Possible Contagion Warning

Enter At Own Risk

Work-Related Trauma Exposure

DIRECT exposure to trauma

- Post Traumatic Stress Disorder (PTSD)
- Post Traumatic Stress Symptoms
- Critical Incident Stress

INDIRECT exposure to trauma

- Post Traumatic Stress Disorder DSM-V, 2013)
- Post Traumatic Stress Symptoms
- Empathic Strain
- Secondary Traumatic Stress Symptoms
- Vicarious Traumatization
- Compassion Fatigue

Acknowledging the Positive:

Compassion Satisfaction, Vicarious Resilience & Transformation

Resilience and Transformation Terms:

- **Resilience** is the process of adapting well in the face of adversity, trauma, tragedy, threats, or significant sources of stress, such as family and relationship problems, serious health problems, or workplace and financial stressors.

- **Compassion satisfaction** refers to the pleasure derived from work, including feeling positively about the meaningfulness of one's contribution to the work and/or to the greater good of society.

- **Vicarious resilience** is a process of learning about overcoming adversity from a trauma survivor and the resulting positive transformation and empowerment experienced through witnessing the survivor's empathy and interaction.

- **Vicarious transformation** is an ongoing, intentional process that results in a deepened sense of connection with others, a greater appreciation in one's life, and a greater sense of meaning and hope.

Vicarious resilience

Involves the process of learning about overcoming adversity from the trauma survivor and the resulting positive transformation and empowerment through their empathy and interaction.

(Hernandez, Gangsei, and Engstrom, 2007)

Impact of Vicarious Resilience

- Greater perspective and appreciation of own problems

- More optimistic, motivated, efficacious, and reenergized

- Increased sense of hope, understanding, and belief in the possibility of recovery from trauma and other serious challenges

- Profound sense of commitment to, and finding meaning from the work

(Hernandez, et al, 2007; Engstrom, et al, 2008)

Building Vicarious Resilience

Mindful and experiential reflection and dialogue on the following questions can help access VR:

- Clients who have experienced traumatic events and who suffer from traumatic stress impact us in many ways. How have you been impacted?
- How do you benefit from the trauma work you do with your clients?
- Explore your own ways of overcoming personal adversities and consider the lessons you have learned from those experiences.
- Is there someone who you regard as a "hero/heroine" because of her/his overcoming trauma/adversity and who has been an inspiration for you?
- Is there a community that you admire because of its overcoming trauma/adversity and that has been an inspiration for you?
- How did this person/community overcome adversity/trauma?
- What did you learn about change from this person/community?
- How do you carry the learning from this legacy into your work?

(Hernandez, 2007 and Killian, 2017)

Vicarious Trauma-Informed Organizations

- Proactively address the existence and impact of vicarious trauma on their staff and

- accomplish this through policies, procedures, practices, and programs to

- mitigate the risk of negative consequences for employees, the organization as a whole, and the quality of services delivered.

The VTT and VT-ORG

The Vicarious Trauma Toolkit (VTT) is an online, state-of-the-art, evidence-informed toolkit to support agencies' responses to vicarious trauma in victim assistance professionals, law enforcement officers, **firefighters, EMS, and other first responders who work with victims of crime.**

Learn more about the VTT and the Vicarious Trauma Organizational Readiness Guide (VT-ORG) at https://vtt.ovc.ojp.gov/.

Office for Victims of Crime

OVC

"Putting Victims First"

