ADDRESSING SECONDARY TRAUMATIC STRESS AMONG CHILD WELFARE STAFF

A PRACTICE BRIEF

INTRODUCTION

Child welfare staff are not recognized as first responders — yet, just like police officers and fire fighters, they must react to crisis situations with incomplete information about what may lie ahead. In addition to the very real personal physical risks associated with responding to a report of suspected child abuse or neglect, there are risks of psychological injury when responding to situations involving children and families that are experiencing abuse, neglect, family and/or community violence. Unfortunately, child welfare staff receive little public recognition for the risks their work entails, and child welfare-related news very rarely focuses on the positive aspects of child protection and the many day-to-day successes that result from staff's efforts. Instead, the public focus is usually negative, which can increase stress and pressure on child welfare staff and the system overall.

Secondary traumatic stress (STS), also known as vicarious trauma or compassion fatigue, refers to the experience of people — usually professionals — who are exposed to others' traumatic stories and as a result can develop their own traumatic symptoms and reactions. Child welfare staff have to deal with both direct and secondary exposure to dangerous situations — this combination can result in occupational stress.

Child welfare staff are susceptible to STS and occupational stress because of the vulnerable nature of their clients, the unpredictable nature of their jobs, the culture of their workplaces and their relative lack of physical and psychological protection. Horowitz notes that "vicarious exposures to the events of clients' lives are unavoidable for child welfare workers and may be more toxic [than direct exposure to violence] because they more fully reflect workers' lack of control and inability to adequately impact clients' lives"[1]. Unaddressed, this can lead child welfare staff to feel helpless, have reduced perspective and critical thinking skills, adopt a negative world view and have difficulty recognizing and monitoring their emotions and reactivity. As a result of repeated exposure to potentially traumatic events, they may be more apt to avoid reminders of past cases, over- or under-react to potential hazards to themselves or to their clients, and experience factionalism and a lack of collaboration with their supervisors and colleagues.

Traumatic event exposure has consequences that can be contagious. If several people in a work unit are highly short-tempered, argumentative and pessimistic as a result of their exposure to traumatic events, this is bound to negatively affect the people around them. Over time, this can lead an entire work area or organization to behave like a traumatized person. In this sense, trauma exposure can function like a behavioral toxin, particularly at times of heightened stress and public scrutiny, where the focus is overwhelmingly on the negative and decisions may be made in a reactive way.

There is a growing literature documenting the effects of these occupational stressors on front-line child welfare staff. In a survey of Colorado child protective staff, 50 percent had "high" or "extremely high" risk of compassion fatigue[2], and in a survey of child welfare professionals across five states, more than 50 percent of respondents

reported feeling "trapped and hopeless about their work with clients, being in danger while working with clients, [and] avoiding thoughts and feelings about their clients[3]. Several other studies have found that child welfare staff report higher levels of secondary trauma compared with staff from other helping professions[4 5 6].

In a study of public child protection staff, Hopkins, et al found that "employees' reports of 'stress' (captured by emotional exhaustion, role overload, and role conflict) contributed more to job withdrawal, work withdrawal, job search behavior, and exit from the organization than any other factor"[7]. Pryce and others also suggest a link between STS and the high turnover rates in child welfare work[8].

A Canadian study found that child protective staff with higher levels of reported traumatic stress symptoms were less likely to identify risk factors among simulated child welfare cases, which echoes findings of work-related stress influencing professional judgment in other fields[9]. Although this area requires more research, it is somewhat intuitive that the avoidance, reactivity and diminished critical thinking skills common to people who have experienced trauma could make child welfare staff less able to effectively intervene with and provide support to their clients. This makes addressing secondary traumatic stress even more compelling a task for the child welfare field.

WHAT WE'VE LEARNED IN NEW YORK CITY

The New York City Administration for Children's Services and the New York University Langone Medical Center have established the ACS-NYU Children's Trauma Institute, which seeks to use trauma-related knowledge to improve child welfare practice, and to help the child welfare system meet its goals on both the individual client and system levels. One of the Institute's projects — the Resilience Alliance — focuses on proactively addressing occupational stress experienced by those staff responsible for investigating allegations of child abuse and neglect and making decisions regarding child removal.

Between 2007 and 2012, we have conducted the Resilience Alliance intervention four times: our pilot was limited to newly hired child protective specialists and their supervisors, and our subsequent rounds have been with both new and veteran staff at all levels of the organizational structure (child protective specialists, supervisors, managers and deputy directors). The Resilience Alliance focuses on three core concepts — optimism, mastery and collaboration — and uses a combination of didactic and interactive components to first teach, and then help staff to apply, emotion regulation and other resilience-related skills. The intervention's structure allows participants to both have same-peer sessions and work unit-based sessions, which provide a safe space for staff to discuss challenges and concerns with their peers while maintaining a focus on the team. By using the work unit and larger work area as the context for learning and applying new skills and practices, the intervention fosters mutual social support and helps to improve the functioning and culture of the workplace.

