New Resources to Address Vicarious Trauma in Victim Services Professionals

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NCVC Learning Objectives

• Name at least two organizational strategies for addressing vicarious trauma
• Identify where to find additional resources to address vicarious trauma
• Discuss the difference in strategies used by other disciplines to address VT
Why We Are Here

“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.”

Rachel Naomi Remen, *Kitchen Table Wisdom*, 1996
Funded by the Office for Victims of Crime

- Department of Justice
- Created in 1984 by Federal Victims of Crime Act (VOCA)
- $6 billion to date for Crime Victim Compensation and Victim Assistance
Why OVC is Funding the VTT Project

- Greater understanding of the nature, contributors, and effects of traumatic stress (DSM-5, Trauma and Stress Related Disorders Criterion)
- Absence of central repository focusing on victims assistance professionals and other first responders
- Recognition of need as articulated by “Vicarious Trauma in Law Enforcement” working group (Summer 2011)
- Lessons Learned: Sandy Hook Elementary, Newtown, Connecticut
- VISION 21 – develop a pragmatic and strategic approach to the development of EBPs and program evaluation got victim-serving agencies
OVC FY 2013 Solicitation

An Evidence-Based Approach to Understanding and Addressing Vicarious Trauma in Victim Assistance Professionals, Law Enforcement Officers, and Other First Responders
Primary Goal OVC 2013 Solicitation

Develop and test the effectiveness of a state-of-the-art training and technical assistance toolkit designed to support agencies’ responses to vicarious trauma for those who are subject to the impact of traumatic stress due to large-scale incidents of criminal mass violence or a series of exposures to an accumulation of traumatizing incidents.
Field Drives Process

VTT

National Partners

Field
Northeastern University
Institute on Urban Health Research and Practice

• IUHRP focuses on research and research-informed practice affecting people and urban communities
• Dr. Beth Molnar – VTT Project Principal Investigator with extensive relevant research and Rape Crisis Center experience
• Strong victim assistance throughout team
Local and National Partners

- Beth Israel Deaconess Medical Center, Center for Violence Prevention & Recovery, Boston
- Boston Area Rape Crisis Center
- International Association of Chiefs of Police
- International Association of Fire Chiefs
- International Society for Traumatic Stress Studies
- National Association of State EMS Officials
- National Center for Victims of Crime
- National Children’s Advocacy Center
Why We Are Here

“First responders bear witness to damaging and cruel treatment experienced by others, shattering any assumptions of invulnerability.”

–Ronnie Janoff-Bulman, Shattered Assumptions

Prevalence of Vicarious *Traumatization* among First Responders/Rescuers

- Across sectors 40-80% helping professionals experience high rates of secondary trauma/vicarious traumatization\(^1\)

- Among 28 global studies of Post-traumatic Stress Disorder (PTSD): *rescuers* (firefighters, ambulance personnel, police, search & rescue teams) had prevalence rate of 10%\(^2\) (compared with 4.4% among general developed country populations)\(^3\)

- Prevalence studies show rates of *symptoms* (vs. full disorder) of post-traumatic stress among first responders much higher than 10%
Prevalence Among Child Protection Workers

- Review of 15 studies of individuals who provide psychosocial services to traumatized clients found evidence of traumatic stress symptoms, disrupted cognitive schema and general psychological distress (Bride, 2004)
- 50% of Colorado county child protection staff suffered from ‘high’ or ‘very high’ levels of compassion fatigue (Conrad & Kellar-Guenther, 2006)
- Study of child protection staff found that 37% were experiencing clinical levels of distress associated with compassion fatigue (Cornille & Meyers, 1999)
Think, Pair, Share:
Challenge of Terminology

- Vicarious Trauma
- Compassion Fatigue
- Secondary Traumatic Stress
- Indirect Trauma
- Empathic Strain

- Critical Incident Stress
- Burnout
- Post Traumatic Stress
- Operational Stress
- Occupational Stress
- Organizational Stress
Terminology

Impact of **DIRECT** exposure to trauma
- Post Traumatic Stress Disorder (PTSD)
- Critical Incident Stress

Impact of **INDIRECT** exposure to trauma
- Post Traumatic Stress Disorder (DSM5 2013)
- Indirect Trauma
- Empathic Strain
- Secondary Traumatic Stress
- Vicarious Trauma
- Compassion Fatigue
VTT Project’s Definition of Vicarious Trauma