Vicarious Trauma Toolkit Model
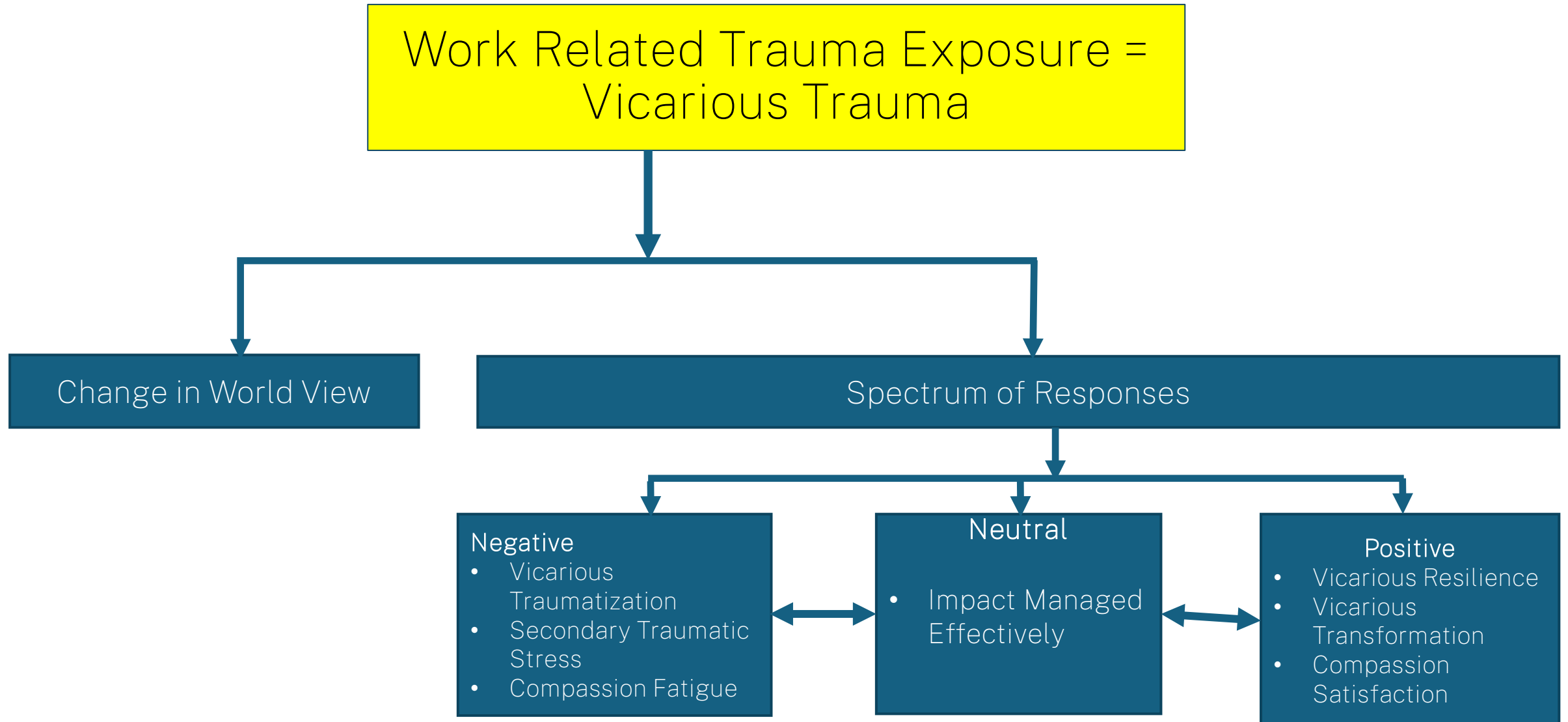
Five Organizational Strategies in VTT Model

- Leadership and Mission (LM)
  - Effective leadership, clarity, and alignment with mission

- Management and Supervision (MS)
  - Clear, respectful, quality, inclusive of VT

- Employee Empowerment and Work Environment (EEWE)
  - Promotes peer support, team effectiveness

- Training and Professional Development (TPD)
  - Adequate, ongoing, inclusive of VT

- Staff Health and Wellness (SHW)
  - Devotes priority and resources to sustaining practices

Blueprint for a Vicarious Trauma-Informed Organization

1. **Lay the foundation for success**
   - Leadership support, designated individual or team to implement

2. **Assess current organizational capacity for addressing vicarious trauma**
   - Use the VT-ORG to determine organizational readiness with scoresheets

3. **Determine priorities and an action plan**
   - Review within the 5 areas of organizational health and choose highest priority

4. **Explore the VTT for resources to implement your plan**
   - There are over 500 on the website

Implementing the VT-ORG

You can implement the VT–ORG in ways that are unique to your organization's size, structure, and needs, such as—

- distributing the VT–ORG agency-wide to staff at all levels;
- administering the VT–ORG first to only one division, to gather feedback before launching it organization-wide;
- having management use the VT–ORG to determine where to start;
- using the VT–ORG as a conversation starter at a staff meeting or other forum;
- convening a roundtable discussion with representatives from varying levels of the organization;
- creating an advisory group with staff representation from varying levels of the organization; and/or
- developing your own process for using the VT–ORG

How to use results of the VT-ORG

After completing the VT–ORG—
- share the findings of your assessment of strengths in the five areas of organizational health;
- discuss gaps in your capacity to be a vicarious trauma informed organization;
- identify the change agents who can best address gaps (e.g., senior leadership, human resources, union representatives, peer leaders);
- prioritize and map out next steps;
- explore the Compendium of Resources and locate tools to meet your needs;
- collaborate to put the plan into action; and
- evaluate efforts to become more vicarious trauma informed.

