

[Transcript from the Webinar titled, National Crime Victims' Rights Week – Creating a Vicarious Trauma-Informed Organization: Strategies for Success, which was held on April 11, 2018. The archived webinar can be found at [www.ovc.gov/vtt](http://www.ovc.gov/vtt):

**MARY JO GIOVACCHINI:** Good afternoon, everyone, and welcome to today's webinar, "Creating a Vicarious Trauma-Informed Organization: Strategies for Success," hosted by the Office for Victims of Crime. We're going to--actually, before we even dive in to the presentation, we are going to start with our first poll. And the first poll is we would like you to let us know what organization--which of the following organizations closely describes who you work for. The idea of this poll, really, is to let the presenters know who they're speaking with so that they can address questions more appropriately or emphasize certain areas of the presentation. So, again, please let us know if you are associated with law enforcement, corrections, courts, if you're a victim service provider, with health and human services, education, fire/rescue, EMS, or if you happen to not fall into one of those categories, and you belong somewhere else. So, at any time, go ahead and then click on the radio buttons that you'll see on the right-hand side of your screen, and then hit "submit." So, we'll be a little bit quiet here. Actually, while you're doing that, and you're submitting those questions, I'm going to go ahead and I'm going to announce and introduce you to today's presenters.

So, we have two wonderful presenters today. Our first person that will be presenting is Karen Kalergis. Karen spent 22 years in the Victim Service field with the government, nonprofit, and in the university setting and she has served in two critical roles to help address the issues of vicarious trauma. She is the former Project Director of the Resiliency Project at the University of Texas at Austin, and she is currently the Vicarious Trauma Toolkit Production Coordinator. Ms. Kalergis is also a recipient of the prestigious National Crime Victims' Service Award.

Our second presenter today will be Dr. Beth Molnar. Beth is a social and psychiatric Epidemiologist. Dr. Molnar is an Associate Professor in the Department of Health Sciences, and Director of the Ph.D. program in Population Health at the--at Northeastern University. Dr. Molnar is the Principle Investigator of the OVC-funded Vicarious Trauma Toolkit project. So at this time, I am going to turn it over to Karen who will go over the webinar objectives and then she can also discuss the poll results with you. Karen, you are up.

**KAREN KALERGIS:** Opportunity to talk about the Vicarious Trauma Toolkit, Dr. Molnar and I are so excited to be here today to talk about it, you know. We launched the toolkit just about a year ago during Crime Victims' Rights week and it's just so interesting to see so many people that are interested in finding out about this tool. It took about 3 years of a collaborative effort to produce it, and our goal is that organizations like yours would be able to use it to make a difference in the lives of the people that you work with, and the people that you serve.

What we'd like to do in today's webinar is talk about raising awareness about what vicarious trauma is. How it can impact us and our staffs, our colleagues, the people that

we work with. Of course, a big part of it will be to introduce you to the Vicarious Trauma Toolkit, which you will hear us refer to affectionately as the VTT and also to introduce you to the Vicarious Trauma Organizational Readiness Guide, which we shortened to VT-ORG, which is the assessment tool which is part of the toolkit itself, a really exciting new tool that Beth will tell you about. And in the course of this, too, we will talk to you about the process for becoming vicarious trauma-informed. It looks like you're still filling out the poll so I'll let you take a little bit more time to do that. This was when we were going to go to the video.

**MARY JO GIOVACCHINI:** We can go ahead and we can start the video and you can look at the polls while we're doing that.

**KAREN KALERGIS:** Great

[VIDEO START]

**LOIS GLASS:** How vicarious trauma expresses itself can be very different, but what's common is that it impacts a change in how you see the world.

**WILLIAM PETTY:** Vicarious trauma erodes your ability to be present. As Victim Services Professionals, dealing with people who have been traumatized, these are things that we have to constantly be mindful of.

**CHRIS NEWLIN:** Historically, we had an issue where people thought, well, this person is a good fit, or not a good fit for this line of work, or they're strong, or they're weak, and that's not fair to employees.

**SANDRA ELIEN:** Our work was about empowering people to make decisions for themselves, to feel good about themselves, to work on their self-esteem when ours was taking a beating.

**CHRIS NEWLIN:** It's a big shift within our field to assume, yes, it does happen and organizations have a responsibility to take care of their employees.

**VANESSA SEIBALD:** It's important to think about not only who are you serving, but also how is your staff going to be reacting differently than you may expect or trying to communicate with you differently than you may expect.

**LOIS GLASS:** In addressing vicarious trauma, whether it relates to supervision, management, professional development and training, the Vicarious Trauma Toolkit is a great place to start, because it really provides a template for what an organization needs to attend to.

**VANESSA SEIBAD:** It's kind of opened up my mind to different ways of talking about vicarious trauma, different ways of thinking about my own supervision style and what do I need to stay healthy and keep doing this work.

**SANDRA ELIEN:** Because then a space is created to be able to have a conversation about what's difficult about this work, without fear of judgment, without fear of minimization, feeling like you can really be heard.

**REBECCA DREKE:** I think we're making some incredible advancements with recognizing the tool of vicarious trauma in our field.

**JANET YASSEN:** This toolkit is an opportunity to create a better work environment. It's an invitation to really dig a little deeper, to step back, to reflect.

**WILLIAM PETTY:** And to be held accountable for, how well do we take care of our employees who we know we're putting in situations which could adversely affect the quality of the work and the quality of their life.  
[VIDEO END, credits play for 15 seconds.]