Exposure to traumatic experiences of others:
  – results in a change in world view & inner experiences - and-
  – potential for “vicarious traumatization”
    • Psychosocial symptoms
    • Post-traumatic stress symptoms/disorder
    • Risk for burnout
First Responders’ Work Environment

- Emergency preparedness, competence and heroism emphasized
- May discourage attention to individual needs
- Obstacles to accessing behavioral health services, effective interventions
- Specialized services with expertise limited
- Lack of resources
Victim Services Work Environment

- Culture of caring
- See work as a “calling”
- Workers’ own trauma/victimization histories
- Effects on workers considered part of the job
- Obstacles to accessing behavioral health services, effective interventions
- Lack of resources
- Others?
Think, Pair, Share:

- How do you respond to VT now?
- What do you wish you had?
DEVELOPMENT OF THE VICARIOUS TRAUMA TOOLKIT
Two-Year Goals & Milestones

• Goal 1: Review literature, survey the field to assess which policies, practices, procedures, and protocols have evidence of efficacy and/or effectiveness
• Goal 2: Identify existing resources that will effectively meet project outcomes
• Goal 3: Develop and compile the VTT
• Goal 4: Develop national-scope, multi-site pilot testing plan to implement, evaluate and fine tune the VTT
• Goal 5: Implement, evaluate, and refine VTT and training/technical assistance via national multi-site pilot test
• Goal 6: Serve as a good steward of funds
Collect and Catalogue

Goals:
• Identify existing resources that will meet project outcomes
• Find policies, practices, procedures, and protocols have evidence of efficacy and/or effectiveness

Actions:
• Review literature
• Conduct Internet search
• Survey the field
Literature Review Findings

Interventions with some research base

- Critical Incident Stress Management (CISM)/Debriefing
- Eye Movement Desensitization & Reprocessing (EMDR)
- Role of Supervisory Support
- Mindfulness Based Stress Reduction (MBSR)
- Gratitude
Literature & Internet Findings: Gaps

Inadequate Evidence Base:
- Structured
- Empirically Tested
- Replicated
- Implementation

Fail to address VT at Multiple Levels:
- Individual
- Supervisory
- Administrative
- Organizational

Not Inclusive:
- Professions
- Positions/Roles
- Levels Of Authority
- Cultural Contexts

Lacking Necessary Specificity:
- Professional Cultures
- Resources
- Nature Of Work

Existing Programs, Practices, Policies, Procedures
National Survey of the Field

• Survey developed collaboratively with Local and National Partners
• Invitations to participate sent to >84,000 email addresses via national partners
• Obtained ~10% response (in range of 5-10% expected)
• N = 8,140 (affirming need for this toolkit)
Survey Results (N = 8,140)

Disciplines Participating

- Law Enforcement: 27%
- Victim Services: 37%
- Mental Health: 12%
- EMS/Medical: 15%
- Firefighter: 12%
- CAC Affiliates and Others: 18%
Survey Results

Size of Agency/Unit/Organization (N=7,549)

- 1-20: 41%
- 21-50: 12%
- 51-100: 12%
- 101-500: 22%
- 500+: 14%
Questions re: Agency’s Focus on Vicarious Trauma (VT)

• Does your agency/organization currently have a standard/specific practice for identifying, measuring, or assessing the extent of VT among personnel?
• If yes, what tools does your agency/organization employ for these purposes?
• In your opinion, is addressing VT a priority for your agency/organization?
Survey Results By Discipline: Is Addressing VT a Priority?

- **CAC Affiliates/Other**
  - No, not a Priority: 35%
  - Yes, Low Priority: 24%
  - Yes, Moderate Priority: 26%

- **Law Enforcement**
  - No, not a Priority: 25%
  - Yes, Low Priority: 29%
  - Yes, Moderate Priority: 40%

- **Victim Services**
  - No, not a Priority: 29%
  - Yes, Low Priority: 26%
  - Yes, Moderate Priority: 19%

- **Fire**
  - No, not a Priority: 32%
  - Yes, Low Priority: 28%
  - Yes, Moderate Priority: 27%
  - Yes, High Priority: 13%

- **EMS/Medical**
  - No, not a Priority: 35%
  - Yes, Low Priority: 28%
  - Yes, Moderate Priority: 27%
  - Yes, High Priority: 10%
What’s in Place, Share

• Does your agency/organization have:
  – Formal and/or informal practices that address VT?
  – Education/training initiatives?
  – Staff health & wellness strategies?
  – Professional support & development strategies?
  – Resources you would like to provide for possible use in the Toolkit?
Questions re: Unmet Needs & Challenges

• From your perspective, what are any **UNMET** needs in your agency related to VT?

