



Province of the

**EASTERN CAPE**

SOCIAL DEVELOPMENT  
& SPECIAL PROGRAMMES



# **VICARIOUS TRAUMA POLICY**

Policy Registration No: 2012-302



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## DEFINITION OF TERMS

- i. **Social Work Clinical Supervision** Is a function that is assigned to a staff member to whom authority is delegated to direct, coordinate, enhance, and evaluate the on-the-job performance of the supervisees for whose work he or she is held accountable. In implementing this responsibility, the supervisor performs administrative, educational, and supportive functions. (Kadushin & Harkness, 2002, p. 23).
- ii. **Social Work Supportive Supervision** “seeks to allay anxiety, reduce guilt, increase certainty and conviction, relieve dissatisfaction, fortify flagging faith, affirm and reinforce the worker’s assets, replenish depleted self-esteem, nourish and enhance ego capacity for adaptation, alleviate psychological pain, restore emotional equilibrium, comfort and bolster, and refresh.” (Kadushin & Harkness, 2002, p. 23).
- iii. **Vicarious Traumatization (VT)** “The natural consequent behaviors and emotions resulting from *working with client trauma material as subject matter*. It is the stress resulting from *helping or wanting to help* a traumatized or suffering person.” (Figley, 1995)
- iv. **Burnout** “Exhaustion of a practitioner’s mental and physical resources attributed to his or her prolonged and unsuccessful striving toward unrealistic expectations, internally or externally derived.” (Azar, 2000)
- v. **Resiliency** “Involves one’s capacity to bounce back and function without negative impact despite exposure to traumatic or negative life experiences.” (Gilligan, 2000)

## **I. LEGISLATIVE FRAMEWORK**

- II. Public Service Regulations, 2001: Part VI of Chapter 1.
- III. Constitution of the Republic of South Africa (Section 23).
- IV. Occupational Health and Safety Act, No. 29 of 1996, as amended.
- V. Labour Relations Act, No. 66 of 1995.
- VI. Basic Conditions of Employment Act, No 75 of 1997.
- VII. Compensation for Occupational Injuries and Diseases Act, no 130 of 1993.
- VIII. Employment Equity Act, No 55 of 1998.
- IX. Disaster Management Act, No 57 Of 2002.
- X. Code of Good Practice: Working Time.
- XI. Policy and Procedure on Incapacity Leave and Ill health Retirement (PILIR).
- XII. Social Work Act No. 110 of 1978.

## 1. PREAMBLE

The counselor, psychotherapist, social worker and any mental health professional can be at risk for "vicarious traumatization." Counseling practitioners, mental health therapists and social workers often work diligently to engage the client, build rapport and validate experiences. When these efforts are made during the counseling process while working with trauma victims, it is now apparent that cumulative and lasting effects can impact on the counselor (Gabriel, 2001).

Increasingly, attention has turned to identifying the consequences of trauma work on the human services practitioner, counselor, and therapist. Given that social workers are major providers to populations of traumatized persons i.e., abused children, physically and sexually assaulted women, homeless men and women, new immigrants, persons with chronic mental illness and substance use, and those with life threatening illnesses, identifying the consequences of listening to trauma narratives as well as witnessing the effects of trauma becomes essential to survival of social workers as healthy individuals and professionals. Working with persons who have been traumatized puts the social worker at risk for trauma (Figley, 1995). Trauma work can be dangerous to the listener and to the witness and these dangers are such that the practitioner needs to be both informed of the risks as well as ways to minimize the harmful effects of trauma work. The debriefing sessions conducted for social workers in the Department indicated that the occupational risks they are exposed to are burnout, vicarious trauma and compassion fatigue.

Between 2008 and 2010, close to 75% of social workers were debriefed. Assessments done during the debriefing sessions confirmed the need to a formalized Vicarious Trauma Prevention Programme as most were already showing symptoms of either compassion fatigue; burnout and vicarious traumatization.

The core business of the Department are services that put the social workers at risk, failure to implement the policy could jeopardize the mental health of social workers and impact negatively on the ability of the department to deliver on its mandate.

## 2. PURPOSE

The purpose of this policy is for the department to recognize the effects of working with trauma victims or survivors. This policy provides the organization with a framework that promotes an understanding of the psychological effects, unsupportive work culture and the negative impact these have on those working with trauma survivors.

## 3. THE OBJECTIVES

To reduce burnout; compassion fatigue and vicarious trauma in social workers by providing strategies to prevent; identify and manage Vicarious Trauma at primary level.

- (a) To provide Social Work Supervisors with a framework for application of research-based Vicarious Trauma Buffering Methods.
- (b) Training of managers at all levels on Vicarious Trauma which addresses the organizational and manager's responsibility towards workers in relation to the issue.
- (c) Incorporation of policies and procedures relating to Vicarious Trauma into the Orientation Manual.

### 3.1 Scope of applicability

This policy is applicable to employees of the Department, primarily Social Work Service Staff and their immediate families.

