

Building Resilience Among Child Welfare Staff

May 12, 2010

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Presentation Overview



- Define elements of a trauma-informed child welfare system
- Review data on child protective staff exposure to traumatic events and secondary traumatic stress
- Review intervention designed to increase resilience and reduce burnout and attrition of child welfare staff

A Trauma-Informed Child Welfare System...



- Understands the impact of childhood traumatic stress on the children served by the child welfare system, and how the system can mitigate the impact of trauma or can add new traumatic experiences.
- Understands the impact of trauma on the families with whom child welfare workers interact.
- Understands the impact of secondary trauma on the child welfare workforce, including staff and resource parents.
- Understands that trauma has shaped the culture of child welfare the same way trauma shapes the world view of victims.

A Trauma-Informed Child Welfare System...



- Recognizes that trauma is central to its work.
- Recognizes that a traumatized system cannot identify clients' past trauma or mitigate/prevent future trauma.
- Has the capacity to translate trauma-related knowledge into meaningful action, policy and practice changes.

ACS-MSSM Children's Trauma Institute



- The CTI is a unique collaboration between the New York City Administration for Children's Services and the Mount Sinai School of Medicine.
- Our mission is to advance trauma-informed practice within the child welfare system. Through our work, we aim to support innovation at the individual and systems level.
- The CTI is funded by SAMHSA and private donors, and is a member of the National Child Traumatic Stress Network (NCTSN).
- The CTI has developed a method for collaboration through partnerships with stakeholders in the child welfare system.

Background



- **Response to September 11th**
 - Led to system readiness
- **Needs Assessment**
 - How is trauma relevant to child welfare work?
 - Formalized process for stakeholder involvement
- **Developed CTI agenda**
 - Resilience Alliance – address secondary trauma and reduce attrition among child protective specialists (CPS)
 - Foster care and preventive projects

A Romantic Enters The World.



Secondary Trauma



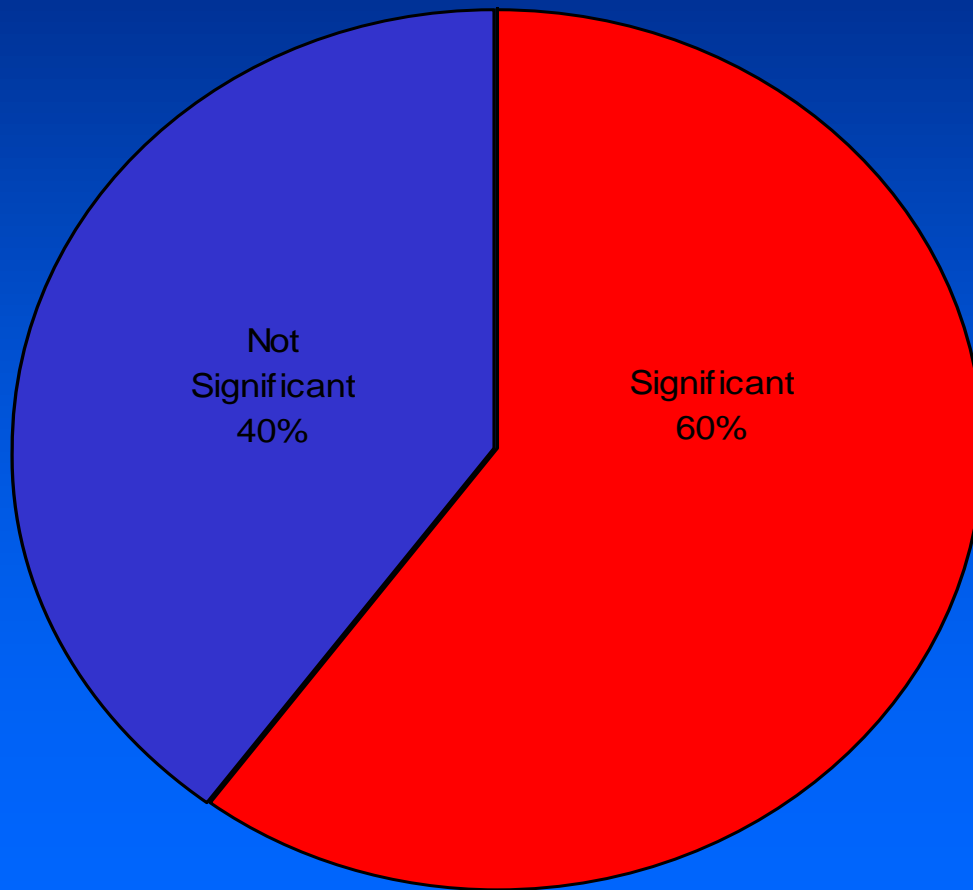
- Secondary trauma results from exposure to trauma experienced by others, often in a workplace context.
- Secondary trauma symptoms are often indistinguishable from those experienced directly as a response to trauma.
- Child welfare staff are particularly at risk of experiencing secondary trauma because of the nature of their clients' experiences and the vulnerability of their clients.