We have collected data to measure the intervention's impact on participating staff, compared with child protective staff from other work areas. Our intervention had the greatest impact with newly hired staff, but even with groups of veteran staff we were successful in significantly increasing self-reported resilience and perceived coworker and supervisor support, and decreasing negative emotions and perceptions of themselves and their work. In our last complete round, over 80 percent of participating staff said that they would recommend the intervention to colleagues in other areas of the agency.

The Resilience Alliance clinicians have also been able to respond to crisis situations experienced by child protective staff, such as a child fatality or staff assault, and provide debriefing to those who have been directly impacted by the event. Citywide, Children's Services has a contract for debriefing services with the New York Society for the Prevention of Cruelty to Children; providing such services consistently to staff has been one of several strategies the agency uses to address its staff's needs.

A NATIONAL PERSPECTIVE

Given the high rates of attrition within child welfare, and its apparent link to STS and occupational stress, there is an increasing focus on addressing the impact of work-related trauma exposure within child welfare systems. According to a 2008 survey conducted by Child Welfare League of America, most states have Employee Assistance Programs and/or crisis debriefing services available for child welfare staff and an increasing number are addressing STS in a more focused, proactive way. Here are a few current examples of this work:

- In Connecticut, the Department of Children and Families' Academy for Workforce Knowledge and Development worked with the National Center for Child Traumatic Stress to develop work-related stress seminars now conducted for child protective staff at all levels, along with their colleagues from parole, juvenile justice, behavioral health and domestic violence. These full-day sessions focus on developing an environment of safety and trust, and concrete ways staff can address personal, professional and organizational stressors.

- In Colorado, Wyoming, North Dakota, Arizona and other western states, David Conrad from the University of Colorado provides both individual/group consultation to child welfare staff directly impacted by fatalities, staff assaults and other critical incidents, and secondary traumatic stress training seminars focused on preparing staff for coping with the work on an ongoing basis.

- As part of the National Child Traumatic Stress Network's Breakthrough Series Collaborative focused on using trauma-informed child welfare practice to improve foster care placement stability, Los Angeles, Massachusetts and several other jurisdictions are addressing the stressors experienced by child welfare staff and/or foster parents through on-site group sessions; integrating resilience-focused activities into staff meetings, group supervision and ongoing trainings; and other activities.

RECOMMENDATIONS

There is not only one way to address secondary trauma experienced by child welfare staff; interventions have to be adapted to meet the needs and fit the culture of individual agencies. However, based on our experience in New York City and from child welfare colleagues across the country, we believe that in order to be successful, an agency's approach should contain the following elements:

Prepare for the crises that will come. Crisis is an inherent aspect of child welfare work, and needs to be addressed proactively. Staff training and ongoing staff development should focus not only on quality child welfare practice, but also on how to best manage the occupational stressors that come with child welfare work. Debriefing or other support services should be made available to staff as part of the routine response to critical incidents, rather than being dependent on a request from frontline staff or their supervisors.

Target both the individual and the organization. People are impacted by their surroundings, particularly when that environment is crisis-driven and highly reactive. Teaching staff skills to decrease their reactivity and increase their optimism, self-care and sense of control will only be effective if it is supported by their supervisors and the agency as a whole. People impacted by STS are prone to self-isolation and blame, and this can be reinforced by a negative environment. Acknowledging that STS exists and that addressing it is the agency's responsibility can help change the larger organizational culture.

Involve stakeholders at all levels of the organization. Staff impacted by secondary traumatic stress and occupational stress may be cautious about new ideas, and perhaps even suspicious of others' motivation. Frontline staff and supervisors need to see concretely how a new intervention will support their ongoing work, rather than simply compete with other demands on their time. Agency leadership needs to see how addressing STS and occupational stress can improve agency outcomes on both the individual client and systemic levels. Involving all levels of staff in developing and implementing STS interventions can ensure that they address the most pressing individual and organizational needs.

Integrate the intervention into existing structures and activities. Given the workload-related demands on child welfare staff, anything that creates additional work or is perceived as "extra" will likely encounter resistance. In order to truly change the organizational climate, addressing STS and occupational stress cannot happen once a week or once a month; it needs to be incorporated into the ongoing activities of the staff, supervisors and agency, and tracked alongside other performance data.

Focus on concrete skills. Even if they haven't heard of "secondary traumatic stress," child welfare staff know better than anyone about its impact on them. While getting information about STS can be validating, staff will benefit most from concrete ways they can become more resilient and help to create a positive organizational culture. Supervisors and managers need help in both addressing the personal impact STS and occupational stress has had on them, and on how to more effectively supervise and support their staff.

Think beyond self care. Although everyone can benefit from adopting a healthier lifestyle and work-life balance, one-time trainings or events that focus exclusively on self-care activities (e.g., taking lunch, getting adequate sleep, not taking work home, etc.) may be perceived as putting the onus for change on individuals, thus "blaming the victim." True change has to happen at both the individual and organizational levels.

Recognize success. An important part of changing the organizational culture is consciously recognizing people's efforts and day-to-day successes. While accountability is important, combined with STS it can make people focus only on what goes wrong, not the many things that go well, impacting morale and job performance. Staff should be acknowledged for the work they do from every level of the organization.

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ACS-NYU Children's Trauma Institute
Department of Psychiatry • New York University Langone Medical Center
New York, New York 10016

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