**KAREN KALERGIS:** That video is one of two that you can actually see on the toolkit itself. It's a great way to introduce a concept to vicarious trauma. Why we are here. I kind of want to rephrase this right now. The expectation that we can use technology and not think that there could be some problems is probably something we all need to take our breaths on right now. Dr. Rachel Remen was one of the first people to raise the issue about how doing this kind of work can impact us. She pioneered strategies in her field, which was the medical profession. I think this quote from her book, "Kitchen Table Wisdom," aptly describes the victim services setting as well. "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." You know, I sometimes get that quote wrong and I say "expecting to be able to walk on water with getting wet--without getting wet." How many of you feel like walking on water is kind of part and parcel of the job you're being asked to do? What we're trying to do with the toolkit is to provide strategies to organizations that they can use to take care of their staff, so though they might get wet, they will not drown.

Let's start out by taking a closer look at trauma. In our work, we are exposed to two different types of trauma. One is direct trauma and that's defined as an event that includes exposure to actual or threatened death, serious injury, or sexual violence. That's the type of trauma that the people that you work with have experienced. Unfortunately, those of us in victim services and first responder agencies can also suffer direct trauma. Indirect trauma is what you're exposed to at work on a regular basis. This indirect trauma is what the field refers to as vicarious trauma. That is, the exposure to the stories of the trauma experiences of others. This type of exposure can come in different ways. It can come in a single event, or an event of mass violence, like the Oklahoma City bombing, which is commemorated here with a picture from the memorial. While we might think about mass violence or critical incident as the most damaging, cumulative stress is likely to be as potentially problematic over the course of a career. Our exposure is chronic. We are unable to escape it, because this work requires the repeated and persistent exposure to the trauma experiences of others. These day-by-day exposures pile up, one on top of the other.

For the purposes of today's webinar, we are going to use the word vicarious trauma to describe this work-related exposure where we might be seeing the aftermath or hear the story about what happened to a client we're working with. It might be a newer term for some of you. I know many people in law enforcement and first responder agencies, you might refer this more as a critical incident, but we see this exposure as an inevitable occupational challenge. There's no way that you can work with people who have been traumatized without being exposed to their story. First responders and victim service organizations accept this exposure as a regular part of the work, but vicarious traumatization, the negative impacts that come from that exposure can be prevented or managed.

One of the things it comes about from this exposure is a change in world view. As Saakvitne said, "...the transformation or change in a helper's inner experience as a result of responsibility for and empathic engagement with traumatized clients." This change in worldview can be positive or negative, but there is going to be a shift in how we view the world. We might have started out life believing that the world is basically a good, safe, and predictable place to be; that people are basically good. And if I don't take any risks, nothing bad will happen to me. That view of the world is challenged by our ongoing daily exposure to incidents of human cruelty. This change in world view, though, could be positive. Victim service providers and first responders, people in the courts, I saw many of you people who work in the courts and corrections are also on this webinar. Many of you have talked about a positive change from doing this work, being more grateful for you own lives, counting your blessings, finding meaning in the work that you're doing. This shift in world view is thought to be an inevitable and permanent change in people who do this kind of work. But the negative consequences that come from this work are things that are not inevitable. There are things that the organization can do so these negative consequences don't occur.

One of the most serious negative consequences is the diagnosis of PTSD, which can result from exposure to either direct or indirect trauma. In fact, in 2013, the American Psychiatric Association announced a new definition for Post-Traumatic Stress Disorder. In its DSM-V, the manual used by mental health clinicians when making diagnoses, indirect trauma is now included as a qualifying event for clinical diagnosis of PTSD. Another term that is used to describe the negative consequences is Secondary Traumatic Stress, which Figley called "...the natural consequent behaviors and emotions resulting from knowing about a traumatizing event experienced by another, the stress resulting from helping or wanting to help a traumatized or suffering person."

Another term, which Figley was also involved in bringing to us, is compassion fatigue; "a combination of physical, emotional, and spiritual depletion associated with caring for patients in significant emotional pain and physical distress." My first mentor described compassion fatigue as, when this happens to us, we are not our best selves and we are not in the best position to be able to be helping the people that we are there to serve first.

Another term for the negative consequences is burnout, "A state of physical, emotional, and mental exhaustion caused by long-term involvement in emotionally demanding--in emotionally demanding situations." I was really interested as I got more and more into this work of knowing that burnout is not unique to those people working with a traumatized population. Anyone can suffer burnout, and someone who is truly experiencing burnout is not refreshed in the short-term by a weekend or a vacation. In fact, someone who is burnt out is able to address that condition mainly by leaving the work, or doing a completely different aspect of the work in order to return to their own state of health.

So, vicarious trauma is an "occupational challenge" for those working with trauma survivors. Since the beginning of talking about compassion fatigue and vicarious trauma, there has also been this emphasis on what the organization's responsibility is to address it. Munroe, again in 1995, identified that organizations have an ethical mandate or a duty to train where workers are supposed to be taught about the potential negative effects of the work they're doing and how they can cope.

So here is the first polling question. And we have Beth's beautiful cat here, raising its hand like we would like you to raise--not raise your hand, but take a part in the poll here. "Have you witnessed a colleague who was impacted by vicarious trauma in a negative way?" Michelle is going to put the poll out there for us again. We just want you to answer "yes" or "no." "Have you witnessed a colleague impacted by vicarious trauma in a negative way?" I want to read you this quote from a Law Enforcement Officer that participated in our development of the pilot and give you what his response was and observation that he made. Go ahead. You can see the poll there on the right. You all go ahead and enter "yes" or "no," whether you've witnessed a colleague impacted by vicarious trauma in a negative way.