Exposure to Occupational Stressors



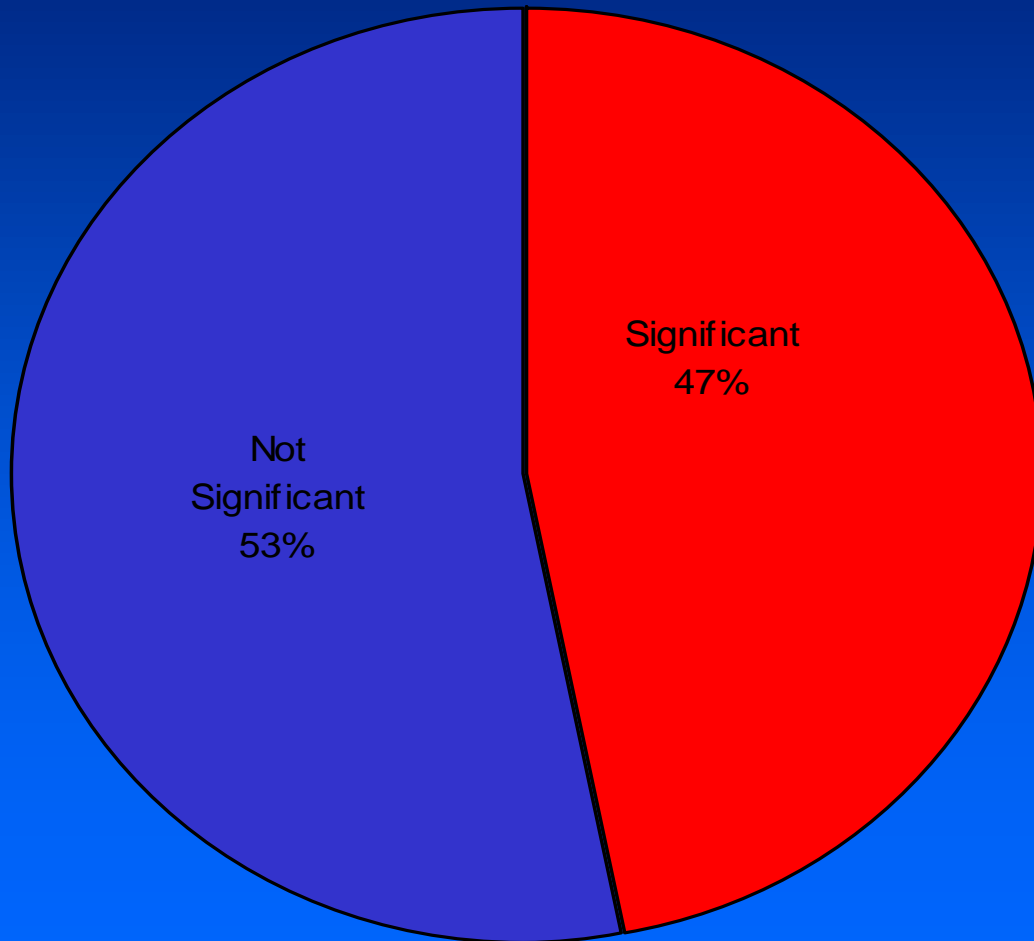
CPS-Related Stressor	% witnessing event (N=49)
Dangerous neighborhood	92
Drug abuse by client	90
Poverty and homelessness	86
Physical abuse of child	84
Educational neglect	84
Poverty and lack of food	80
Sexual abuse of child	78
Criminal activity by client	76
Poverty and lack of healthcare	69
Death of a client due to illness	47
Death of a client due to accident	33
Death of a client due to unknown cause	33
Death of a client due to murder	24

Work-Related PTSD Symptoms



- 182 ACS workers completed the Impact of Event Scale (IES). Items include:
 - Pictures of it popped into my mind
 - I stayed away from reminders of it
- 1 week after the most distressing work-related event, 60% reported clinically significant PTSD symptoms (IES score > 26)

Work-Related PTSD Symptoms



- Of those reporting significant symptoms after the event, 47% (n=52) continued to experience clinically significant PTSD symptoms in the week preceding the evaluation, an average of 2.15 years later

A stressed system...





WEB SHOTS

Trauma-Related System Characteristics



- **De-facto first response system**
 - Trauma as a behavioral toxin
 - First responders' fallacy – focus on negative
 - Need for psychological “protective gear”



Trauma-Informed Analysis of CPS Work



■ Cognitive effects

- Negative bias/pessimism
- Loss of perspective/critical thinking skills
- Threat focus – see clients, peers, supervisor as enemy
- All-or-nothing
- Decreased self-monitoring

■ Social impact

- Reduction in collaboration
- Withdrawal and loss of social support
- Factionalism

■ Emotional impact

- Helplessness/hopelessness
- Feeling overwhelmed

■ Physical reactions

- Headaches/migraines
- Tense muscles
- Stomach ache
- Fatigue/sleep difficulties

Trauma-Driven Outcomes



- Loss of perspective
 - Impact on ability to assess safety and risk
 - Distrust among colleagues/supervisors
 - Increased absenteeism
 - Decreased motivation
 - Increased attrition
-
- Systemic pressures can exacerbate these responses, resulting in a negative feedback loop
 - Proposed solutions to poor casework practice (training, new protocols, increased oversight) *often exacerbate the problem* as much as they help

Resilience Alliance – Goals



- **Decrease stress on the worker through enhancing resilience skills and increasing social support**
- **Three Prism Intervention – skills focused**
 - **Optimism**
 - Anticipating the best possible outcome and the ability to reframe challenging situations in positive ways
 - **Mastery – 2 dimensions**
 - Skills to perform one's job effectively
 - Ability to regulate negative emotion, engage in self-care
 - **Collaborative Alliance**
 - Workers, supervisors and clients working together toward a common goal

How to manage a stressed system...

