Leaders Navigating Turbulence: Transforming Vicarious Trauma for a Resilient Workforce

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Introduction

"The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet."

- Remen 2016

Vicarious trauma (VT) -

- Coined by Pearlman & Saakvitne (1995) to describe the profound shift in world view that occurs in helping professionals when they work with patient who have experienced trauma
- Cumulative transformative effect of <u>repeated</u> exposure to secondary traumatic life events
- Patients may be diagnosed with a trauma-spectrum d/o with symptoms possibly manifesting in the provider, particularly cognitive and behavioral.



Trauma Exposure Response

Emotional Symptoms: Anxiety, "exhaustion", sadness, irritability, fear or numbness.

Cognitive Symptoms: Difficulty concentrating, memory issues, preoccupation, heightened sense of vulnerability, or confusion.

Physical Symptoms: Fatigue, headaches, or gastrointestinal problems.

Behavioral/relational Symptoms: Withdrawn, projection of anger or blame, intolerance, mistrust **Spiritual:** loss of purpose, disillusionment, pervasive hopelessness

Overlap between VT, STS, Burnout, Compassion Fatigue

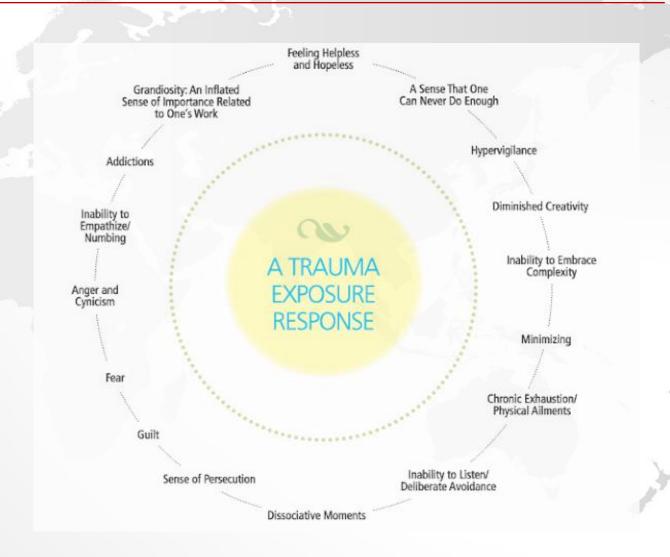


Understanding Vicarious Trauma

VT, Burnout and Compassion fatigue – complementary terms yet different constructs

VICARIOUS TRAUMA: A child welfare worker finds herself not wanting to let her daughter out of her sight after taking the position sixmonths prior because she feels the world is not safe for children.

May begin to experience symptoms that mirror PTSD



Understanding Vicarious Trauma

Occupational Hazard: victim services, emergency medical services, fire services, law enforcement, healthcare providers (particularly mental health and primary care practitioners)

Pertinent settings for mental health practitioners: any though working with certain populations like refugee/asylum seekers, forensics, and settings like a community health center at much higher risk!

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

Impact of Vicarious Trauma on the Workforce

Increased turnover —> recruiting costs, on-boarding/training
Decreased productivity
Poor Organizational Health
Lower quality of care





Risk Factors

Organizational

- Unrealistic expectations
- Management style
- Inadequate orientation, training and supervision
- Constant and intense exposure to trauma with little or no variation in work tasks
- Lack of an effective and supportive process for discussing traumatic content of the work
- Inappropriate demands
- Negative work environment

Individual

- Trauma history, particularly unresolved
- Social isolation, both on and off the job
- A tendency to avoid feelings, withdraw, or assign blame to others in stressful situations
- Difficulty expressing feelings
- Newer employees; less experienced at their jobs
- Counter-transference: Over-identification; trouble maintaining boundaries

Pillars of a Vicarious Trauma-Informed Organization

Leadership and Mission Management and Supervision **Employee Empowerment and Work Environment** Training and Professional Development Staff Health and Wellness

Role of Leadership in Addressing Vicarious Trauma

<u>Trauma-informed key leadership actions to enhance organizational</u> culture:

- Reflecting on one's own style
 - Key components of resilient leader:
 Self-awareness, core values, effective communication

"One of the reasons that resilient leaders are so effective is that they understand the importance of facing fear, particularly the fear of change. They found that leader resilience is "a facilitator of change, along with a means of quick recovery."

