



VICARIOUS TRAUMATISATION

OCCUPATIONAL HEALTH AND SAFETY DRAFT POLICY

DRAFT

POLICY STATEMENT

The organisation recognises the importance of addressing vicarious traumatisation (VT) as an OHS&W organisational issue. Research suggests that VT is an occupational hazard, which is an unavoidable result of undertaking work with survivors of trauma (*Pearlman and Saakvitne 1995*). For the purpose of this policy trauma survivors are defined as; survivors of child sexual assault, rape and sexual assault, and domestic violence. Recognising the effects of working with trauma victims/survivors as VT provides the organisation with a framework that promotes an understanding of the psychological effects of working with trauma survivors, and the impact of a negative and unsupportive work culture on those working with trauma survivors. VT is a process, not an event and can have deleterious, cumulative and prolonged effects on the staff members' identity (*Black & Weinreich 2000*). The effects can also change as the worker becomes more experienced. This policy incorporates both actual and potential occurrences.

The aim of a VT policy is to restrict the impact of VT, promote the health and well being of workers, and provide staff that work with survivors of trauma access to a confidential counselling service, which will reduce the immediate, short term and long-term effects (*Richards 1994*). Research has indicated that the effects of VT can be modified and ameliorated if they are made conscious and addressed proactively (*Sexton 1999*). In addition there is significant evidence that suggests that a negative workplace culture has a detrimental effect on workers, which increases the intensity of VT. In terms of VT it is essential to understand that personal and organisational effects remain connected (*Morrison 1991*).

OBJECTIVES:

- To recognise VT as an organisational issue and establish a framework for addressing actual and potential incidents.
- To minimise the effects of VT on staff by providing a process for the identification and management of VT in the organisational context.

TARGETS/ACHIEVEMENTS:

- Training for managers at all levels on VT which addresses the organisational and manager's responsibility towards workers in relation to the issue
- Staff training at all levels on VT including staff responsibility towards the self/organisation and peers.
- Incorporation of policies and procedures relating to VT into the Orientation Manual.
- Ensuring staff and managers are aware of both internal and external debriefing structures available i.e. Assistance for Staff Policy, Emotional Wellbeing of Staff Policy.

PERFORMANCE INDICATORS:

- **70%** of managers attend training in the first year
- **70%** of staff attend training in the first year
- Incorporation of VT and related processes, reading material and self care information into the organisational orientation manual

REVIEW CRITERIA

At the end of the first year an internal review will be undertaken to ascertain the compliance with the performance indicators, including the adequacy, relevance and appropriateness of the document.

Review period of one year for performance indicators and targets.

ACCOUNTABILITY

- Management of the organisation is/are responsible for ensuring this policy meets organisational and legislative requirements, and reviewing the policy regularly using appropriate processes
- Team leaders are responsible for the implementation and compliance with this policy and procedures at a site level
- Staff are responsible for compliance with the requirements of the policy and should take appropriate steps towards self-care in the work environment.

1. SUPPORTING PRINCIPLES AND/OR DOCUMENTS

- Assistance for Staff Policy (ACCHS 9.2.15)
- Critical Incident Debriefing Policy (ACCHS 10.1.19)
- Emotional Wellbeing of Staff Policy (ACCHS)
- Code of Ethic for Public Service Employees
- Occupational Health, Safety and Welfare Policy (DHS)
- Occupational Health, Safety and Welfare Act (1986) Section 19 and 21
- Occupational Health, Safety and Welfare Regulations 1995, Sections 1.3.1; 1.3.2; 1.3.3; 1.3.4; 1.3.5; 1.3.6.
- Workers Rehabilitation and Compensation Act 1986, Sections 30, 30A, 31.

2. BACKGROUND INFORMATION

The psychological consequences of working with trauma survivors are often referred to as 'burnout' which is "a state of physical, emotional, and mental exhaustion caused by long term involvement in emotionally demanding situations" (*Conrad 2000:7*). 'Transference or counter transference' has also been used to describe the emotional reactions within this work, in addition to secondary traumatic stress, compassion fatigue and worker self care, however, these terms do not adequately address the "affront to the sense of self experienced" by the workers who undertake trauma work (*Black & Weinrich 2001:2*).