Here's what an officer had to say about what he witnessed. "After 20 years in law enforcement, I have seen the personal effects of the transition from well-meaning rookie, to cynical cop, to fully jaded human being. I have seen in myself an increasing lack of compassion. I simply don't like or care about people as much anymore, and I see the same thing in many others around me. Far too many public safety professionals are losing themselves in the profession they love.

Now, I don't see anybody going to the poll, but I can see you all nodding your heads, that yes, you have certainly seen this type of thing effect your colleagues. So we're going to go on to the next slide and just give you a little bit about what the research tells us that just as much as you have seen it in your own practice, to be able to share with you a little bit about what the research tells us about the prevalence. Prevalence in victim services, look at that first study, 34% of the people in this study met the PTSD diagnostic criteria for secondary exposure to trauma. That diagnosis of PTSD is one of the more serious negative consequences, and the fact that nearly a third of the psychosocial workers in the study had symptoms bad enough to qualify for a PTSD diagnosis is alarming. That 34% compares to the general population where only 10% received this diagnosis.

Okay. Great. It looks like you are working on the poll. We've got some huge numbers coming in and the overwhelming answer is definitely yes. I'll go on and talk a little bit about the prevalence in first responders, 98% of police officers in this one study have experienced at least one type of critical incident, and you can also see we've got a second item here, exposure to multiple traumatic events has a cumulative impact on the severity. That's that chronic accumulation, right? Of negative responses, and that was seen in law enforcement, fire, and EMS. These are just a sample of the kind of research that you will find in the toolkit.

Risk factors. What are some of the risk factors that we have working where we do? And these are based on working in a victim services setting. We know that a lot of people in victim services may come to this work with their own trauma history. A lot of people are drawn to this work because of their own experience and want to be able to give back and help other people who may have experienced the same things that they have. People come into this field perhaps with a pre-existing psychological disorder. They come into this field at a very young age. They can work in a very isolated or inadequate support system, or they may have seen a loss in their own lives in the last 12 months. The professional risk factors really speak to the importance of organizational action, which is what we're here to talk about today. One of the main risk factors is the lack of quality supervision in a workplace setting. The high percentage of trauma survivors that are in a person's caseload, little experience with being able to manage this huge caseload and/or perhaps this type of work, and lack of the professional support system, and I think this last part is so telling, an inadequate orientation and training for the role. And we've always--already talked about how that training should certainly include what the impact of this work could be.

So, I think the poll has ended, and just to give you the final numbers, out of all the people on the call, the greatest--majority, of course, have witnessed a colleague, 370 to 38 who hadn't.

So, vicarious traumatization, how does it effect us personally and professionally? And how does it effect our organization? This slide here gives you some examples of vicarious traumatization of what it looks like when a person is suffering from vicarious traumatization. Maybe some of you have experienced this or maybe some of this is what you observed in that colleague that you said you had seen those negative consequences in. First of all, there's that physical response of rapid pulse beat, headaches, fatigue. Psychological ones, feelings of powerlessness, anxiety, fearfulness, or disillusionment which, can really--if you can see how people sometimes feel like they want to leave the field when they're suffering from vicarious traumatization. Behavioral effects, irritability, sleep or appetite changes, isolating from families and friends, using substance abuse, using substances as a way to deal with it. A spiritual effect potentially has also been seen, a loss of purpose, questioning what the meaning of life is. Cognitive effects of cynicism, which is one of the things that that officer described, pessimism, or relational effects, withdrawing, or becoming clingy, and really needing to be more closely engaged with somebody.

Some of the examples of vicarious traumatization, personal, show up in a person's performance. This is actually professional. The slide should say examples of vicarious traumatization professional, and one of the first ones is in that professional's performance. There's a decrease in the quality and quantity of their workload. They have very low motivation and they do not work too hard. Their morale can be effected, which, because of their negative attitude, can also effect other people. They have an interpersonal effect, they begin to withdraw. And then they also have a behavioral effect where they may have absence or tardiness, poor follow through. And this can also impact the organization. We'll talk a little bit more about this in the next section, but the research has certainly shown that the impact on the organization is huge and the result is the lost productivity, staff turnover, and poor organizational health.

One of the things that we don't often pay a lot of attention to is we pay attention to those negative consequences from our exposure to vicarious trauma to the stories of others, but we don't talk enough about the positive, and there are many positive aspects that we get from this work. Compassion satisfaction is one of them, the pleasure that you derive from your work. Vicarious transformation. That's an ongoing intentional process by the worker that results in a deepened sense of connection with others, a greater appreciation in your life, and a greater sense of meaning and hope. This term comes from Researcher Perlman, who earlier brought us the term vicarious traumatization. So, you can see that she has looked at both sides of this coin.

Vicarious resilience, just as we can experience vicarious traumatization from our exposure to the stories of others, we can also experience vicarious resilience and we can look at what it is that is--has made those people be able to bounce back from the situations that they've involved in--been involved in.

The impact of vicarious resilience is really huge. It gives us a greater perspective and appreciation of our own problems. It makes us more optimistic, motivated, and reenergized. It gives us increased sense of hope and understanding, and it also gives us a profound sense of commitment to and finding meaning from the work. So our goal in what we hope to do with the toolkit is to see, how do we get workers to that point?

Let's think of--do one last thing here before I leave you. We're going to give you an opportunity to use the chat box and talk about the essence of resilience. Think about someone you know who survived a trauma, or tough situation, perhaps a client that you worked with, and type a few words in the chat box describing what you think was key to that client's resilience.

Family support, yes, having support systems. That is one of the main things. Support from people close to them. You're all hitting on things of compassionate and supportive initial person to talk to. You think their sense of hope for the future made a difference. Their adaptability, their ability to be able to adapt to the current situation was another thing that was the basis of their resilience. Optimism, each one of those things that you observed are the same kind of things that we want to instill in our staff and have the

organization be able to build in their workers. Mindful acceptance helps resilience, definitely.

