

Supporting Child Welfare Staff

THE CRITICAL FIRST THREE MONTHS

On September 19, 2018, CBLCC hosted a Digital Dialogue on preparing new staff to work in a trauma-exposed environment. Guest presenters were Cambria Rose Walsh, Project Co-Director, Center for Child Welfare Trauma-Informed Policies, Programs, and Practices, and Alan O'Malley-Laursen, Program Manager for Youth Behavioral Health at Olmsted County Child & Family Services. Below are highlights of the discussion, which included nearly 225 individuals from around the country who joined the call.

SETTING THE CONTEXT

Child welfare staff play a central role in our efforts to ensure the safety and well-being of children and families. The rewards of the work can be great—but so, too, can be stressors related to organizational climate, workload, and physical and psychological safety. Staff turnover among child welfare staff is high—as much as 25% per year—and the cost to agencies in terms of hiring, morale, and quality of service is substantial.¹ And the #1 reason staff leave? The agency. Not the stress of working with traumatized children and families, but stress-related conditions within the agency itself that become unbearable.

Find Related Resources:

Access the <u>Digital Dialogue</u> recording and handouts.

Explore CBLCC's topics.

Stay connected to our ongoing work in this area.

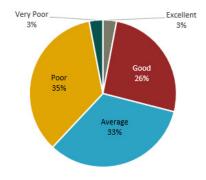
THE DIGITAL DIALOGUE

The Digital Dialogue began with discussion of the hiring phase, which offers agencies an opportunity to engage potential new workers, define the realities of the job, and outline organizational supports in place for staff. Presenters discussed key elements of the hiring process, which lays the groundwork for hiring a workforce that both understands the risks of the job as well as the opportunities for building resilience, developing professional competence, and experiencing the rewards of the job. Examples were provided from current practice at Olmsted County.

POLL QUESTION 1: HOW WOULD YOU RATE YOUR AGENCY'S PREPARATIONS FOR INTRODUCING NEW STAFF TO THE REALI-TIES OF WORKING IN A TRAUMA-EXPOSED ENVIRONMENT?

Participants in the Digital Dialogue were asked to rate their agency's preparations for introducing new staff to the real-ities of working in a trauma-exposed environment. Nearly one-third thought preparations at their agencies was good to excellent; one-third responded average; and more than one-third responded that preparations in their agencies were poor to very poor (see Figure 1).

How would you rate your agency's preparations for introducing new staff to the realities of working in a trauma-exposed environment?



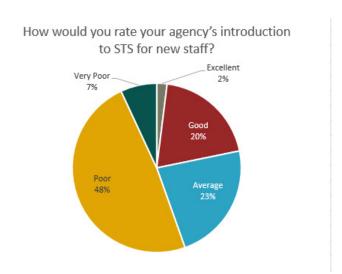
¹ Sage, M. D. (2010). Child welfare workforce turnover: Frontline workers' experiences with organizational culture and climate, and implications for organizational practice. (Doctoral dissertation). Retrieved from https://pdxscholar.library.pdx.edu/open_access_etds/365/.

Discussion then moved to the critical first three months, including preparing for the first day, orienting to the work environment, and supporting staff. Additional information and many useful checklists and examples can be found in *Secondary Traumatic Stress in Child Welfare Practice: Trauma Informed Guidelines for Organizations* (or STS Guidelines for short), which Cambria and Alan were involved in developing under a federal grant from SAMHSA, the Substance Abuse and Mental Health Services Administration. (Visit CBLCC's website to download the STS Guidelines and other resources from the Digital Dialogue.)

Poll Question 2: How WOULD

YOU RATE YOUR AGENCY'S INTRO-DUCTION FOR NEW STAFF TO STS AND THE OTHER KEY CONCENTS NOTED, AS WELL AS THE IMPORTANCE OF EN-HANCING PHYSICAL AND PHYSCHO-LOGICAL SAFETY?

In a second poll, participants were asked to rate their agency's introduction for new staff to STS and the other key concepts noted, as well as the importance of enhancing physical and psychological safety. More than half (56%) responded that their agencies did a poor to very poor job in this area (see Figure 2).



We then asked participants to share feedback that

they have heard from staff. What kinds of information or supports are they looking for, or what has been most helpful in terms of supporting their own teams? Responses to this question clustered in five areas:

- Group Supervision
- More Staff
- Support and Feedback
- Reflection
- Stress Reduction Techniques

While the focus of this Digital Dialogue was the first three months of employment, ongoing support for staff is also critical. The STS Guidelines address organizational strategies for providing ongoing support for staff, including:

- Assessment of STS
- Building Resiliency
- Coverage and Caseloads
- Empowerment and Advocacy
- Support Systems
- Recognition, Team Building, and Peer Support

The STS Guidelines also include sections on Critical Incident Debriefing and Evaluation.

CBLCC partnered with Cambria and Alan on a presentation addressing ongoing support for staff. *Restore, Refresh, and Reenergize: Organizational Strategies to Address Secondary Traumatic Stress in the Workforce,* a skills seminar, was presented at the Child Welfare Virtual Expo in July 2018. A recording of that session is available on the website of the Child Welfare Capacity Building Collaborative.

Question & Answer

WHAT ARE SOME SPECIFIC WAYS THAT THE LARGER AGENCY CAN TAKE SOME OF THE STEPS, NOT THE INDIVIDUAL STAFF MEMBERS OR SUPERVISORS?