• If your agency is missing any of the Programs/Practices/Policies/Procedures you believe are necessary to address VT, please list any **OBSTACLES** to obtaining them.
VT Unmet Needs by Discipline

- **Debriefing**
- **Staff Health/Wellness**
- **Professional Support/Development**
- **Organizational Health**
- **None - No Unmet Needs**
UNMET NEEDS

“I would like to see our whole organization have a formal method to address vicarious trauma. Most of the people outside our division at the CAC do not even understand what vicarious trauma is or how it affects your daily life.”

--Law Enforcement

This is the very first time I have ever heard of Vicarious Trauma. --Firefighter

More formalized policies and procedures on assessing and intervening in vicarious trauma could be helpful. We do have EAP and refer staff to this program as appropriate but more regular curriculum available and utilized to help staff maintain good self-care and attend to their own needs to help ensure they're able to attend to our client needs would be a good thing.

--Victim Services

“A caring and supportive command staff would help, even recognition for doing a good job. It seems a large amount of time is spent trying to find something wrong with all the work we do instead of providing any training or support and acting like we are on the same team.”

--Law Enforcement

These categories reflect a general lack of recognition of cumulative effects. The programs we use are focused on managing stress/PTSD after single events. Very little is done to measure and monitor employees for long-term exposure and cumulative vicarious trauma. The health and wellness of our employees over a career of 25+ years is rarely inclusive of the vicarious trauma of the whole career. --EMS
OBSTACLES

If your agency is missing any of the Programs/Practices/Policies/Procedures you believe are necessary to address vicarious trauma, please list obstacles to obtaining them:

- Lack of Resources (Funds, Staff, Time)
- Lacking Support
- Organizational Challenges (Bureaucracy, Culture, etc.)
- Lacking Awareness
- Lacking Materials
- Stigma
OBSTACLES

“Money, not enough man-power, not a priority for management, lack of training, we do not have a competent psychologist working for the agency.”

--Law Enforcement

“We do not have the correct policies and procedures to obtain information from outside the agency.”

--Victim Services

“The obstacles here are the leadership does not think that we need them. The Chiefs think that they have been doing this long enough so they should be able to handle everything. They do not understand the mental minds of people and how they perceive events and how they handle the incident.”

--EMS/Medical

The Board and administrators of my agency do not believe that VT is a true problem. There is no institutional support. I also believe that there has been pushback from grant funders around caseload limitations, more time off, etc. due to concerns about productivity.

--Mental Health

“Don't know where to gain the necessary and relevant training.”

--Firefighter

--Victim Services
OBSTACLES – CAC’s

“Time is limited and caseloads are high.”

“Small number of employees and not everyone open to corrective criticism or showing respect for lower staff.”

“LIMITED STAFF, SO GETTING ADEQUATE TIME OFF IS RARE. I AM ON CALL ALL THE TIME.” (capital letters from respondent)

“Our rural area simply doesn't have much available. There are shortages of medical and mental health professionals here and we don't have much of a budget for anything considered "extra". Other strategies (getting together with team members after hours, etc.) is really difficult since we cover 7 counties and each have to drive 15-20 miles just to get home from work.”

“need to find the best and most up-to-date material to use to include in trainings and policies and procedures.”

“Not enough staff to take time to put in place some of the practices, would take time out of providing services to patients.”
STIGMA

- A commonly mentioned issue in open-ended responses on survey
- Concern over stigma differs significantly by profession

Percentage of Responses that Identified Stigma as a Problem/Concern by Discipline:
STIGMA – mentioned by CACs

Historically, and I believe currently, the issue has been and remains, that to be singled out as needing assistance or asking for assistance delivers a severe blow to how one is viewed, reduces opportunities for training/advancement and hampers one's career in general. There will always be one or more who do not ask for assistance and/or are able to cover-up shortcomings that will always be viewed much more positively than those who need help. Whether the foregoing is believed or not, whether it is thought that many positive strides have been made that precludes such occurring, it still occurs and will, I am sorry to say, continue for some time. It is especially interesting that such does continue, virtually unabated, given that the roles we fulfill are those that are designed to, and most are engaged in for the purpose of, "helping people."
Organizational Strategies Queried

