Policy Analysis on the Effects of Vicarious Trauma on First Responders (Police, Paramedics, Firefighters, and Crime Scene Investigators)

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Abstract: With previous research proving that vicarious trauma does have physiological and psychological effects (burnout, post traumatic stress disorder (PTSD), depression and anxiety, poor sleep quality and cardiovascular disease, high blood pressure/hypertension, unknown stress disorder, cervical disc herniation, and nightmares) on first responders (police officers, paramedics, firefighters, crime scene investigators, etc.) This study is designed to address the various policies that agencies have set in place warning employees of the effects of vicarious trauma and the treatment options given, if any. Open source data and the content analysis

technique developed by Bernard Berelson were used to analyze the data collected to see if agencies are actually providing the help that their employees need.

Literature Review

Vicarious Trauma

Vicarious trauma is the process of change that happens because you care about other people who have been hurt, and feel committed or responsible to help them. Over time this process can lead to changes in your psychological, physical, and spiritual well-being, according to Pearlman and McKay (2008). Vicarious trauma is a cumulative process meaning it happens over time as one witnesses cruelty, hears distress stories, and deals with loss day in and day out. Vicarious trauma is the natural human response to the experience of looking at the reality of trauma, along with the difficulties that follow, right in the face. Influences on vicarious trauma deal with life experiences, those that happen and the ones we choose throughout the course of our personal and professional lives, continuously.

Vicarious trauma happens because you care - because you empathize with people who are hurting (Pearlman and McKay 2008). Empathy is the psychological identification with or vicarious experiencing of the feelings, thoughts, or attitudes of another. Mariska Hargitay is quoted saying, “It’s a proven fact that we hold on to trauma. How can somebody who’s holding so much trauma be of service to someone else if they’re full up? You’ve got to empty the glass.” Vicarious trauma is the result of opening up your heart and mind to the worst in human experience - natural and human-made disasters, and human cruelty. When you witness the suffering of people you care about and feel responsible to help, over time this can change the

way that you see yourself, the world, and what matters to you . . . changing your spirituality (Pearlman and McKay 2008).

Vicarious traumatization represents the resulting cognitive shifts in beliefs and thinking that occur . . . examples of changes in cognition when one experiences vicarious traumatization include alterations in one's sense of self; changes in worldviews about key issues such as safety, trust, and control; and changes in spiritual beliefs (Pearlman, 1999; Pearlman & McCann, 1995; Pearlman & Saakvitne, 1995). Taking a public health approach to preventing negative impacts on professionals exposed to vicarious or secondary trauma requires four steps: 1) defining the problem including measuring the scope or prevalence, 2) identifying risk and protective factors for negative outcomes, 3) developing interventions and policies, and 4) monitoring and evaluating interventions and policies over time (Molnar et al., 2017).

Following a traumatic incident, a number of different factors have been found to affect whether an individual will develop PTSD. . .factors include, but are not limited to, having a prior history of trauma, coping styles, irregular work hours, rotating shifts, and lack of social support both inside and outside work (Carlier et al., 1997; Marmar et al., 2006). Differences by gender and ethnic group have also been observed, although this is not consistent across all studies (Bowler et al., 2010, 2012; Lilly, Pole, Best, Metzler and Marmar, 2009; Marmar et al., 2006). These studies indicate that developing PTSD is not a function of any one thing, but how an individual's brain processes and stores traumatic events.

What/Who Are First Responders?

According to Dorfman and Walker (2007), the term "first responders" became publicized during the aftermath of the terrorist attack on the World Trade Towers and Pentagon on

September 11, 2001. First responders are trained people that respond to an emergency or crisis call and they may be the following workers: “police officers, firefighters, emergency medical technicians, mental health counselors and psychologists, medical staff and doctors, crime scene technicians, child protective services workers, security guards, first-line soldiers in combat, and in some cases, office managers and school teachers.” First responders rarely know what they will find when answering a call . . . psychologists and other mental health workers provided crisis counseling for these first responders to prevent them from developing more serious trauma reactions themselves (Dorfman and Walker 2007). First responders that answer a crisis call may come to find people that are traumatized by the situation at hand or people that are already mentally ill and become re-traumatized from experiencing the traumatic event (Dorfman and Walker 2007).