- Laura Hills, DA

Role of Leadership in Addressing Vicarious Trauma

Key questions to ask:

- 1. Do we understand how our staff defines psychological safety?
- 2. How do we demonstrate transparency?
- 3. What do we do to help peers support each other?
- 4. Do we provide an atmosphere that supports collaborative and mutual decision making or is everything top down?
- 5. How do we channel the great experiences of our staff?
- 6. What do we do to develop and empower our workforce?
- 7. Do we support failures as a stepping stone to learning and success?
- 8. Do our policies and protocols incorporate racial, ethnic, cultural, and individual needs?

Papa A, Robinson K. Leadership and Trauma-Informed Care: Working to Support Staff and Teams. J Emerg Nurs. 2023 Mar;49(2):172-174

Trauma-informed key leadership actions to enhance organizational culture

- Reflecting on one's own style
- Recognizing signs of VT in employees
- Creating a supportive culture open lines of clear and respectful communication
- Creating opportunities for training and education
- Providing Quality Supervision/mentoring
- Debriefing staff
- Workload Management diverse caseload, adequate resources
- Encouraging Peer Support effective communication skills, fostering trust in mutual relationships, model conflict resolution, emphasize collaboration and teamwork

The VTT and VT-ORG

Vicarious Trauma Toolkit (VTT): online, 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.

Vicarious Trauma Organizational Readiness Guide (VT-ORG): 5 scales of organization health to recognize strengths and gaps in existing policies and implementing strategies to support staff well-being.

https://vtt.ovc.ojp.gov/

VT-ORG: Leadership and Mission

| 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. Leadership demonstrates a clear and decisive vision that supports and articulates the mission of the organization. | | | | | | |
| Leadership models, values, and promotes open and respectful communication among staff. | | | | | 12. | |
| 3. Leadership communicates clear and specific information on decision-making throughout the organization (e.g., resource allocation, scheduling, deadlines, implementation of policies and procedures). | | | | | | |
| 4. Leadership proactively addresses vicarious trauma in the organization's long-term vision and strategy. | | | | | | |
| 5. Leadership recognizes and values my role within the organization. | | | | | T. | |
| 6. Leaders model a healthy work/life balance. | | | | | | |
| 7. Leadership communicates and enforces a no-tolerance policy concerning— | | | | | | |
| a. sexual harassment; | | | | | | d, |
| b. workplace violence, including bullying/hazing; | | | | | | |
| c. intimate partner violence within or outside of the workplace; | | | | | | |
| d. discrimination based on age, gender, gender identity, sexual orientation, race, religion, ability, etc. | | | | | | |

VT-ORG: Management and Supervision

| 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 staff affected by— | | | | | | |
| a. clients' acute trauma; | | | | | | |
| b. clients' cumulative/chronic trauma; | | | | | 500 | |
| c. organizational/administrative stress; | | | | | | |
| d. specific concerning behaviors (e.g., low morale, substance abuse, absenteeism). | | | | | | |
| 2. My shift supervisors are readily accessible to support staff members following a critical or acute incident. | | | | | | |
| 3. I meet individually with my supervisor. | | | | | | |
| 4. Meetings with my supervisor provide a forum for addressing exposure to trauma. | | | | | | |
| 5. My supervisor reviews my job responsibilities and workload balance (e.g., variety of tasks, number of high-risk cases, call volume). | | | | | 4 | |
| 6. I am able to discuss concerns about the organization or my job with my supervisor(s) without fear of negative consequences. | | | | | | |

VT-ORG: Employee Empowerment and Work Environment

| 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 | |
|--|--------------|---------------|-----------------------|--------------|---------------|-----|---|
| My organization provides opportunities for all staff members to provide input into the— | ε | r | times | | 7 | V | * |
| a. development of programs, practices, and policies; | | | | | | | |
| b. evaluation of programs, practices, and policies. | | | | | | | |
| My organization shows appreciation for employee efforts in meaningful ways (e.g., public recognition, note in personnel file, promotions). | | | | | | | |
| 3. My organization evaluates staff satisfaction, including job duties, organization policies, etc. | | | | | | > _ | |
| 4. When needed, my organization uses a written procedure that provides guidance for quick, effective, and confidential resolution of staff conflict. | | | | | | | |
| 5. My organization shows that respect for each person is highly valued. | | | | | 74 | 7 | |
| 6. Diversity is welcomed, respected, and valued. | | | | | 7 | | P |
| Disparaging comments and other demonstrations of disrespect are not tolerated. | | | | | | | |