• Supervision
• Employee Assistance Programs (EAP)
• Critical Incident Stress Debriefing/Management
• Debriefing in General
• Peer Support
• Team Meetings
• Flex Time/ Case Load Reduction
# Resources from the Field

## Survey Results:

More than 300 items being used to address VT

## Types:

- Curricula with PowerPoint & notes
- Program brochures
- General orders, standard operating procedures
- Policies
PILOT SITE STUDY
Dissemination of Call for Pilot Sites

- Sent to >80,000 emails in networks of national partners
- Online publications, websites, listservs for victim assistance and first responders
Selecting the VTT Pilot Sites

• 27 eligible applicants from 5 major regions of US
• Comprehensive review of individual and collective strengths of applicants
• Comparisons within and across regions to ensure diversity with regard to several factors:
  – Region of US
  – Geography
  – Demographics of community served; diversity of agency staff
  – Type and size of lead and partner agencies
  – Qualifications & experience with chronic and mass casualty
National Scope, Multi-site Pilot Study
Meet the Pilots

• Mix of agency lead
• Various types of victim assistance
  – Public health in mass casualty response
  – Domestic violence and sexual assault
  – Child sexual assault
  – Child protective services
  – Victim assistance system-based
  – Victim assistance - npo
Selected Pilot Sites

• Northeast/Mid-Atlantic
  – Allegany & Cattaraugus County, Olean, NY
    • Child Advocacy Center/Southern Tier Health Care System
    • Sheriff’s Department
  – Cambridge, MA
    • Cambridge Police Department
    • Cambridge Public Health Department/Cambridge Health Alliance
• Southeast
  – Buncombe County, Asheville, NC
    • Buncombe County Sheriff’s Office/EMS
    • Helpmate

• Midwest
  – Chicago, IL
    • Chicago Children’s Advocacy Center
    • Chicago Police Department, Special Investigations Unit
• **Southwest**
  – Central Texas Urban Community, Austin, TX
    • Austin Police Department
    • TX Department of Family & Protective Services, Child Protective Services
  – Glendale, AZ
    • Glendale Fire Department/Victim Assistance
    • Glendale Police Department
• Northwest
  – City of Great Falls, Cascade County, MT
    • Great Falls Police Department
    • **Victim-Witness Assistance Services**
Individual strategies...unduly individualize the problem.
Bober & Regehr, 2006

THE IMPORTANCE OF ORGANIZATIONAL STRATEGIES
“Organizations have an ethical mandate of a duty to train wherein workers are taught about the potential negative effects of the work and how to cope.”

Munroe, JF, Compassion Fatigue, 1995

DUTY TO TRAIN
Organizational Strategies Tab

Office of Justice Programs

VTT Site2

Victim Assistance
Law Enforcement
EMS
Fire

HOME > LAW ENFORCEMENT > ORGANIZATIONAL STRATEGIES

TRAINING AND EDUCATION
SUPPORT AND SUPERVISION
EMPLOYEE CONTROL AND INPUT
COMMUNICATION
PROGRAMS AND POLICIES
WORK CULTURE
STAFF HEALTH AND WELLNESS
COMMUNITY AND TEAM BUILDING

ORGANIZATIONAL STRATEGIES

Organizational responsiveness is increasingly recognized as a critical component in mitigating the negative impact of working with traumatized people. Each category below has been identified through established clinical work and research as an important component of the organizational VT response. Click on the topic you’re interested in to find tools to help build capacity in that key organizational response.
“Regular staff training. Ongoing training improves staff confidence in their job duties while decreasing their feelings of being vulnerable to the effects of the work.”

– Victim Services
Training & Education: What Does the Research Tell Us? 

*Training staff benefits all*

Being trained on Vicarious Trauma benefits both participants and the populations they serve.

Gentry JE, Baggerly J, Baranowsky A, 2004

Education of staff across the organization helps to facilitate organizational change in responsiveness to VT.

Mishara & Martin, 2012
Training & Education: VT Organizational Readiness Guide

- VT-specific training & education
- Comprehensive training on job role & tasks
- Continuing education & training
- Opportunities for advancement
Useful Education/Trainings

Other Trainings and Resources That Appeared Across/Within Disciplines:

- Emotional Survival by Kevin Gilmartin
- Trauma Stewardship by Laura van Dernoot Lipsky
- West Coast Trauma Retreat
- International Critical Incident Stress Foundation Trainings and Information
- Sanctuary Model
Support & Supervision: Voices from the Field

“Supervisor checking in after traumatic event - it did give me the opportunity to express some of the issues that the situation had brought up for me. I have been thinking that more regular meetings to relieve vicarious trauma are necessary. I felt worried that she might think that there was something wrong with me because I was upset by the situation. Regular meetings or scheduled individual support would help avoid this feeling.”