First responders and other professionals bear witness to traumatic experiences and damaging, cruel treatment experienced by others, as one author put it, “shattering assumptions of invulnerability” (Janoff-Bulman, 1992). First responders often work long hours to serve the most vulnerable people in society, most often people suffering from trauma. The relevant research literature on traumatic stress and first responders has documented an association between extreme levels of stress and participation in traumatic death events among first responders such as firefighters, law enforcement, and emergency medical personnel (Hyman, 2004; McCarroll et al., 1993; Moran & Britton, 1994; Van Patten & Burke, 2001; Weiss et al., 1995; and Waugh, 2013). Research shows us that PTSD is more likely to occur in occupational groups that are frequently exposed to traumatic events (Berger et al., 2012). These special populations include

military personnel and first responders, such as rescue workers, ambulance drivers, firefighters, and police officers (Marmar et al., 2006).

Policy Analysis (Policy Research)

Policy analysis, evaluation and study of formulation, adoption, and implementation of a principle or course of action intended to ameliorate economic, social, or other public issues. Policy analysis is concerned primarily with policy alternatives that are expected to produce novel solutions. Policy analysis requires careful systematic and empirical study (Simon, 2016). Policy research is a mixture of science, craftlore, and art. The science is the body of theory, concepts, and methodological principles; the craftlore, the set of workable techniques, rules of thumb, and standard operating procedures; and art, the pace, style, and manner in which one works, (Rossi, Wright, & Wright, 1978, p. 173). According to Ann Majchrzak (1984), policy research, therefore, is defined as the process of conducting research on, or analysis of, a fundamental social problem in order to provide policymakers with pragmatic, action-oriented recommendations for alleviating the problem.

According to Gordon et al., (1977), there are five steps in the analysis of a policy and they are as follows: 1) policy advocacy, 2) information for policy, 3) policy monitoring and evaluation, 4) analysis of policy determination, and 5) analysis of policy content. Gordon et al., (1977), used the term policy advocacy to denote any research that terminates in the direct advocacy of a single policy, or of a group of related policies, identified as serving sone end taken as valued by the researchers. Policy research has both a high action orientation and a concern for fundamental social problems and is similar to both basic research and policy analysis as it deals with fundamental social problems; policy research is similar to technical research because of its

high action orientation; however, policy research is the only type of research process with an orientation both to action and to fundamental problems, (Ann Majchrzak, 1984).

Simon (2016), states the complexities of policy analysis have contributed to the development of growth in policy science, which applies a variety of theories and tools from the hard sciences (e.g., biology & chemistry), social sciences (e.g., sociology, psychology, and anthropology), and humanities (e.g., history & philosophy) in an effort to be better understand aspects of human society, its problems, and the solutions to those problems.

According to Ann Majchrzak (1984), to do effective policy research involves more than substantive knowledge of a particular subject (e.g., education). Policy research involves more than an expertise in the application of different methodological and analytical tools. For policy research to yield usable and implementable recommendations, the research process necessitates an understanding of the policymaking arena in which the study results will be received.

According to Ann Majchrak (1984), to do effective policy research involves more than substantive knowledge of a particular subject (e.g., education). Policy research also involves more than an expertise in the application of different methodological and analytical tools. For policy research to yield usable and implementable recommendations, the research process necessitates an understanding of policy-making arena in which the study results will be received. According to Ann Majchrak (1984), a first aspect of the policy arena relevant to policy research is that research findings are only one of many inputs to a policy decision. A second aspect of the policy arena relevant to policy research is that policy is not made, it accumulates. A final aspect of the policy arena is that the process of making policies is as complex as the social problem itself; the process is complex, because it is composed of numerous different actors, operating at

different policymaking levels and juggling a myriad of different policy mechanisms with different intended and unintended consequences. In sum, the context of doing policy research consists of competing inputs, complex problems, and seemingly irrational decision-making styles.