Alan: If we didn't have the support of our administration, our efforts to adopt a more trauma-informed approach would not have gotten very far. It requires integration into the organizational processes—for instance, adding questions to our application form and the interview process.

We've been very fortunate in Olmsted County. Our county administrator has required all departments to have wellness goals within their annual plans. That kind of support from the top really helps for the work that we do.

Another important step we took early on was to develop a work group that asked members from different parts of our department to do several things. One was to come up with ways to raise awareness about secondary traumatic stress, and then to make recommendations for implementation. Without organizational support, that piece would never have been implemented.

Incorporating staff support strategies like appreciative inquiry and reflective supervision also requires an organizational commitment. An individual supervisor could do some of those things, but that may only have a small impact. We think it's important to make such strategies part of the overall culture of the organization, with all of the staff training needed to enable supervisors to utilize such approaches effectively.

Cambria: It is very important that there is organizational agreement in looking at policies across the agency around supporting staff. Training for supervisors on how to supervise and support staff, while setting good boundaries, is also critical.

IS WHAT WE ARE DISCUSSING APPLICABLE TO DOMESTIC VIOLENCE AGENCIES, OR OTHER TYPES OF AGENCIES?

Cambria: Absolutely—the STS Guidelines are applicable across a broad range of human service agencies. When we were developing the Guidelines, we worked with five different child welfare agencies around the United States. But as the Guidelines took shape and became more developed, we realized that they really apply to most agencies that are serving traumatized populations. So whether it's working with domestic violence, or in mental health clinics, or some other type of agency, these Guidelines outline a useful process for building organizational capacity to support staff across what we call the life span of the work force.

Alan: I would agree that the Guidelines have broad applicability. I think the reality is that any organization working with people who are experiencing trauma will have staff that have been impacted emotionally. So I think the trauma-informed guidelines for organizations are completely relevant to pretty much every organization in the human services.

DO YOU HAVE MORE INFORMATION ON TRAUMA-INFORMED SUPERVISION?

Cambria: Trauma-informed supervision is kind of new, although there is some great work being done in this area. Dr. Brian Miller has created a model called CE-CERT (Components for Enhancing Clinician Experience and Reducing Trauma), a skills-based, evidence-informed model that has been used mostly in mental health, but there is a lot of application to child welfare, too, in terms of secondary traumatic stress.

CE-CERT helps supervisors and staff learn specific ways to connect emotionally and fully engage in the work while safeguarding against the risk factors for secondary traumatic stress. It focuses on five key clinical practice and supervision skills: (1) engaging and "metabolizing" intense affect; (2) decreasing rumination; (3) developing a conscious narrative; (4) reducing emotional labor; and (5) attending to parasympathetic recovery.

We're working with Brian as we are doing our revision of the Child Welfare Trauma Training Toolkit, which is a National Child Traumatic Stress Network product. Included in the revised edition will be a specific training for supervisors on trauma-informed child welfare. It will be a day-long training that reflects on what the frontline

workers are learning. For the supervisors, we're also doing a six-month consultation after the training to help them implement the concrete strategies that they're learning during the training and help them reflect on their supervision style and how they support staff.

Alan: We have learned a lot over the years about how to work effectively with trauma victims. It makes perfect sense to use some of those same strategies to address our own secondary trauma.

Again, we stress that management and administration support is important. Working around secondary traumatic stress is asking for organizations to change in how they think about the work, look at the work, and pay attention to the work. That requires a lot of consistent and persistent effort to make things happen—to get them integrated into the system.

To move forward, it is also important to have a champion (or two or three) within the organization to take this on and keep the change process moving. Go to some trainings, and then get folks together from the grassroots, including management, to start working out what can be done within the organization to implement some strategies around secondary stress. At the very least, recognize it as a real, legitimate part of the work.

WE TALK ABOUT SECONDARY TRAUMATIC STRESS FOR NEW WORKERS, BUT WHAT ABOUT THOSE WHO HAVE BEEN WORKING IN THE FIELD FOR A LONG TIME?

Alan: Yes, that is important. Burnout and secondary traumatic stress can build over time. Some research says that, as folks get more experienced and seasoned in the work, they might be a little less vulnerable because of their sense of competency. And hopefully, over time, they've learned some self-care strategies. But, by no means is this just an issue for new staff. In fact, secondary traumatic stress is also an issue for folks who have been around for quite a while.

In Olmsted County, we take a survey of our staff every six to eight months as a check on how folks are doing around secondary stress. We also ask them to let us know how long they've been working in the agency. We have seen that the levels of stress don't necessarily relate to how long they've been working in the agency.

The STS Guidelines do address organizational strategies for providing ongoing support for staff, along with handouts and other resources that folks might find useful. I encourage folks to check it out!

Additional Resources:

- Secondary Traumatic Stress in Child Welfare Practice: Trauma Informed Guidelines for Organizations
- Video: Multidimensional Human Services Workplace Stress (7 minutes)
- Video: "Realistic Job Previews"
- <u>Virtual Expo session on Restore, Refresh and Re-energize: Organizational Responses to Secondary Traumatic Stress, available through capLEARN</u>
- National Child Welfare Workforce Institute (NCWWI)
- Child Welfare Information Gateway: Secondary Traumatic Stress

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