– Victim Services

“Staff meetings to review cases and debriefs after stressful cases - it helps to have other eyes to give objective help when you get in too deep. It helps to talk with people who I know understand what I am experiencing, because they do too.”

– EMS

“I believe our group Peer-to-Peer Debriefings are one of the best tools that our department uses on a continuous basis. These debriefings allow us to respond quickly to critical incidents and our officers have learned to accept them as part of our protocols.”

– Law Enforcement
Critical Incident Stress Management (CISM) is effective in reducing Vicarious Trauma.

Everly, Boyle, Lating, 1999

A good supervisor can make a difference even in a stressful work environment.

Bednar, 2000
Support & Supervision: What Does the Research Tell Us?

- Structured protocol for case review, along with collegial team reflection & support, help counter impact of VT/STS.

Geller, et al, 2004
Support & Supervision:
VT Organizational Readiness Guide

- Meetings with supervisor
- Annual performance evaluation
- CISM/Peer Support Program
- Staff appreciation
- Supporting family members
Employee Control & Input: Voices from the Field

“The ability of personnel to express themselves freely (within reason) helps to maintain a free exchange of information and support of all individuals.”

-EMS/Fire

"One of the most helpful strategies has been supporting staff in their requests for time-off, offering staff opportunities to develop other skills and/or work on different tasks (e.g. prevention, training), and being supportive of requests to decrease hours while still maintaining employment at our center.” - CAC
Employee Control & Input: What Does the Research Tell Us?

- Staff with more access to their organization’s strategic information experienced lower levels of VT.
  
  Choi, 2011

- To decrease VT & Burnout, organizations need to:
  1. Create supportive environments
  2. Provide safe, trusting, respectful supervisory relationships
  3. Develop policies emphasizing shared power

  Slattery & Goodman, 2009
Employee Control & Input: VT Organizational Readiness Guide

- Employee input into development & evaluation of programs, practices, & policies
- Staff satisfaction & feedback solicited
- Ability to discuss concerns without fear of consequences
Employee Control & Input

• Discuss one aspect of control, input or power that you have in developing or evaluating programs, practices, or policies in your organization.
Communication: Voices from the Field

“Organizational communication and awareness of effects of vicarious trauma and willingness to recognize and address needs when appropriate through caring and understanding for members. Useful because it provides the affected members the resources and also the feeling that the organization cares and recognizes that an individual’s challenges are a concern for us all.” – Fire

“We have a small group. Our strategy is to keep lines of communication open and to listen to each other. This may happen between two individuals or as a group. Nothing helps clear thoughts & feelings better than having others listen and validate you and to give feedback and support.” – Victim Services
Communication: What Does the Research Tell Us?

Police Department partners with a community-based organization to:

• Educate supervisors on warning signs & responses
• Develop pocket cards to guide intervention
• Create an incentive plan to reward help-seeking officers & those who assist others on force
• And help to end silence on officer distress & VT.

Chapin, et. al, 2008
Communication: What Does the Research Tell Us?

• To reduce psychological distress of trauma work, clinicians adjust existing beliefs to incorporate the traumatic stories and make meaning of their experience. Effortful meaning-making processes appeared to facilitate positive changes.

Harr, C (2013)
Communication: What Does the Research Tell Us?

Primary prevention programs to reduce risk for PTSD among staff provide:

- Education, information, skill development & referrals
- High levels of performance feedback & recognition of service
- Anonymous employee feedback surveys

Communication:
VT Organizational Readiness Guide

• Open & respectful communication
• Leadership communicates vision and mission to staff consistently
• Value & appreciation is communicated to staff
• Resolution of staff conflict
• Transparency in decision-making and feedback encouragement
“Critical Incident Stress Debriefing, if carried out correctly, is the most efficient means to identify responders who may be severely affected by the incident. Clearly the follow-up for these individuals is critical and, in my experience, the place where most programs fail, either from lack of personnel to coordinate it or for financial restrictions on providing mental health counseling.” – EMS

“Many are afraid to share feelings that would symbolize mental weakness, therefore they would hold in their feelings if not prompted to express them in a familiar environment.”