Thank you for sharing all of that. Those were really, really good ones, and we'll continue to bring those up as we see them come up. I want to talk just briefly about self-care. When I started in victim services, there seemed to be a hardness factor. Victim services staff were expected to "take it" without falling apart, and for some reason, if you couldn't take it, then maybe you weren't really tough enough for this job. If there was something to be done, it was seen as the individual's responsibility. It was all about self-care and it was expected that the individuals would do that on their own time. Several people in our pilot study described it as the burden of self-care and that's kind of what this quote speaks to. "It impacted me in a way where it made me--it didn't give me hope – he said, 'you're the one that's got to do this' – it didn't give me hope, it gave me more stress." Just as we're trying to be trauma-informed and think about how the trauma a person experiences effects them in their recovery, to be vicarious trauma-informed means the organization acknowledges the impact that working with traumatized clients can have on its workers and then takes steps to address it.

Why is this important? Because what we pay attention to grows, and bringing conscious attention to organizational strategies, really making them part of our operations is really key. Being vicarious trauma-informed provides a path. The VTT, the Vicarious Trauma Toolkit, provides tools to help you on that journey. So, now I'm going to turn it over to Beth to talk about the Vicarious Trauma Toolkit.

**DR. BETH MOLNAR:** Thank you, Karen. That was great background on what vicarious trauma is; what we see in the literature and from the field about its impact on staff; and how vicarious traumatization can be so impactful on us on the people we work with in our organizations.

Okay. So, I'm going to give you some background now on how the toolkit was developed, the basis for its evidence-informed approach, and how you can use it to help your organizations become more vicarious trauma-informed. So, two things pointed to the need for a resource like the Vicarious Trauma Toolkit or VTT, as I'll call it. It became clear to our funders, the Office for Victims of Crime, in assisting organizations that serve victims, that first responders and victim service providers needed tools to help address how their people were being effected by this work. And they needed those resources to be in an accessible central repository. The second influence was Vision 21, OVC's Omnibus work, published in 2013, on what is needed to transform the field of victim services. One finding was that the field needed more evidence-based research-informed victim service programs to assist organizations around the topic of trauma. Those combined into the grant that we received here at Northeastern University, to build a product that would meet these needs.

The first thing we did at Northeastern was bring in national and local partners. You can see this beautiful--this list of beautiful leading organizations from around the country really representing the leadership of the disciplines envisioned as primary users of the



toolkit. Emergency services, fire services, law enforcement, and different sorts of victim service agencies are represented among these wonderful partners.

A tool built by the field, for the field became our mantra, and you, the field, were involved in every aspect of the toolkit's creation, from development, to design, to the pilot testing, and to the refinement and development of new tools that we created. The first step we did was to do a national survey. Our national and local partners sent our survey to over 80,000 members. We received a respectable number of responses, more than 8,000, from across the nation and across all the fields that our team represents. That allowed us to be--to both get an idea of how people are addressing vicarious trauma, either formally or informally, and we also did our first ask. We asked the respondents to send us any policies, programs, trainings, or any other material that they were currently using to address this occupational challenge. We initially received about 200 documents that way. Later, we went to the field again a couple of times and received more materials each time. Every item was vetted by members of the discipline from whom it was intended to assess, whether it was appropriate to include on the VTT itself. For example, Sgt. Chris Scallon from Norfolk PD was what we called our IACP Fellow, the International Association of Chiefs of Police fellow, who worked with our project and was involved in reviewing every item intended for law enforcement. We held two national summits here at Northeastern, to serve as a gathering of the local and national partners, to discuss findings from the survey and from the pilot testing, and use those summits to develop the toolkit itself and really make sure that it was meeting the needs of the field that we were hearing about, and really to identify any gaps.

Next, we conducted a national pilot study. So, in 2015, we took a draft toolkit to the field, piloting it in seven different communities, all in different states, where teams made up of those four intended disciplines gave us important feedback. Two people from each of the disciplines joined the team in each state. At each pilot site, we train people initially, then collected data via focus groups and key informant interviews after approximately four months of testing. Those data helped us to identify gaps and the ways that these resources could be even more useful.

As we built the toolkit, we developed a new model for looking at vicarious trauma. We have this model published in an article that we did on setting a research agenda for vicarious trauma. There was a question that was submitted earlier about what research steps we should take next and we outlined those using a public health approach to organize them in that article in *Traumatology* last year. So, in this model, we feel like we have developed a new model for looking at the issue of vicarious trauma. Showing here that vicarious trauma can effect us in a way that we can look at as a continuum. That working with people who have suffered trauma and violence is hard, and with this work comes a change in worldview that is inevitable, as Karen pointed out. It is your care and commitment, empathy and emphatic engagement with people and communities that helps you to make a connection, create safety, and express understanding to the person you are helping. It's hard to do this work and not be changed by it, as Karen described.