VT-ORG: Training and Professional Development

| 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 orients new staff members to their job role and tasks. | 3 0 | | | | | |
| 2. My organization provides training and education to all staff on— | | | | | | |
| a. work-related vicarious trauma and its impact on work performance; | | | | | | |
| b. strategies on how to address work-related stress and vicarious traumatization. | | | | | | |
| 3. My organization provides onsite opportunities for training and professional development. | | | | | | |
| 4. My organization supports attendance at outside meetings and trainings. | | | | | | |
| 5. I am prepared to cover for coworkers who are absent. | () () n | | | | | |
| 6. My organization informs staff about expectations, opportunities, and steps necessary for advancement, including additional training and/or certification requirements. | | | | | | |
| 7. I am encouraged to network and collaborate with coworkers and other organizations. | | | | | | |

VT-ORG: Staff Health and Wellness

| 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. During the hiring and orientation of new staff, supervisors demonstrate their understanding of the risk for vicarious trauma and the importance of both individual and organizational strategies to address it by— | | | | 4 | | |
| a. asking final job applicants to articulate their own coping strategies; | | | | | | |
| b. making final applicants aware of the organization's strategies to reduce the negative impact of the work. | | | | | | |
| 2. My organization offers services that support individual staff members (e.g., employee assistance program, chaplain services, mental health providers). | | | | | | |
| 3. My organization provides opportunities for peers to support one another. | | | | | | |
| 4. My organization conducts exit interviews that include questions related to vicarious trauma and the organization's response. | | | | | | |
| 5. Differentiation between work and non-work hours is recognized and respected. | | | | | | |

Implementation of Trauma-Informed Organizational Practices

- Leadership Commitment: regular communication and engagement with all levels of the organization.
 - 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)
 - Collaborate to put the plan into action
- Comprehensive Training: Provide ongoing training for both clinical and non-clinical staff on recognizing and addressing VT, secondary traumatic stress (STS), and compassion fatigue (CF).
- Safety and Collaboration: Establish a safe environment and foster collaboration within the organization and with external partners to create a supportive network.

Implementation of Trauma-Informed Organizational Practices

Monitoring and Sustaining Change:

- •Evaluation and Progress Monitoring: Implement mechanisms to evaluate and monitor the progress of trauma-informed practices, including regular assessments and feedback loops.
- •Ongoing Feedback: Encourage continuous feedback through QI initiatives from staff and to adjust and improve trauma-informed strategies effectively.

Vicarious Resilience

- Relatively new concept developed by Hernandez, Gangsei, and Engstrom (2007) based on their research with psychotherapists who treated victims of political violence and their family members.
- VR Involves the process of learning about overcoming adversity from the trauma survivor with the resulting positive transformation and empowerment through their empathy and interaction.
- Transforming vicarious trauma growth mindset; identifying ways to nurture a sense of meaning and hope
 - What do you think the difference is between a coping and a transforming activity? Could something help you cope and be transformational at the same time? How?
- Measurements: Connor-Davidson Resilience Scale, ProQOL
- Making a vicarious action plan (organizational and individual Manual through Headington Institute - link in resources)

The Path Forward

- Vicarious trauma is a significant issue that can profoundly affect employees and organizations.
- With proactive leadership and comprehensive strategies, it is possible to transform this challenge into an opportunity for building a resilient workforce.
- Leaders must prioritize mental health and resilience, fostering an environment where employees can thrive despite the inherent stresses of their work.
- By implementing supportive measures and promoting a culture of empathy and understanding, organizations can not only mitigate the effects of vicarious trauma but also enhance overall productivity and morale, thereby impacting staff retention.
- It is time for leaders to take action and ensure that their workforce is equipped to navigate turbulence with resilience and strength.

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Resources

www.headington-institute.org

Manual: "Understanding and Addressing Vicarious Trauma" by Dr. Laurie Ann Pearlman and Lisa McKay.

www.proqol.org

Measures and activities to promote positive professional quality of life.

https://ovc.ojp.gov/program/vtt/what-is-the-vt-org

The Vicarious Trauma Organizational Readiness Guide and Toolkit.

Information about The OVC Training and Technical Assistance Center (OVC TTAC) can be found on this link.

Questions? Reflections...

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