This policy utilises the term VT to reflect the impact of working with trauma survivors on the individual's identity and world view (*Pearlman and Saakvitne 1995:152*). VT refers to the lasting emotional and psychological consequences of continual exposure to the traumatic experiences of clients. People who work with survivors of trauma may experience profound effects, effects that can be disruptive and painful which can persist for months or years (*McCann & Pearlman 1990:135*).

3. DEFINITION

Vicarious Traumatization is the cumulative transformative effect experienced by those working directly or indirectly with survivors of trauma. It is a process through which the inner experience of those emphatically engaged with client's trauma material, is negatively altered (*Saakvitne & Pearlman 1995:31*). This material can include graphic descriptions of violent events, exposure to the realities of people's cruelty to one another and involvement in trauma related re-enactments, either as a participant or as a bystander. It includes being a helpless witness to past events and sometimes presents re-enactments. A negative and unsupportive social, cultural and political context towards trauma survivors compounds the issue of VT. VT is not done to workers nor does it reflect the level of competence of the worker, it is an inevitable effect of working with survivors of trauma (*Pearlman and Saakvitne 1995:31*). The effects of VT are present in the staff member's professional and personal life (*Sexton 1999*).

VT is viewed as a normal reaction to extremely stressful work with survivors of trauma. This organisation recognises that there are varying levels of VT, dependant on the specific work role, the level of empathic engagement and the level of responsibility to survivors of trauma. VT can effect administrative staff, researchers, and managers and at different level counsellors or those in direct contact with trauma survivors.

3.1 Research has identified the potential impact on workers as:

- Intrusive imagery – repeated flashbacks or nightmares, images and recollections of traumatic events that won't stop.
- Shift in frame of reference – negative changes to the way in which a worker views the world, their spirituality and identity.
- Disrupted beliefs and interpersonal relationships – feeling a loss of safety, trust, control, intimacy & esteem, which is disruptive to the worker's home and professional life.
- Difficulty managing feelings – increasing difficulty maintaining a sense of self as consistent and coherent across time and situations.
- Difficulty with decision making tools – difficulty with abilities that enable the worker to meet psychological needs and to relate to others, interpersonal.

(McCann & Pearlman 1990, Pearlman & Saakvitne 1995, Sexton 1999)

3.2 Research has identified the potential impact on the organisation as:

- Widespread cynicism and pessimism
- Increased illness or absenteeism
- Ethical or boundary violations
- Reductions in motivation, productivity
- Higher staff turnover
- Decrease in staff morale

(Pearlman & Saakvitne 1995)

4. RESPONSIBILITIES AND PROCEDURES

The Occupational Health and Safety and Welfare Act (1986) requires that all workers play a role in ensuring and maintaining the health and safety of employees including their mental health.

4.1 Some personal strategies that may be used by employees to reduce actual and potential vicarious traumatisation are:

- Self awareness of the impacts of VT
- Talking to someone about your feelings – if you do not feel comfortable talking to your team leader, speak to a colleague or the Occupational Health & Safety representative in your workplace.
- Healthy balance between work, play and rest – avoid long hours, take lunch breaks.
- Self care and self nurturing – for example, massage, meditation, Tai Chi, rest
- Healthy lifestyle e.g. exercise, eat regularly.
- Opportunities for social action – e.g. join a social action group.