Beyond this inevitable shift in worldview, there is a spectrum of possible responses. So we've category--categorized them on the bottom part of this chart into negative, neutral, or positive. Workers can move along the spectrum of reactions to their work in either direction from case to case and/or through prolonged exposure. This is a new way to conceptualize how we are impacted by our exposure to our clients' trauma, that is vicarious trauma. As Karen described, vicarious traumatization, which you see in the box marked negative on the left side of the bottom half, that's the term the literature--one of the main terms the literature uses to talk about the negative impact on workers, considered to be the result of cumulative exposure to victim trauma stories and information, and/or mass trauma events as mentioned earlier. Negative responses or vicarious traumatization systems can include some of the signs that you've probably observed in your colleagues or in yourselves, for example, some of the ones Karen mentioned, like, decline in job performance, morale, anxiety, suicidal ideation, grief reactions. These are all captured under the vicarious traumatization box on the left side. While the field has focused on this more negative end of the spectrum, the VTT project has made efforts to highlight the spectrum of responses and that those are dependent on many other factors in one's life and in one's workplace. So, we suggest that a good place to strive for is that workers will be resilient and not have any negative consequences of doing this work. We think of this as a neutral or healthy reaction as depicted in the middle of the model. Organizational support, staff resilience, experience, other types of supporting coping strategies, these all help workers manage a traumatic material they see and hear and help the--in resilient ways.

Last, but not least, are the potential positive responses that Karen defined earlier. This is a relatively small body of research but important and includes some of the terms that Karen spoke about vicarious resilience, compassion satisfaction, etc. These positive terms describe the pleasure workers get from a job well done, the meaning of our contributions to the people we serve or to the greater good of society. It might also be a deepening sense of gratitude that workers have for life, a greater sense of hope and meaning.

The Vicarious Trauma Toolkit starts from this position then. That vicarious trauma, the exposure to the traumatic experiences of others is an occupational challenge that can pose real risks. But its impact can be prevented, so that workers might get wet but they will not drown and what the organization does, can definitely effect the outcome.

Now I'm going to move to talk about what's in the Vicarious Trauma Toolkit. So, it was launched one year ago during National Crime Victims' Rights Week 2017. So it's been around for a full year as of this week. So, it's available to provide resources for all of you to use, to address vicarious trauma in your organizations. It has nearly 500 items in four categories and a wonderfully accessible repository of resources. The first category is a—it's a little bit different order, I'm going to speak about it, than the slide says. I'm going to start with the research literature. We did a systematic review of the literature in vicarious trauma in collaboration with CALiO, the library run by the National Child Advocacy Center. The research articles we identified as relevant and useful are either available in full text or as abstract if copyright rules prevented full text. Full text articles

can be downloaded via links provided in the toolkit, a feature many users we spoke with, liked, in order to keep up with the current research. Remember our goal of the VTT was to provide evidence-informed resources, so we reviewed each research item for the strength of the evidence. We used the tool from the Centers for Disease Control and Prevention or CDC to raise the research literature on a continuum of evidence. We can tell you from this process that no intervention to take care of workers exposed to vicarious trauma has the gold standard of evidence behind it, which is a randomized control trial effectiveness. However, several interventions have been evaluated to show that they meet a lower bar, what our ratings deemed promising. Every research item in the compendium are resources is marked with how evidence-informed it is using the CDC category.

The next category are the policies, procedures, practices, and programs or research-resources from the field that we gathered from our National Survey and subsequent requests. Each of these was carefully vetted by our multi-multidisciplinary team and permission to post them for your use was obtained. So, feel free to download them and used them as you see fit. The third category of resources is a set of links to websites, podcasts, and other online resources. For these, we use the tool of journalism field to choose which websites were the most--were rated as most useful by this tool and included those on the website. This is the only area on the VTT where you might encounter costs to use them. So, it'll tell you that you're leaving the website and going to another one and then when you get to that other one, it will tell you whether there's some cost associated with it. There are a few under that do have subscription costs—and other costs.

The fourth category is the new tools that we created to fill gaps we identified through the different research steps. We created 16 new tools that were developed with our partners, including our very popular and useful assessment tool. I will show you some examples of these tools and introduce the assessment tool next. One last important note about the contents of the toolkit, each item was vetted for its usefulness to specific discipline. So, you can filter tools by discipline. You can go to a discipline-specific section of the toolkit. You can filter by other professions such as mental health, chaplains, dispatchers, others. So there's a very dynamic search feature in the compendium for resources bar on the toolkit.

So, here's the first sample of one of our new tools. This is a tool that we developed for leaders in your organization to be able to use to inform staff about what vicarious trauma is and what the organization is going to do to address it. It's a quick summary put together as a brief communication tool to help you with rolling out your program. So, the--that and the other tools are all downloadable in the VTT.

The second one I'm showing you here is a new tool that presents a succinct set of guidelines about how to do vicarious trauma-informed supervision in your organization. It's one of a set of these of types of guidelines that presents succinct one to three pagers on topics where there were identified gaps. So, other topics among the new tools include guidelines for human resources, information to give family members of

staff, how to make a business case for addressing vicarious trauma to your leadership, among others. Any of the articles or other tools referenced in this guideline tools are available on the toolkit.

So, one gap we knew very early on was--that we needed to address was to create a way for organizations to assess their current capacity as a vicarious trauma-informed organization. As Karen mentioned, we call this tool the Vicarious Trauma Organizational Readiness Guide or VT-ORG. The VT-ORG provides a theory-based assessment of where organizations are on a pathway to becoming vicarious trauma-informed, helping to identify both gaps and strengths. By doing repeated assessments over time, toolkit users can use the VT-ORG to chart their organization's progress towards reaching the goal of becoming vicarious trauma-informed. As we mentioned before, this goal is not a destination, but a journey.

I will start by showing you what it looks like and how it is used, then I'll give you some background on the theories it was based on. So, here's a screenshot of one page of the VT-ORG for victim services. This is the leadership and mission, first page. So, the VT-ORG poses a series of statements with examples of policies or practices that translate the research into an organizational strategy. Employees assess the current capacity of the organization by noting how often this good practice that contributes to organizational health occurs. The VT-ORG uses the Likert scale for each statement from never to always. And in the vicarious trauma-informed organization, we want these healthy practices to take place often or always. If the VT-ORG results show that they occur never or rarely, that is an indication to go into the toolkit and find resources to build capacity in that area.