## 4. PRINCIPLES AND VALUES

### 4.1 Valuing Staff

- a) Recognition for accomplishments, hard work through incentives.
- b) Promotion of self-care –time off for family responsibilities, workshops dealing with stress, Employee Assistance Programme and case conferences.

### 4.2 Accessibility

All employees should have reasonable access to decentralized services relating to the promotion of employee wellness. Access to rehabilitative/treatment services will be facilitated through the provision of referral resources outside the workplace.

### **4.3. Timeous intervention**

Employees should be referred to the programme as soon as it becomes apparent that they need to deal with a particular concern in their personal life or performance related issue.

### **4.4. Co-responsibility**

- (a) To provide an environment where the employee takes self-responsibility to identify signs of vicarious trauma.
- (b) To provide an environment where the supervisor, management and shop stewards take co-responsibility for early recognition of a troubled employee and utilize the IEWP preferably before job performance is affected.

## **5. POLICY STATEMENT**

The Department acknowledges the moral, legal and financial responsibility to protect and safeguard the employees and other persons affected by our activities, against occupational risk to their health or safety arising from any of the operations associated with the business of the Department.

The Department commits the required resources to the development and continuous improvement of a Vicarious Trauma Prevention and Management Programme.

### **5.1. Strategies to manage Vicarious Trauma**

#### **5.1.1 Organizational Culture Intervention**

- a) Orientation and alignment of the organization to its mandate; clients served and the values and principles underpinning how these needs are met.
- b) Barriers to service including conflicting value systems that contributes to a psychologically unsafe work environment.
- c) As much as senior managers are aware of the relationships between the department's programme, this may not be true for other members of the organization, as such role relationship in the department service delivery value chain (not role clarification) will be critical to culture shifting to ensure that all programmes have their focus on the needs of the department's clients (a source of much frustration to social workers, contributing to burnout)

#### **5.1.2. Clinical Vicarious Trauma Preventive Supervision**

- a) Supervisory training on the application of Social Work Supervision as means of preventing vicarious trauma.
- b) Formalized Case Rotation System.
- c) Training of supervisors on Employee Assistance Programme as a management system.
- d) Training of supervisors on the SAFER Debriefing model so that they can debrief social workers who are dealing with traumatic cases at primary source.

#### **5.1.3 Resilience Programming**

Resilience Programming will cover all dimensions of wellness and it will include:

- a) Assessments
- b) Definition of personal outcomes
- c) Planning ahead
- d) Enabling action
- e) Tracking implementation

## **6. APPROVING AUTHORITY**

Head of Department has the responsibility to approve this policy.

## **7. ADMINISTRATION OF THE POLICY**

General Manager: Corporate Services and individual Programme Managers shall be responsible for the administration of this policy.

## **8. ACCOUNTABILITIES AND RESPONSIBILITIES**

- 8.1. Management of the department is responsible for ensuring that this policy meets the organizational and legislative requirements, and reviewing the policy regularly using appropriate processes.

- 8.2. Team leaders are responsible for the implementation and compliance with this policy and procedures at service office level.
- 8.3. Staff is responsible for compliance with the requirements of the policy and should take appropriate steps towards self-care in the work environment.

**9. PROCEDURES FOR IMPLEMENTATION**

- 9.1 The policy will be rolled out to all districts.
- 9.2 Employees will be provided with hard copy of the policy to ensure each employee is fully aware of the requirements. In addition to receiving a copy of the policy, it may be helpful for employees to meet with management to discuss and ask questions concerning the policy on an individual basis.
- 9.3 Structured Clinical Supervision with a special focus on the supportive supervision will be a protective factor for Vicarious Trauma.
- 9.4 Close monitoring, early identification of burnout, compassion fatigue and vicarious trauma symptoms and referral.
- 9.5 Training for managers at all levels on Vicarious Trauma would address the organizational and managers' responsibility towards workers in relation to the problem.
- 9.6 Staff training at all levels on Vicarious Trauma including staff responsibility towards the self and peers.
- 9.7 Orientation Manual for social workers should incorporate the policy and procedures that relate to Vicarious Trauma.
- 9.8 Ensuring staff and managers are aware of both internal and external debriefing structures available.

**10. EFFECTIVE DATE OF THE POLICY**

The policy is effective from the date of its approval.

**11. MONITORING MECHANISMS**

Upon approval of this policy the IEWP shall be responsible for the roll-out of this policy in the Department. Monthly, quarterly, half-yearly and annual reports will be done.

**12. COMPLIANCE TO THE POLICY**

Non-compliance to this policy will be dealt with in terms of the relevant prescripts.

**13. REVIEW OF THE POLICY**

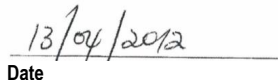
This policy will be reviewed every three years and whenever necessary to maintain relevance.

**14. POLICY RECOMMENDATION & APPROVAL**

**Recommended/ ~~Not Recommended~~**



Head of Department: Dept. of Social Development & Special Programmes

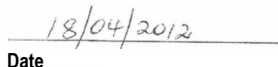


Date

**Approved/ ~~Not Approved~~**



MEC: Dept. of Social Development & Special Programmes



Date