Methodology

The questions posed were as follows: 1) Do agencies have policies in place that give warning to its employees, in this case first responders, of the possibilities of experiencing vicarious trauma? 2) With the policies, if there are any, what do they address and what strategies/responses do they implement to benefit their employees? Based on the posed research questions, the hypothesis is as follows: Agencies will have policies in place warning employees of the possibilities of experiencing vicarious trauma and the employees will benefit from the strategies in place.

The research was conducted using open source data. Qualitative data was collected from online databases, various websites, and scholarly books. Using the content analysis technique (Hsieh & Shannon 2005), the data was analyzed to see if agencies actually had policies that address the possibilities of experiencing vicarious trauma and discussed thoroughly throughout the research.

Data Collected

According to the Encyclopedia of Trauma (Figley, 2012), trauma practitioners set boundaries concerning: 1) with whom they are able or unable to work, 2) their availability to work and be on call, 3) their tolerance for self-destructive behaviors, 4) their policies toward sharing personal material (self-disclosure) and feelings, 5) the use of and balance between

collaboration and power, 6) the names by which they are called (Dr., first, last, any), 7) policies toward collection of fees, 8) social relationships with clients when contact is unavoidable (e.g., small town or rural community), 9) language used, 10) role and use of touch (handshakes, hugs), 11) continued contact after termination of professional relationships, 12) gift giving and receiving, and 13) use of personal and environmental space. Figley (2012), states that public policies have been, and continue to be, developed to guide individuals and communities on how to enhance resilience, in the aftermath of a disaster.

Figley (2012), the well-being of caregivers must be proactively protected to prevent them from succumbing to compassion fatigue or burnout, individuals working in trauma caregiving roles must be aware of the risks, and they must seek a healthy balance in their lives including having fun diversions from the intensity of their caregiving roles. Figley (2012), states that [caregivers] need positive support systems that encourage and validate them while providing a confidential, trusting atmosphere to process their reactions to traumatic events. Organizations that provide trauma caregiving services need to establish policies and procedures that promote the health of the caregivers, including providing trained peer-support systems along with professional counseling.

According to Eckenwiler (2003), since September 11, privileged nations such as the United States have developed a heightened sense of vulnerability to catastrophic events. In the wake of these shifting circumstances, sizable caches have been set aside to support emergency preparedness and design action plans and education for all—including emergency—health professionals. Exploration of ethical issues for emergency health professionals presents an opportunity to analyze questions that span domains of medical, research, and public health

ethics, institutional and organizational ethics, and ethics in health, social, and economic policy, (Eckenwiler, 2003).

Any attempt to evaluate ethical issues in crises is difficult because there are so many kinds of emergency health professionals. They include federal health officials working in the Department of Health and Human Services (DHHS, Centers of Disease Control and Prevention (CDC), and state and local public health departments as epidemiologists, laboratory staff, and clinicians, (Eckenwiler, 2003). Some, according to Eckenwiler (2003), operate dispatch centers, serve as emergency medical services (EMS) team members, fire services professionals, environmental health experts, evacuation and transport personnel, and command post coordinators, while still others care for patients in emergency departments, offer mental health services, and tend the dead.

When emergencies occur, generally local governments are responsible and act first by calling on local medical and public health professionals, EMS teams, and others, (Eckenwiler, 2003). State and federal assistance may be provided depending on the capacity of a given locality to respond. Should a national emergency occur, [the] DHHS is responsible for coordinating operations among other federal agencies and departments, and providing health and medical resources such as evacuation services, beds, direct medical care, personnel, and health-related social services, (Eckenwiler, 2003). The CDC responds whenever state agencies request assistance and in the incidence of use of both, biological and chemical weapons. Making crises all the more complicated is that agencies must now often negotiate with many combatants—with some functioning independent of the state—to provide emergency health services, (Leaning, 1999).