Each of the four major disciplines has its own version of the VT-ORG assessments tool downloadable on the toolkit, where language was slightly altered to match language used in that discipline. When using it, altering it's wording to fit your equivalent practices will work just fine if you're from a different field. You can download the VT-ORG for your discipline directly from the website, put it into a survey software program, add any demographic questions you would also like to know, and distribute it to your staff. Ideally, we recommend that you have everybody fill it out at all levels anonymously and then you can calculate the results and see if the results are different between leadership and staff, for example or between departments, etc. The scores on each section will give you an idea of gaps and strengths.

We talk about the VT-ORG being a good opportunity for organizations to see where they are now on the path to becoming vicarious trauma-informed and to track progress as they do the work to improve. Identifying where an organization is already strong in an area is important so organizations don't feel overwhelmed or feel like they're starting from scratch. They can also see how some of the things they're doing now fit into the model vicarious trauma-informed organization.

The question then is, "What does a healthy vicarious trauma-informed organization look like?" The answer we came up with is in the evidence-informed foundation we created

for the VT-ORG. The VTT project team reviewed research literature from the fields of public health, medicine, psychiatry, law, social work, criminal justice, clinical and organizational psychology, other social sciences to see what makes an organization healthy. We landed on Five Pillars of Organizational Health to indicate how vicarious trauma-informed an organization is. The VT-ORG identified strengths and gaps in each of these five areas listed here. Number one, Leadership and Mission; number two, Management and Supervision; number three, Employee Empowerment and Work Environment; number four, Training and Professional Development; and number five, Staff Health and Wellness.

I'm going to give you a few examples of what we heard from organizations about what they do in each of these five pillars. Starting with Leadership and Mission, one way the pillar of Leadership and Mission can be done in a vicarious trauma-informed way is having open acknowledgement of exposure to vicarious trauma in all staff. It is not just the frontline workers but receptionists, cleaning staff, dispatchers, etc. Another is by ensuring that addressing vicarious trauma is consistent with the organization's mission. Another is communicating about the impacts of the work in a very transparent way. Keeping staff informed about things that affect them, not leaving them to wonder about rumors they might hear on the street about funding being cut back, etc. One program that found itself coming up short in the area of work-life balance, published a set of guidelines regarding expectations about texts sent or received during the night or other off hours. In those guidelines they articulated that work related texts are seen as an urgent form of communication and invites staff to look for the least intrusive--least intrusive option for communication that fits the situation. This same organization struggled with a policy on use of sick time for mental health days, they struggled with the message. As a vicarious trauma-informed organization, they want people to feel that they can use their accrued time to take care of their mental health and well-being. If some staff take that to mean that it's okay to leave colleagues in the lurch if their self-care happens on the day that they were scheduled to lead a training, for example, thus negatively impacting the organization's mission and reputation. It took a lot of dialogue to reflect the culture being aimed for, culture that's both attentive and understanding to individuals, yet have staff feel they're part of the team and that they're ambassadors for the organization.

Moving on to Management and Supervision in action. Research shows over and over again that supervision is key to staff morale and productivity. People can handle a lot of stress and heavy workloads with a good supervisor. Meetings with supervisors in a vicarious trauma-informed organization provide a forum for discussing staff exposure, health, and well-being from both an intervention and a prevention angle. Workers are comfortable discussing difficult cases and coping mechanisms. Supervisors are readily accessible to support staff members following a critical or acute incident. Performance evaluations can include a discussion of organizational and individual strategies to minimize risk for vicarious traumatization. Supervisors can regularly check in with people about using vacation time, paying attention to whether they are taking breaks that they need.

Moving on to the third pillar, Employee Empowerment and Work Environment. This pillar can include making sure employees feel there is respect for differences among the staff. Differences by any sense of that--of the word differences, sense of teamwork, that people are proactive in managing conflict. A strategy to help people feel recognized around the topic of vicarious trauma is to ensure that how employees contribute to a positive vicarious trauma-informed work environment is indicated in performance evaluation. Making sure staff have opportunities to provide input on program development and evaluation and other tasks are also very empowering.

The fourth pillar is Training and Professional Development. Training about Vicarious Trauma and its potential impact can occur from the very beginning of an employee coming onboard. During the onboarding or orientation, again, an ongoing service--in-service training, making funding and time available to attend external conferences and other professional development opportunities. Building skills and confidence promotes confidence in employees. Some of our new tools provided in the toolkit, our discipline-specific PowerPoint presentations we put together with lots of speakers notes to go with the slides; we designed these for organizations to use in whatever way is most useful. We left the background very plain to facilitate people choosing their own design. They can increase staff awareness of vicarious trauma and describe the organization's effort to address it.

The last of the five pillars is Staff Health and Wellness. This pillar is designed to promote and provide access to wellness activity. Policy in supporting physical and mental health and wellness can be built into work shifts rather than telling people to go do healthy activities on their own time. As Karen mentioned, the self-care burden that we've heard about a lot in our work. These assessment items also measure whether organizations encourage time off or offer services such as employee assistance, chaplains, etc. Organizations told us about creative fundraising efforts they've done to obtain discounts or donations or sponsors for gym memberships for staff. Yoga and mindfulness classes built into work time are becoming more prevalent across all the fields we worked with.

So, to sum up what we've been saying throughout our webinar today is that in addition to being trauma-informed in our interactions with clients, it's vital for an organization to be vicarious trauma-informed as well. And that a vicarious trauma-informed organization is one that both recognizes the work's potential negative consequences and proactively addresses its impact through policies, procedures, practices, and programs.