4.2 Some professional strategies include:

- Regular ongoing supervision, formal (within the agency) and informal (external to the agency) – e.g. 1 per fortnight dependent on level of staff interaction with survivors of traumatic experiences
- Regular debriefing with colleagues and or supervisor – e.g. setting aside time during the staff meeting specifically for VT issues *(Dane 2000)*.
- Establishment of a peer support network with regular monthly meetings *(Dane 2000)*.
- Setting clear boundaries and limits with clients.
- Manageable caseloads – it is important not to see a caseload filled with survivors of trauma (depending in the agencies level of clientele) a mixture of trauma based and non trauma based clients is preferable, if possible -limit the number of clients that are seen back to back *(Etherington 2000)*.
- Balanced workload, for example balance case work with training, project work and research *(Etherington 2000)*

(Saakvitne and Pearlman 1995)

4.3 Some organisational strategies include:

- Organisation to set up regular time slots for supervisory activities ideally weekly (dependent on level of trauma clientele) with:
 - Line manager
 - Peer support and debriefing
 - Case conferencing
- Ensure the provision of adequate ongoing clinical supervision (external to the agency) (*Etherington 2000, Steed & Bicknell 2001, Sexton 1999, Carmody 1991*).
- Ensure the provision of adequate time for case conferencing
- Agency agenda for worker's participation in social action.
- Continuing professional development and funding for professional development including seminars, conferences, and training (*Dane 2000, Steed & Bicknell 2001*).
- Creating an environment of support for all workers
 - Time and space provided within the organisation for open non judgmental discussion on the issue of VT and the effects
 - A space or room provided on site away from clientele for workers to take some time out if necessary during the working day.
 - Setting clear organisational expectations about the availability of workers – e.g not a crisis service
 - Encourage setting limits – e.g. overwork, too many clients a day, too little time between sessions, being available on the phone any time, no out of hours work (without prior arrangement), not giving out personal phone number or address.
- Open and supportive work culture to the issue of vicarious traumatisation
- Flexible working arrangements to minimise the impact of VT – manageable case loads (some control by worker over size of case load), a balance of trauma with non-trauma cases (*Etherington 2000*).
- Providing access to confidential and professional staff support services for example EAP.

4.4. Organisational Process for reporting VT

Where a staff member believes they are experiencing VT they should:

1. Undertake personal strategies to minimise the effects (as stated in 4.1)
2. Raise the issue with their line manager and discuss strategies to deal with their concerns
3. Develop work related strategies in consultation with team members to minimise the effects of vicarious trauma.
4. Seek peer support and internal debriefing
5. Record and report the incident using the organisation's Incident/Injury reporting process

NB the term incident indicates a timeframe for the reporting of VT. It is not intended to suggest that VT only occurs after an incident nor that it takes so many incidents before one has experienced VT.

4.5 Organisational process for management of VT?

If a member of the management suspects a staff member is experiencing VT they should:

1. Approach the staff member in a confidential and appropriate manner e.g. formal or informal supervision meeting
2. Acknowledge VT may affect staff and outline issues of concern with the staff member.
3. Discuss possible strategies to assist staff members in dealing with their concerns.
4. Establish with the staff member appropriate method of supervision i.e. line supervision, peer supervision or EAP.

5. Provide the staff member with the appropriate information and assistance to access the support required.
6. Complete Managers/Supervisors section of the Incident/Injury Report.

4.6 Organisational process for ongoing management and control of VT.

1. Every six months staff will elect a senior member/s who will be available for debriefing when necessary.
2. The elected person/s will undergo training specific to VT and debriefing. This training will be funded by or provided by the organisation
3. If the same person is repetitively elected, they must undertake refresher training after each term.
4. The elected person/s will have provision made within their work requirements to undertake the required debriefing with staff.
5. Appropriate information is provided to all staff around access to and use of the staff member/s for debriefing
6. The senior staff member/s elected for debriefing can on behalf of the staff member seeking debriefing discuss further issues with management (if the staff member is not comfortable doing so)
7. Supervisors will conduct regular (6 monthly) and well-organised surveys of the work environment to ensure work practices of all employees are sustained and well supported.
8. Supervisors will listen to staff concerns and enquiries regarding vicarious trauma and act promptly where action is required.
9. Management will review procedures and practices regularly
10. Managers will ensure that all employees including the supervisor and upper managers undertake regular and ongoing supervision and training around the issue of VT.
11. Managers will provide detailed information to all new employees around the issue of VT and instruction regarding organisational, professional and personal strategies for management and identification of VT.

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Please note all references and articles cited here are available on request from Women's Health Statewide, Ph 8239 9600

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