Boccellari and Wiggall (2017), states that all staff who work with severely traumatized people are vulnerable to the experience of vicarious trauma. This is recognized in the DSM-5 under the criteria for Post-Traumatic Stress Disorder, which includes “Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse)” (American Psychiatric Association, 2013). Research has shown that helpers have increased vulnerability to vicarious trauma early in their careers, while they are still developing their own effective coping strategies (Pearlman & McCann, 1995). Vulnerability also increases during periods of personal stress, i.e., undergoing a divorce, or the serious illness or death of a family member, (Boccellari and Wiggall, 2017).

According to Boccellari and Wiggall (2017), staff can become overwhelmed and come to identify themselves as helpless victims, deeply sympathizing with clients, but have trouble establishing appropriate boundaries, and their own emotional reactions to witnessing trauma in their clients prevent them from being able to provide effective help. If vicarious trauma goes unrecognized and unmitigated, staff develop an entrenched sense of personal victimization, globalized helplessness, and/or cynical, blame-the-survivor point of view, (Boccellari and Wiggall, 2017). If these symptoms of vicarious trauma last for a period of time, they tend to be quite difficult to undo. [In first responder occupations], management may observe the following problems that originate in vicarious trauma that include the following: staff absenteeism, high staff turnover, pervasive negatively in staff meetings and other collegial communication, low staff morale, client complaints about staff on satisfaction surveys, to other agencies, etc., grievances filed by staff, grievances filed by clients, and low client retention rates.

In order for organizations to challenge the possibility of vicarious trauma, they must implement a system that supports the program from the very start. According to Boccellari and Wiggall (2017), when implemented together, the following strategies help mitigate the impacts of vicarious trauma on staff and promote an organizational culture of wellness and efficacy: culture of compassion, the hiring process, promoting self care through self care groups, staff meetings that promote optimism and support, individual supervision, training, additional considerations for leadership, and policies.

Leadership needs to develop a culture of compassion and support throughout all levels of the program in order to keep staff healthy and effective, (Boccellari and Wiggall 2017). All staff, volunteers, professionals, paraprofessionals, trainees, front office reception, clerical staff, evaluation and research staff, and senior management must be included. According to Boccellari and Wiggall (2017), this culture should be developed and maintained through specific policies, procedures, and regular activities. . .because staff must be supported in order for them to be able to help clients, a culture of support does not conflict with making client-centered services an agency's top priority.

In order for staff to understand the importance of their occupation, employers must place emphasis on the core values of the company by referring to them in the initial job postings and position descriptions. During interview processes, employers should mention the core values of the company and assess the applicant's best fit. The interview process should asses the capacities of the applicant to know when they are experiencing stress and to use healthy coping strategies, (Boccellari and Wiggall 2017). If applicants have previous experience of working with

traumatized people, employers should query them about attitudes that come from vicarious trauma, like excessive cynicism.

"Self care" refers to the staff taking care of themselves in a regular, organized way. When it comes to promoting self care, there are five factors that play a part in the process and they are as follows: schedule, facilitators, activities, supervisors group, and review and change. New employees and trainees should be oriented to the importance of setting this time aside, and not working through it, (Boccellari and Wiggall 2017). According to Boccellari and Wiggall (2017), an outside facilitator can be helpful in establishing a new self care group, so that the burden does not fall on one of the staff. In a process-oriented self care group session, staff can check in with each other about the ways they are noticing that they are impacted by the work, and can offer each other normalization and coping strategies. Staff may also benefit from group sessions that provide activity and camaraderie such as walking, yoga, meditation, cooking, etc. In order to accommodate different ways of coping, it can be helpful to alternate process-oriented sessions with activity-oriented sessions, (Boccellari and Wiggall 2017).