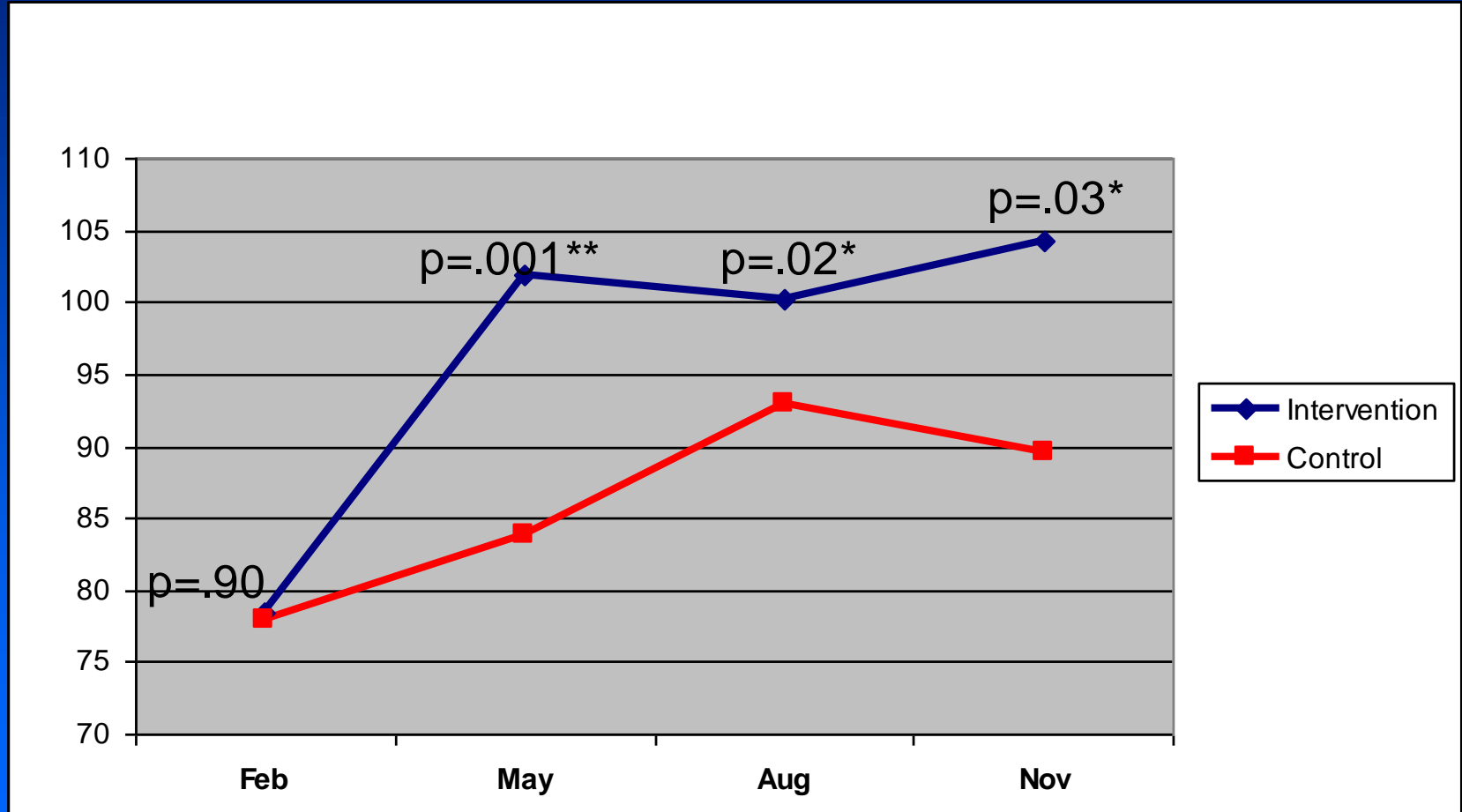


Pilot study - 2007

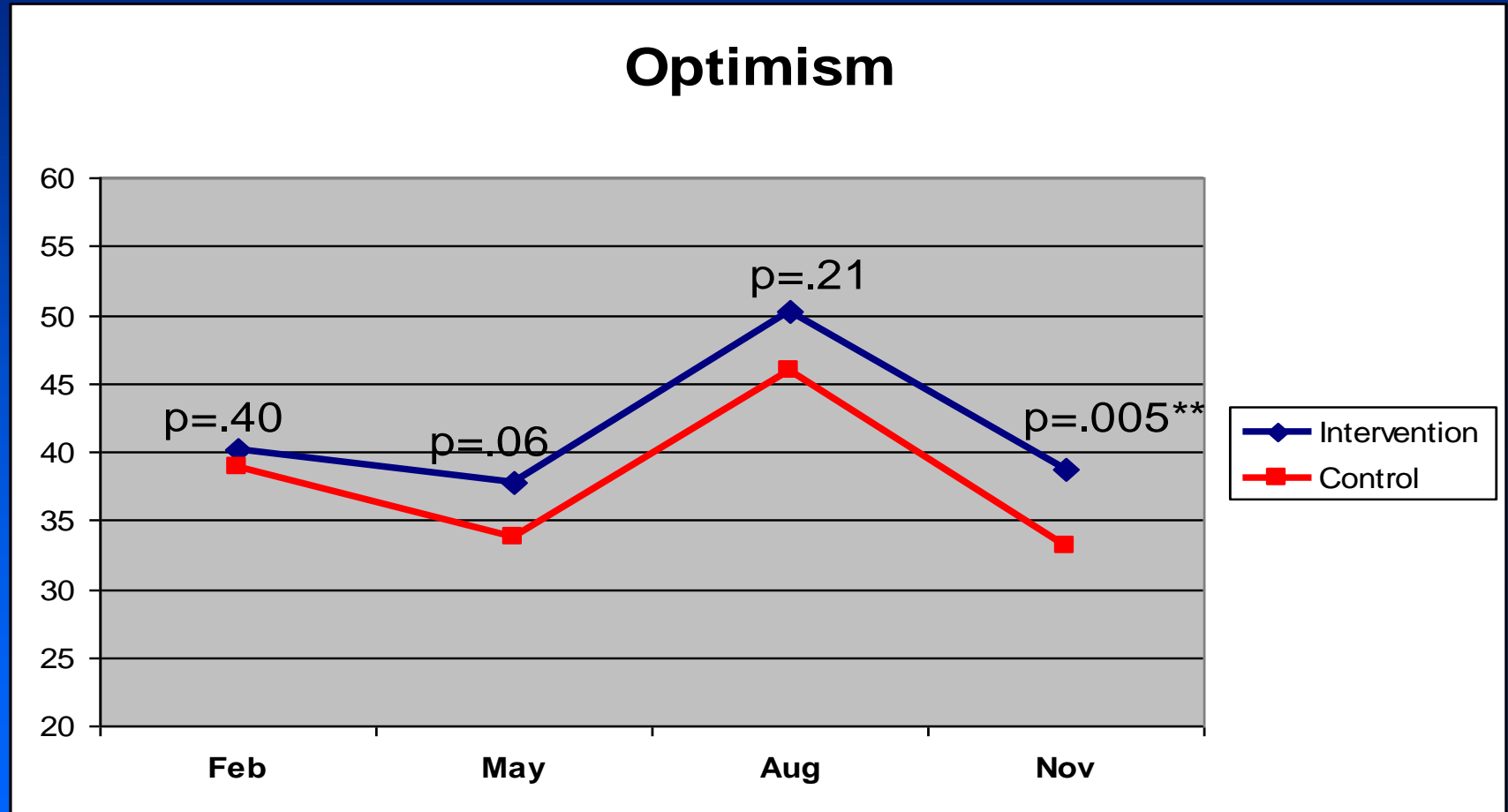


- **New Child Protective Specialists – compared 4 units that received 6-month intervention with 4 units who got one-time STS workshops**
- **Intervention group performed better on:**
 - Resilience
 - Optimism
 - Job satisfaction
 - Reactivity to stressful events
 - Burnout
 - Total case assignments
 - Overdue cases
 - Attrition (25% vs. 45%)
- **Did not see effects in co-worker, supervisor support**