– Fire
Programs & Policies: What Does the Research Tell Us?

Critical Incident Stress Management & Peer Support have been found effective in reducing negative effects of acute traumatic events.

Programs & Policies: VT Organizational Readiness Guide

• Informing new staff about organization’s VT strategies
• Have response protocols to address critical incidents
• Job descriptions reference VT
• Safe work environment
• Staff grievances
Work Culture: Voices from the Field

“When the executive director suggests organizing a fun event for staff. It's most useful because, unfortunately, I often associate my colleagues with the stress of the job. So when we have a fun event outside of work, it helps normalize our working environment. It's most helpful when the idea originates from the top with our E.D. because it shows a recognition of the stressors felt by every employee, especially those of us in the day-to-day trenches of working with trauma survivors.”

– Victim Services

“A general culture of support and team cooperation. This is critical, as no one ever feels like all the responsibility is on one person, and we always know we can turn to each other for support. Just knowing we are not alone in our choices or in our dedication to helping survivors makes all the difference in stress levels.”

– Victim Services
Work Culture:
What Does the Research Tell Us?

Traumatic & organizational stressors predict psychological strain on police & firefighters. Organizational stress predicts level of job satisfaction for all first responders.  

Brough, 2004

Supportive work environment decreases negative impact of VT.

Bell, Kulkarni, Dalton, 2003; Slattery & Goodman, 2009
Work Culture: Comparing Impact

Organizational Stress?

Traumatic Stress?
Work Culture:
VT Organizational Readiness Guide

- Staff diversity is welcomed, respected, & valued
- Opportunities are created for informal connections among staff
- Leaders model healthy work-life balance
- Genuine sense of positive teamwork
Staff Health & Wellness: Voices from the Field

Flexibility in work place and schedule. I know that if I put in a lot of time and emotional energy on a tough case, I can take time off, with flexible scheduling, to re-group and still get my work done. And I don't feel guilty about it.” – EMS

“The employee assistance program. It is confidential and employees can self-enter to maintain confidentiality. In the fire service, the "tough" or "macho" persona may make seeking help difficult, so the EAP provides a way to seek help and support outside of the fire department.” – Fire

“We are conducting a pilot program which includes exercise, yoga, mindfulness. While this program is still in test phase, it has proven to show significant signs of decreased stress for officers and the ability to better cope with day to day issues.” – Law Enforcement
Staff Health & Wellness
What Does the Research Tell Us?

- Mindfulness program decreases post-traumatic symptoms among police officers.
  Chopko & Schwartz,

- Mindfulness program increases Compassion Satisfaction & decreases Compassion Fatigue.
  Thieleman & Cacciatore, 2014

- Mind-body program found to be helpful among U.S. Army Medical First Responders (98%) with 96% planning to continue newly learned practices.
  Adams et al, 2010
Staff Health & Wellness: VT Organizational Readiness Guide

- Adequate & equitable time off
- Access to wellness activities
- Non-work hours are respected
BREATHING

Note to self:
just breathe

Breathe
Community & Team-Building: Voices from the Field

“Peer support. Talking about the event or events seems to allow a sharing of the pain or emotional attachment.”

– Fire

“The opportunity for ongoing peer consultation has proved invaluable as supervisors/managers are not always available. This has fostered mutual trust and respect in colleagues, unified team members and reduced stress levels as practitioners know they are not alone.”

– Victim Services
Community & Team-Building: What Does the Research Tell Us?

Development of parallel support response: peer-support & community mental health support programs for NYPD created an environment where help-seeking was seen as a sign of strength.

Dowling, et al, 2005

Through collaboration with a community-based program, Cleveland PD created an incentive plan to reward help-seeking officers, & those who assist others on force, through supervisor education & early intervention.

Community & Team-Building: VT Organizational Readiness Guide

- Formal & informal opportunities for building teamwork
- Effective strategies to address employee negativity & drama
- Opportunities to connect and collaborate with outside professionals
- Policies exist & are enforced to protect against discrimination, harassment, and violence
Next Steps for VTT

• Finalize Design
• Expand research on VT-ORG
• Disseminate nationally
• Offer technical assistance with addressing VT
Questions and Suggestions to:
Karen.Kalergis@gmail.com
William.Petty@usdoj.gov

To submit resources and/or be added to our mailing list: VTToolkit@neu.edu