According to Boccellari and Wiggall (2017), supervisors can hold their own self care group but it is important to recognize that self care needs of the staff are likely to change over time and leadership needs to be sensitive to these changes. Changing the self care group helps meet changing needs, as well as keeping the self care activities fresh and engaging. In addition to transacting agency businesses, staff meetings are an important part of maintaining a culture of compassion, optimism and mutual support, (Boccellari and Wiggall 2017). Useful practices during staff meetings include, book ends (storytelling), celebrating and recognizing those who

contribute to the healing community, healthy venting, sharing inspirations, cultural humility, client memorials, and celebrations.

According to Boccellari and Wiggall (2017), individual supervision is essential to preclude vicarious trauma. Training is very important with new staff due to the fact that they need to be well informed about vicarious trauma and how to prevent it. All staff should receive ongoing professional development training on a regular basis, such as in a weekly staff development meeting. In addition to enhancing the professional competence and efficacy of staff, these trainings also serve as a buffer to stress-related responses, (Boccellari and Wiggall 2017). Training topics can range from new evidence-based treatment interventions to implementing a social justice lens. Sample topics include: learning new developments in the assessment and treatment of trauma, information about the history and cultures of different client populations, and how we work with the "isms" our clients experience, including racism, sexism, homophobia and transphobia, (Boccellari and Wiggall 2017).

When it comes to additional considerations for leadership, supervisors need to maintain a balance between supporting staff in their self care activities versus meeting the demands of the organization for high productivity and adhering to high expectations for success, (Boccellari and Wiggall 2017). When addressing vicarious trauma, supervisors also need to support staff by empowering them and believing in their resiliency, but not disempowering them by giving the message that the work is, in fact, too overwhelming, (Boccellari and Wiggall 2017). Working in a field where vicarious trauma is prevalent, it is imperative that organizations adopt specific policies to help address it. These include: explicitly encouraging staff to take regular lunch breaks, to use vacation leave, and take sick leave as needed, explicitly discuss self care in staff

meetings and individual supervision, and when there is a clinical emergency, self-care is to be put on hold until the crisis is dealt with, (Boccellari and Wiggall 2017).

Results & Analysis

Open source data on policies was collected and then thoroughly discussed throughout the research paper. The results were uniform, covering the same length of time for each occupation. The limitation of my research is that due to time constraints, I was unable to seek approval from the Institutional Review Board to interview individuals from each first responder occupation covered in my topic to get first-hand insight on what it is like to work in these fields.

The qualitative data that was collected was strategically analyzed for any signs of assurance that the occupations do, in fact, warn their employees of potential effects of vicarious trauma and what plans are implemented to prevent or treat employees of said effects. Basic social research refers here to the traditional academic research that is generally done in disciplinary department]s of universities, (Ann Majchrzak, 1984). Policy research is similar to both basic research and policy analysis as it deals with fundamental social problems; furthermore, policy research is similar to technical research because of its high action orientation; however, policy research is the only type of research process with an orientation both to action and to fundamental problems, (Ann Majchrzak, 1984).

Conclusion

While vicarious trauma is a formidable problem, agencies can prevent it by establishing a culture of self-care, along with concrete steps including addressing the issue in employee selection, training, supervision and staff meetings, and by establishing weekly self-care groups, (Boccellari and Wiggall 2017). The questions posed were as follows: 1) Do agencies have

policies in place that give warning to its employees, in this case first responders, of the possibilities of experiencing vicarious trauma? 2) With the policies, if there are any, what do they address and what strategies/responses do they implement to benefit their employees?

According to the research, agencies do, in fact, have policies in place that give warning to its employees (i.e., first responders) of the possibilities of experiencing vicarious trauma. In fact, agencies can implement multiple strategies to meet the challenge of vicarious trauma head on. The policies address the seriousness of vicarious trauma by developing a culture of compassion and support (i.e., staff meetings that promote optimism and support), by emphasizing the importance of self-care for first responders, placing emphasis on vicarious trauma in the hiring process, and by training new staff to be well oriented on vicarious trauma.

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