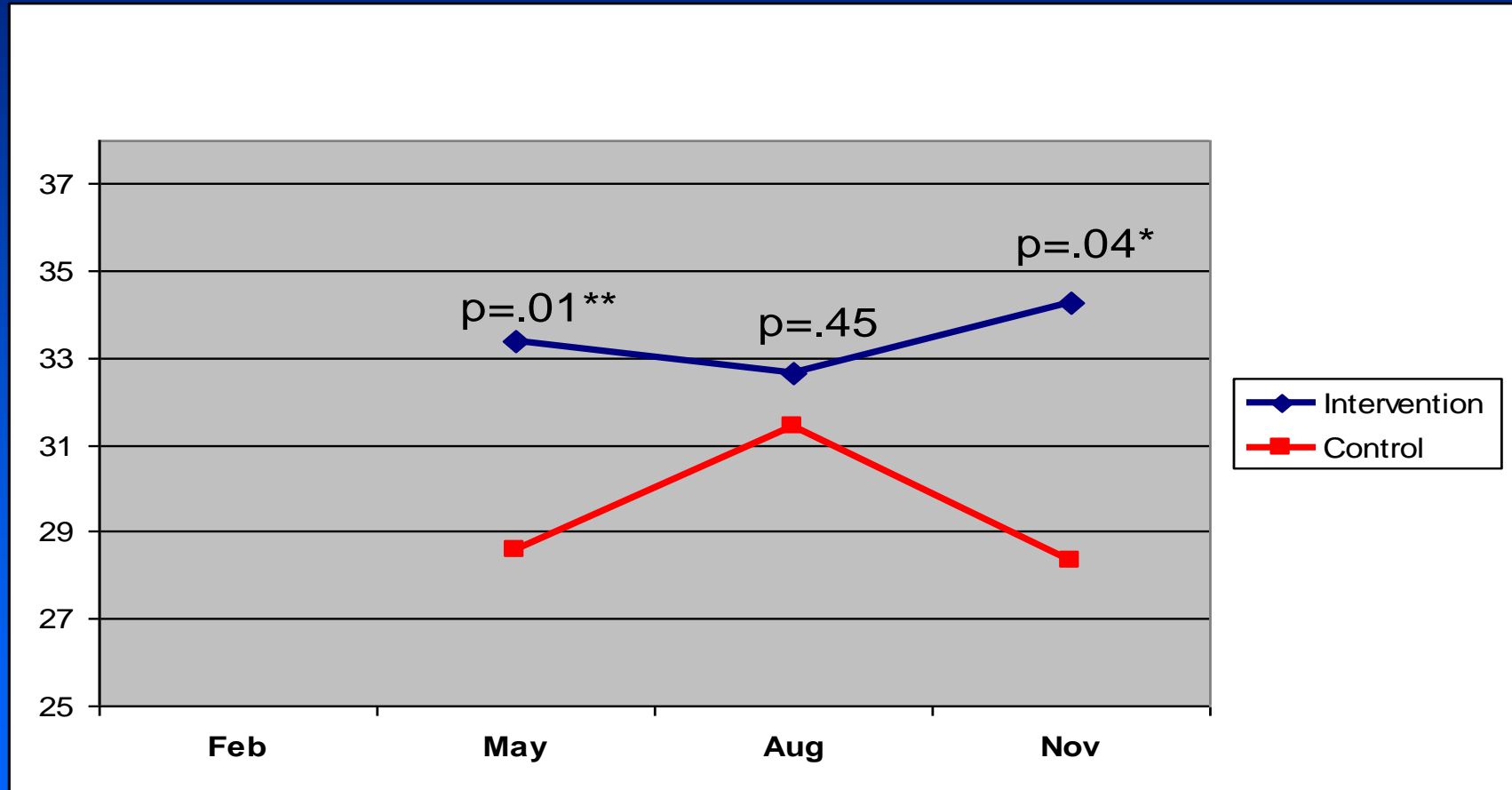
Resilience



Optimism

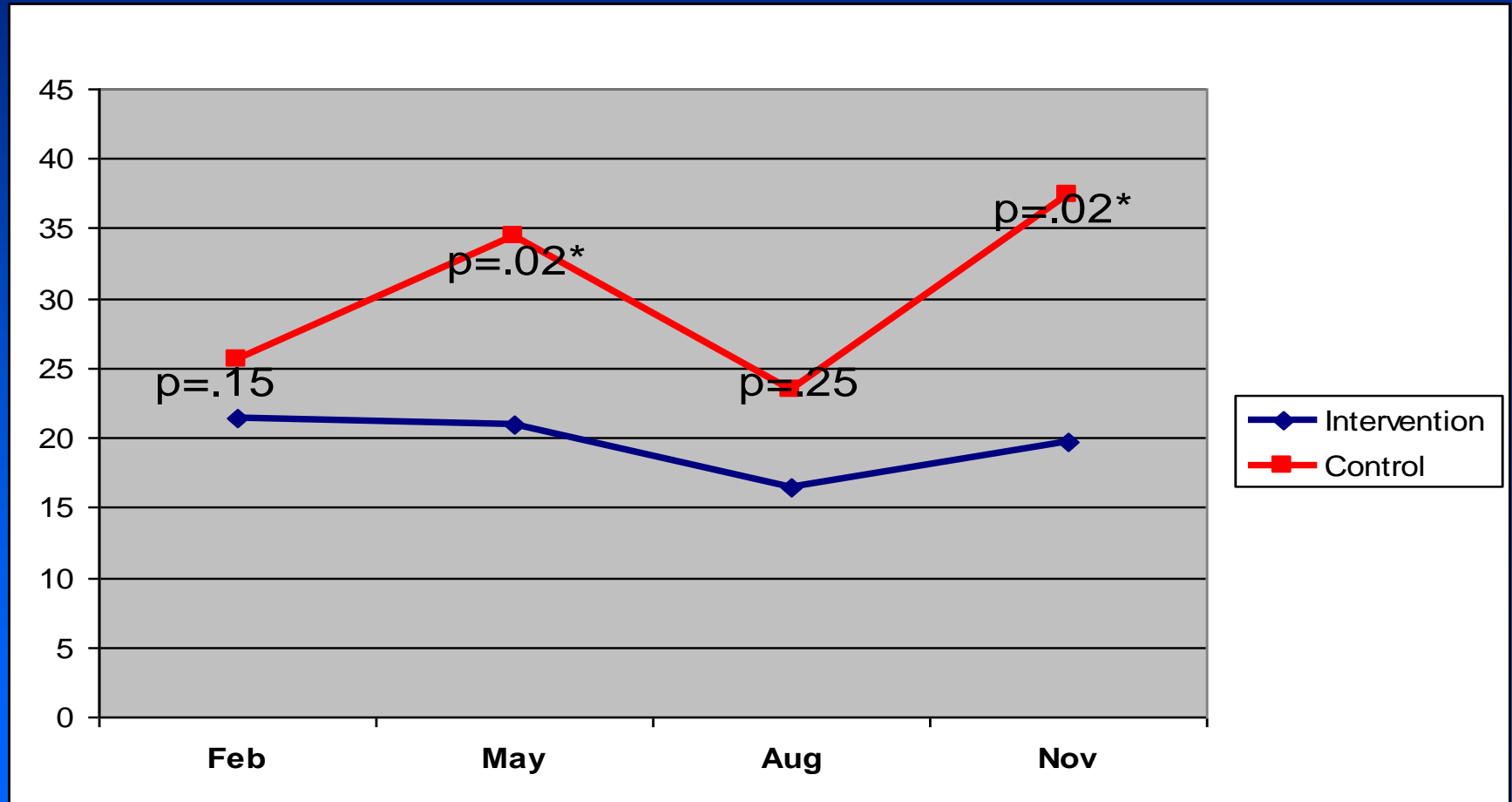


Job Satisfaction



* Baseline data was not collected

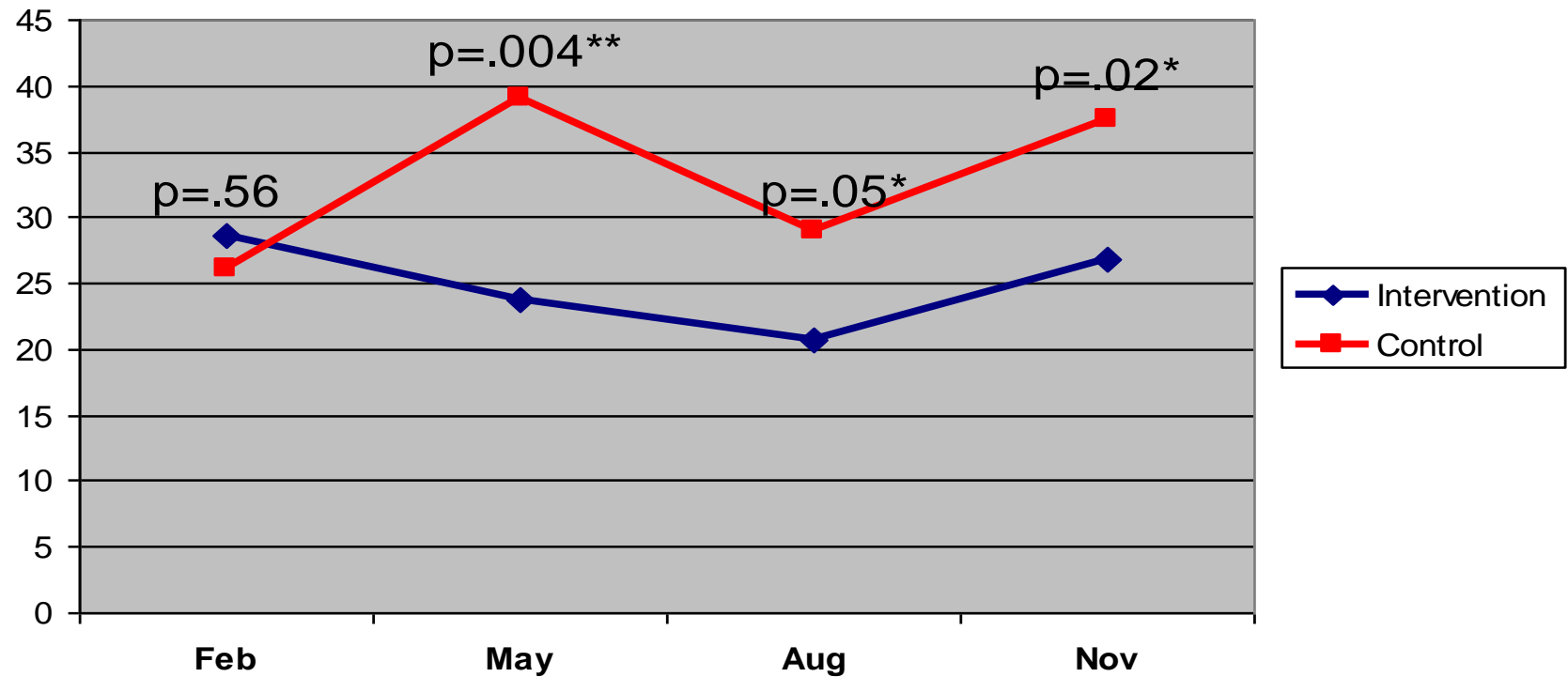