So, where do you start? The most important part of getting started is to get started. Find out where you are now. So, we are gonna do a poll now, and ask you, our audience, whether addressing vicarious trauma is a priority for your agency or organization, yes or no. So that poll is open now, thank you, Michelle. While you're doing that, I see an--a question on the chat box that says, "Is there a charge for the toolkit?" Nothing is charged for on the toolkit, it's all entirely free. The one thing I did mention is that some of the online resources where we have links when you go off the

site to those other links, some of those have subscription costs, but nothing that we put on the toolkit has any cost, everything's free.

Again the question is, "In your opinion, is addressing VT a priority for your agency or organization, yes or no?" Okay. So I see the poll has closed now. So, one of the things we asked our survey respondents in the national survey was what they were doing now. And we did that in two questions. So, first we asked agencies, "Do you have specific or formal practices that address vicarious trauma?" And we could see here in this graph that about 56 percent said that they did not, they did not have any formal practices at that point, so this was back in 2014. Then we asked them whether they had any informal practices and there we saw a larger number. Seventy-two percent said that they did have--at their agency, there was some kind of informal way that vicarious trauma was addressed. So, that was actually higher than we thought when we sent that out.

Okay. So, how does an organization get started then, on the path to becoming more vicarious trauma-informed? The first important step is getting leadership on board and forming a workgroup. More and more organizations are recognizing that addressing vicarious trauma is critical to their success. If your agency is not ready yet, the toolkit has a number of resources for you to help start that conversation including making the business case that I mentioned, which spelled out in a two-page document why it's important from an organization's standpoint to address vicarious trauma. Or use our three-minute video testimonials, one for first responders and the other for victim services that sum up the case for becoming vicarious trauma-informed very quickly. Once the organization has decided to act, form a vicarious trauma-informed workgroup. One of the things that happen all too often is that the resiliency champions often work in isolation, and taking an organizational approach requires an organizational effort. Often a workgroup or team put together can help to coordinate your effort. The next step is to assess current capacity with our assessment tool, the VT-ORG. You can download the VT-ORG for your discipline, create a survey with it, and distribute it throughout your agency, so management and line staff all take the survey.

Oh, there's our poll. Okay. So, 244 of you were able to--were able to get onto the poll. And so, a little over half said that addressing the vicarious trauma is a priority for your organization. So, that's great.

So, back to the steps. So, the--after you've taken the survey, you can use the result to determine priorities and to develop an action plan, your workgroup can take this on and get lots of feedbacks from their organization about the action plan. And then explore the VTT for resources. I can't emphasize it enough, just going to the website and exploring the VTT is--where you're going to find lots of--lots of different details. There is a question right here about, "Is there an area in the toolkit where I can access all documents within and I can't find the docs their showing?" There's a bar that says "Compendium of Resources" on the toolkit and it's got its own search function there. And if you go in and search for the new tools, you should be able to find all the new tools that I am talking about. Okay. So you can search for the five pillars, browse

through all the research, you can use the filters. And then everything that you find can be downloaded so you can start to create your own library of tools.

So there are also additional resources available for you from OVC's Training and Technical Assistance Center or TTAC. The first is the scoring packet for the VT-ORG. OVC TTAC can provide you with the scoring packet redeveloped that has an Excel spreadsheet where you can enter the responses from the survey of your staff and will automatically calculate averages for each of the five organizational strategies. The results then provide the findings for you to put together an action plan on how to address gaps in your current capacity. We're working on getting the scoring packet added to the VTT, but for now, OVC TTAC is happy to share it with you. And secondly, you can request training or technical assistance through OVC TTAC. Their email address is [TTAC@ovcttac.org](mailto:TTAC@ovcttac.org) and they can provide consultants to work with you in how to get the most out of the toolkit. An example of one training and technical assistance project we're doing right now on behalf of TTAC is working with the city's court systems to help them use the toolkit among their staff.

So, we hope that you'll find the Vicarious Trauma Toolkit with its Compendium of Resources, research, web links, actual policies and procedures from similar organizations, video testimonials, and our newly created tools to be helpful. Our project team has really been heartened by the response we have received from the VTT over the last year. We hope that those of you on this webinar will also find resources that will help you and help your staff, and that you will find joy in your work. I'm going to turn it back to Mary Jo to facilitate the questions.

**MARY JO GIOVACCHINI:** We do have some questions and we definitely want to address those. Many of you asked and I've responded, but I will say it again, the recording for this webinar, the transcripts--there will be a written transcript as well as the PowerPoint presentation will be posted to the Office for Victims of Crime website, ovc.gov. We will also send you each an email, everybody that registered will receive an email notifying you when those items have been posted to the website and each item will provide a link directly. So you won't have to go looking around the OVC website, everything will be right there in the email for your ease. So, now that I finished kind of explaining all that, I'm going to flip over to the last slide here and it's Karen and Beth's information, as well as the URL for the Vicarious Trauma Toolkit. So, I'm going to leave that slide up while we go ahead and we take on some questions.

So, our first question today is, "Can VOCA Subgrantees budget to offer staff health wellness activities for their VOCA-funded staff to attend during work hours?" Beth or Karen, I'm not sure who might want to take that question.

**KAREN KALERGIS:** I'm not an expert on VOCA guidelines, so I think it would just be whether or not--if you've got money in your budget to be able to attend training, I think they're certainly a good argument to be made, if the training for staff on vicarious trauma is something that's going to enhance your services.



**MARY JO GIOVACCHINI:** Thank you, Karen. The other question, “is the training for the toolkit free? So, any of the hands-on training, would that be free?”

