



# Research Review

## A Review of the Literature on the Prevention and Treatment of Vicarious Trauma

*Literature suggests that organizational strategies and debriefing approaches may help reduce or prevent the effects of vicarious trauma.*

### What we looked at

The term “vicarious trauma” (VT) was originally coined in the early 1990s to describe the effect that working with trauma patients can have on psychotherapists. Research on VT has since expanded to include other work contexts, such as police officers, 911 dispatchers, social workers, and nurses. This review identifies strategies that can be used to reduce the impact on workers in the correctional context who could be vulnerable to the effects of VT.

### What we found

Much of the existing literature focuses on the necessity for organizations to implement strategies to help prevent and treat VT. These approaches tend to focus on organizational strategies and debriefing approaches. More time spent working with victims of trauma is linked to higher levels of traumatic stress symptoms (Bober & Regehr, 2006). To help minimize the effects of VT, some organizational strategies include: managing and varying employee caseloads; ensuring adequate supervision; organizing peer support systems; normalizing the potential effects of working with traumatized individuals; and providing self-care resources, follow-up care, psycho-education, and training on VT (e.g., Pulido, 2012).

Research has supported psychological debriefing as an effective intervention for VT when provided by adequately trained individuals (e.g., Hammond & Brooks, 2001; Schiechtel, Hunger, Schwappach, Schmidt, & Padosch, 2013). For example, Hammond and Brooks (2001) recommended the incorporation of Critical Incident Stress Debriefing for use with volunteers and employees. Although psychological debriefing has some empirically-supported positive aspects, Regehr (2001) noted that reviewing graphic details of emergent events with staff may actually increase intrusion symptoms of VT. Thus, debriefing should consider ways of discussing a critical incident without inciting further traumatization.

### What it means

There are a number of strategies that can be implemented at the organizational level to help reduce the risk VT in employees such as the provisions of support, resources, psycho-education and training, and psychological debriefing for individuals working with victims of trauma. However, little research has been conducted to test the efficacy of various interventions on VT outcomes and therefore drawing conclusions regarding the use of specific approaches with correctional staff is premature.

### References

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- Pulido, M.L. (2012). The ripple effect: Lessons learned about secondary traumatic stress among clinicians responding to the September 11<sup>th</sup> terrorist attacks. *Clinical Social Work Journal, 40*(3), 307-315.
- Regehr, C. (2001). Crisis debriefing groups for emergency responders: Reviewing the evidence. *Brief Treatment and Crisis Intervention, 1*(2), 87-100.
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### For more information

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