Reactivity to Stress



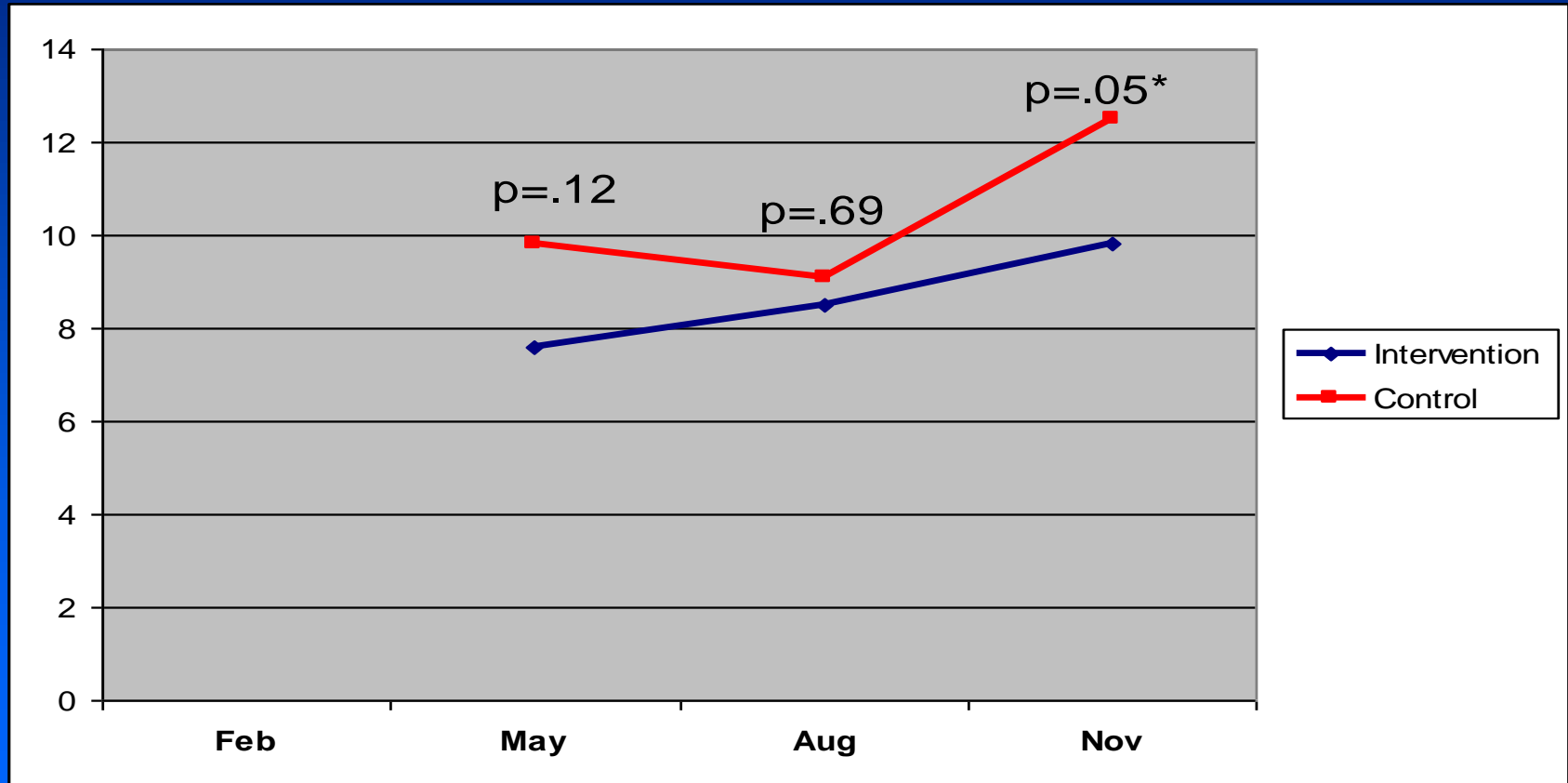
Burnout



Burnout

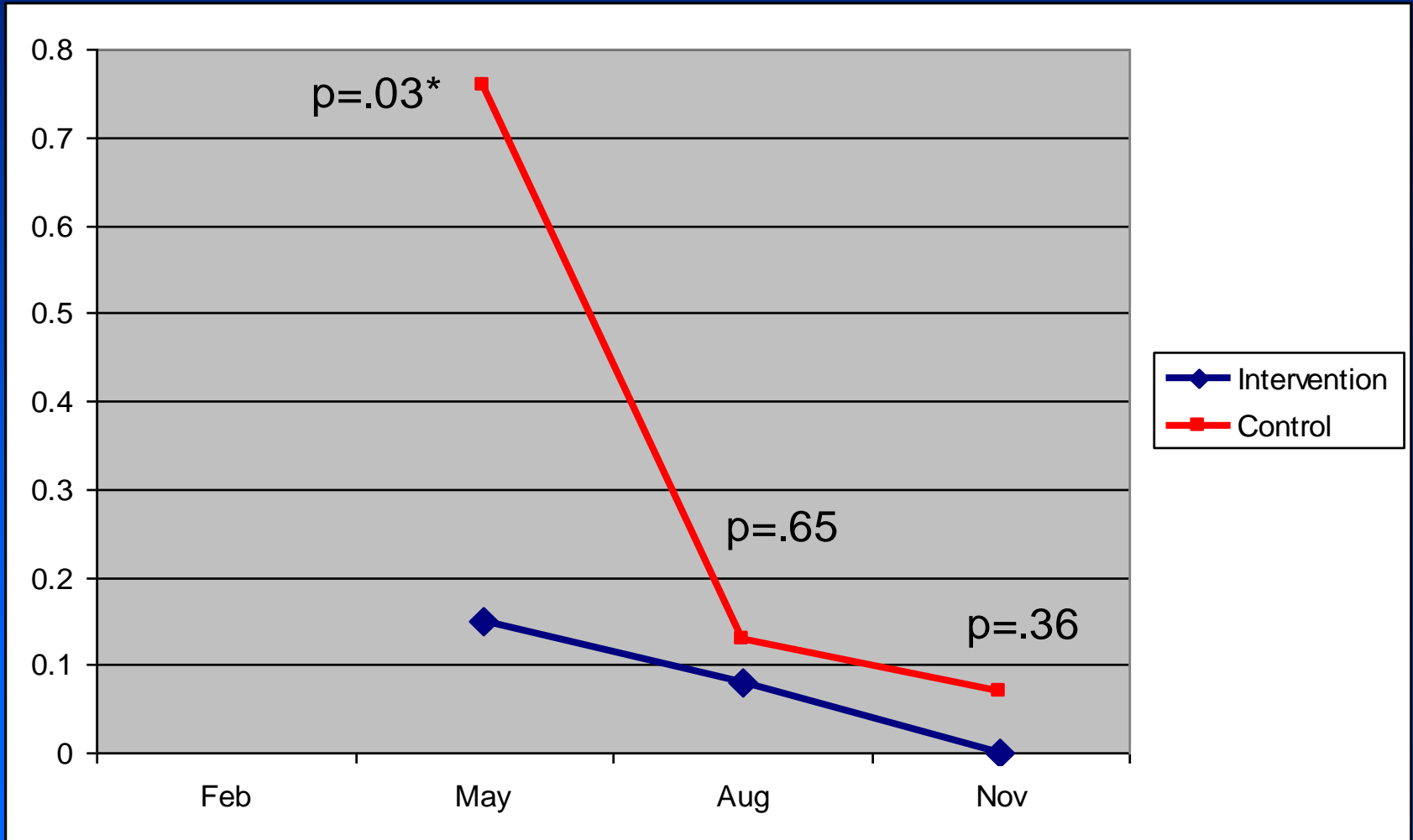


Total Number of Case Assignments