**KAREN KALERGIS:** Yes. And one of the things that, you know, when Beth mentioned your being able to ask for training and technical assistance from OVC TTAC, they can come to your community and do a training about the Vicarious Trauma Toolkit and that is free. And also, there were number of really good trainings that you can just download from the toolkit and they're designed in such way that you can read the inspect--speaker notes, instructor notes, and present that training yourself. So, I really encourage people to go to the section of the toolkit that--to that Compendium of Resources and you'll be able to see that one of the filters is training and professional development. And if you click on that, you will find all of the training materials that are available free of charge within the Vicarious Trauma Toolkit and there is a wealth of really, really good information. And I know that one of them, for instance, is specifically designed for helping people who are providing services but are survivors of crime themselves. And sometimes we worry about when we have our survivors working in our programs and they are working with somebody who may trigger their own past victimization. How does that work? And there's one very good training produced by Beth Deaconess Hospital--all about--that is specifically for advocates with a history of victimization themselves. So, explore, explore, explore. Go to that training and professional development section and just see all the training that's free there for you to use.

**MARY JO GIOVACCHINI:** Thank you, Karen. Beth, I think this next question might be perfect for you to answer. “What constitutes a formal response to vicarious trauma?”

**DR. BETH MOLNAR:** So, I would say our toolkit is sort of a nice guideline for that because you can, you know, see where you are on our assessment tool and see whether you are meeting some of those, you know, often or always kind of aspects to being a vicarious trauma-informed organization. I would say there's not--so, when--we let the people on our survey define that for themselves, you know, and I would--I would imagine they defined it as something formal, being some--that there was a training that was calling it vicarious trauma, that there was something, you know, using those words and having recognition be expressed out loud. And so, now, I think we--we've redefined it somewhat with this publication of the toolkit and that there are these really detailed steps that people can take.

**MARY JO GIOVACCHINI:** Thank you so much, Beth, for that answer. I really appreciate it. And we have another question here. I want to thank--oh, I'm sorry. There was a response, a little bit more response to the VOCA question. So, “please check with your grant manager about using funding for training. It is--it's more--would be--see if it's particular to your grant and this is from OVC themselves.”

Let me see if we have anything else, give me a second, please. An individual is indicating that--they tried looking on the site to see the video or podcast mentioned, but they couldn't locate any of these. Where can they find them? And I'm assuming that

they are referring to the VTT site, not the OVC website. So, Beth or Karen, can you please explain where they can locate the videos and podcast on VTT?

**KAREN KALERGIS:** Yeah. Right on the homepage, if you go to that site that's showing right now on your screen, the homepage for the Vicarious Trauma Toolkit gives you an option of two different videos to go to, either the video for first responders or the video for victim services. And then there's other videos on the site. If you click on the button that represents the discipline, the badge, for instance, that represents law enforcement, and then you go over to the law enforcement section of the toolkit, you'll see a short testimonial from a law enforcement officer talking about the importance of vicarious trauma. And so, those videos are available there as well. And I think that's an interesting point to make when we talk about the toolkit being available and designed for these four disciplines, it's actually like four separate toolkits because you can go to that homepage and then select which discipline you're most interested in and then it will take you into victim services, for instance, and each one of those five pillars, they will be research that is victim service-based that supports those five pillars in victim services. And then we give you some example of materials from the toolkit that support that organizational strategy, specifically in victim services. So, that's where those videos are.

**MARY JO GIOVACCHINI:** Thank you, Karen.

**KAREN KALERGIS:** And then--and then for the podcast, I'd just go to the Compendium of Resources and enter--there--there's a category there of the types of resources and it's in the line that says, "Website podcast videos." And if you click on that, it will bring up all of the list--again, the list of websites and podcasts, they're on the toolkit.

**MARY JO GIOVACCHINI:** Thank you, Karen. I think this is going to be our last question, and "many signs and symptoms of vicarious trauma seems fairly broad and general, how do you determine if symptoms are due to the nature of the work versus other factors?"

**DR. BETH MOLNAR:** Well, I think that somewhat speaks to the mix of direct and indirect trauma that many people in these fields experience. And so, our approach is to take a prevention approach and be very proactive. And so, if there's a sort of several layers of resources available for these kinds of difficulties that people are having, hopefully we can--these tools will help you catch those earlier rather than when the symptoms become more serious. So, that's what you can do now and start the prevention way of thinking. This toolkit does not give you tools to work directly with individuals about their posttraumatic stress disorder or other sorts of negative consequences of the work, but it does give you lots of tools to help your organization be prepared and provide those kinds of resources when people need to reach out. Karen, do you want to add anything to that?

**KAREN KALERGIS:** Yeah. I think that's an important distinction to make. There are similarities in behavior or psychological responses or whatnot. And what we're looking

at here is that if there's something that the organization can do to change the situation so that's not causing stress to the person and they should do it. If for instance, you know, we all talk about our workplaces being these great work families and several of you mentioned in the chat box that one of the signals of resiliency is strong relationships and having important support people. Well, if the workplace is a place of strife and conflict, and that's what is really causing depression and stress in that worker, then it's up to the organization to do something about it.

**MARY JO GIOVACCHINI:** Thank you, both Karen and Beth. Just another follow-up to the VOCA question, it was suggested that you reach out to your VOCA administrator in your state and speak with them directly. So, we hope that helps you as well.

So, at this time, we are going to end the webinar. Again, we appreciate your time. Beth and Karen, thank you so much for your expertise. It was an excellent presentation. Thank you for sharing information with everyone. So, on behalf of the Office for Victims of Crime and everyone here today, thank you for attending and have a wonderful day.