Compendium of Resources

Topics include:

Chaplains, communication, compassion fatigue, critical incidents, employee assistance program (EAP), eye movement desensitization and reprocessing (EMDR), employee victim assistance program (EVAP), exercise, family support, impact, interventions, mass violence, mental health, mindfulness, organizational strategies, peer support, prevalence, resilience, risk factors, secondary traumatic stress, supervision, and work culture.

Need Help Implementing VTT?

- TEND Road Map Program and Toolkit
- https://www.tendacademy.ca/the-roadmap-to-organizational-health/

Who is TEND?

TEND provides education and consulting to complex workplaces. Since 2002, our team of experienced professionals from the fields of mental health, organizational health, and resilience integration have trained thousands of helping professionals around the world.

TEND related books
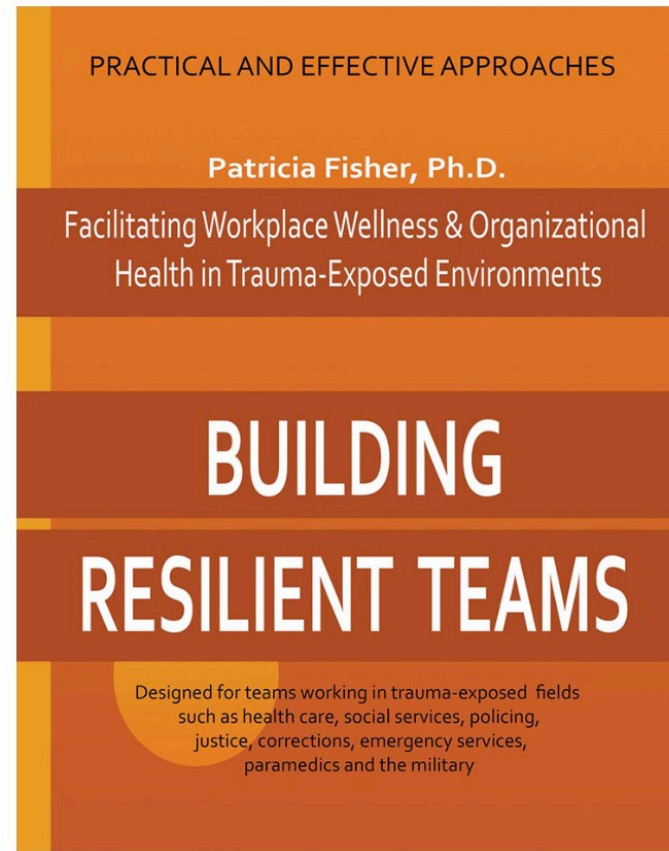
Questions/Discussion

Case Presentation: organizational issues

An independent rural hospital system has hired a consultant due to high staff turnover, especially in the Emergency Department, and concerns about systemic issues that may need to be addressed.

Leadership indicates that staff turnover has been related to various reported factors such as staff dissatisfaction with shift hours, inconsistent supervision and leadership due to short staffing and constantly training and utilizing new hires or locums staff.

Employee supervision has also become difficult due to lack of policies and guidance for addressing problematic staff behaviors such as unprofessional attitudes, concerns for lack of ownership and responsibility at work and inconsistent attendance and performance at the job. Stress for supervisors is at an all-time high and overall job satisfaction scores are low amongst front-line staff.

Case presentation: consultant interventions

The consultant implements staff and leadership surveys that indicate presence of factors that contribute to increased risk of vicarious trauma in employees as well as reduced productivity, joy and satisfaction in work.

The consultant recommends the Vicarious Trauma Toolkit (VTT) as a method of assessing the issues and developing an action plan. All staff are administered the Vicarious Trauma Organizational Readiness Guide (VT-ORG) and utilize the EMS version as it is closest to the needs of the hospital system vs. the fire, law enforcement and victim services assessments.

Case Presentation: VT-ORG

The consultant has all ED staff complete a Vicarious Trauma-Organizational Readiness Guide (VT-ORG), which asks questions about 5 key areas:

1. Leadership and Mission (LM)
2. Management and Supervision (MS)
3. Employee Empowerment and Work Environment (EEWE)
4. Training and Professional Development (TPD)
5. Staff Health and Wellness (SHW)

The consultant recommends starting with a review of Management and Supervision (MS) results given leadership concerns.

The following slide includes the Management and Supervision responses of the Head Charge RN in the ED.

Management and Supervision

To fulfill their obligation to lessen the impact of vicarious trauma, managers and supervisors in vicarious trauma-informed organizations foster supportive relationships based on inclusivity, mutual respect, and trust; promote policies and practices that lessen the negative impact of the work; seek out and support staff following critical or acute incidents; and conduct performance evaluations that include discussions of vicarious trauma.

In answering the following questions, consider the past 6 months in your organization.	1 = Never	2 = Rarely	3 = Some-times	4 = Often	5 = Always	N/A
1. My organization uses a protocol to address—						
a. critical incidents;		X				
b. organizational/administrative stress;	X					
c. line-of-duty deaths;	X					
d. specific concerning behaviors (e.g., low morale, substance abuse, absenteeism).			X			
2. My organization sponsors a critical incident stress management team (CISM/CIST/CISD).			X			
a. My organization's critical incident team is well-utilized.		X				
3. My shift supervisors are readily accessible to support staff members following a critical or acute incident.			X			
4. I meet individually with my supervisor.				X		
5. Meetings with my supervisor provide a forum for addressing cumulative or critical incident stress.	X					

Case Questions

1. What personal level issues are you concerned about in this ED staff and supervisor, e.g. VT, secondary traumatic stress, compassion fatigue?

2. What organization level issues can you identify in the results of the MS questionnaire?

3. Do you agree with the consultant recommendation to distribute the VTT-ORG to only the ED staff? Why or why not?

4. What next steps would you take (assuming you are in leadership) to address the identified issues for the individual as well as the organization?

5. Let's look at the VTT approach to these issues.

What does the research/literature say about Management & Supervision Issues?

Supervisor and coworker support are important mechanisms for effective functioning and guidance. **Peer support programming, critical incident stress management (CISM),** and **family support** in the aftermath of critical incidents have proved effective in responding to [posttraumatic stress disorder](#) (PTSD) and vicarious trauma (Everly, Boyle, and Latting 1999). For example, emergency medical technicians who responded to the Los Angeles riots in 1992 reported fewer symptoms of PTSD after participating in a critical incident stress debriefing (CISD) (Wee et al. 1999).

Research Literature Continued....

Written policies and **established programs** help define the standard of practice that guides an organization's **consistent response** to its staff. They also **remove stigma** and **feelings of subjectivity** by **delineating which staff** will be asked to employ which strategies or programs and under what circumstances. In the first responder fields, **standard orders and protocols** such as CISD provide clear guidance and expectations for responding to staff in the aftermath of a critical incident. In their study, Bober and Regehr (2006) found that the **<u>primary predictor of vicarious trauma is the number of hours per week staff work with traumatized individuals</u>**. Therefore, organizations can reduce trauma exposure among their staff by developing strategies to **distribute the workload**.

Featured Tools from the Compendium on Management & Supervision

- [Human Resource Guidelines for a Vicarious Trauma-Informed Organization](#)

- [Supervision Guidelines for a Vicarious Trauma-Informed Organization](#)

- [Employee and Volunteer Assistance Program Guidelines For a Vicarious Trauma-Informed Organization](#)

VT-Informed Supervision: Create a Safe Space for Addressing VT

- 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.

VT-Informed Supervision: 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.

VT-Informed Supervision: 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.

VT-Informed Supervision: 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.

More Resources for Management and Supervision

- Living in Critical Times: The Impact of Critical Incidents on Frontline Ambulance Personnel—A Qualitative Perspective

- A Guide to Managing Stress in Crisis Response Professions

- Arlington County Fire Department, Standard Operating Procedure A.48/Cat 3: Traumatic Exposure Recovery Program (TERP)

- An Intervention for Reducing Secondary Traumatization and Improving Self-Efficacy in Well Baby Clinic Nurses Following War and Terror: A Random Control Group Trial

- Fire/Emergency Medical Services and Coping Methods: Mitigating Traumatic Stress Symptomatology in Emergency Service Professionals

Key Points

- Traumatic events and ongoing exposure to vicarious trauma can affect staff morale, teamwork, and internal and external relationships.

- Addressing VT will strengthen the workforce, improve services and relationships, and create a forward-thinking workplace culture.

- The financial impact of not addressing VT is often significant and can result in increased staff turnover, time off, substance abuse, and reduced levels of staff efficacy.

- Agencies and organizations must get ahead of the curve, be innovative, and use evidence-based strategies to address VT and increase VR.

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