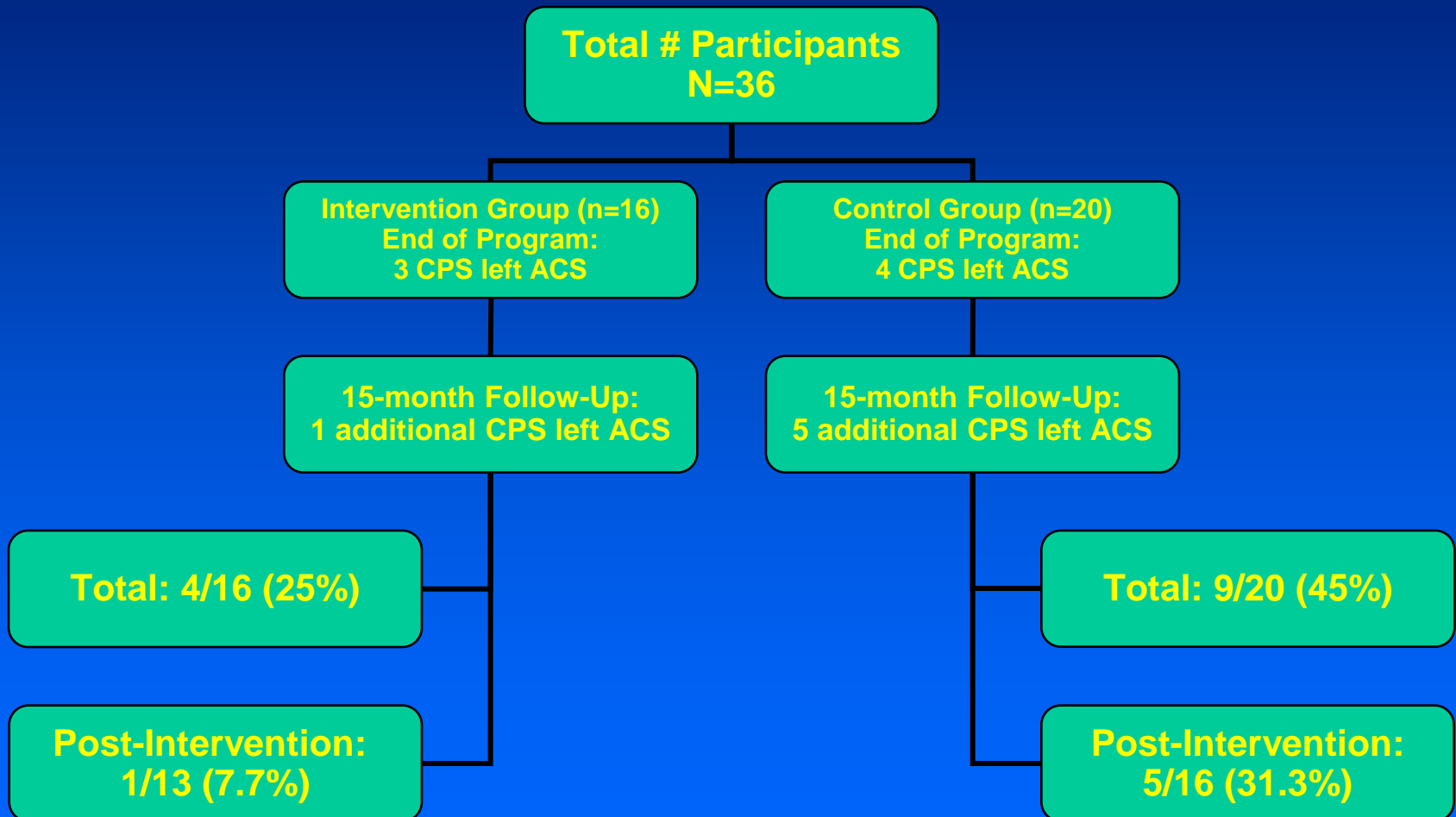
* Baseline data was not collected

Overdue Cases



* Baseline data was not collected

Attrition



Reasons for Attrition



■ Intervention Group:

- 1/4 (25%) left ACS because of burnout/secondary traumatic stress
- 3/4 (75%) left for medical/family reasons

■ Control Group:

- 7/9 (78%) left ACS because of burnout/secondary traumatic stress
- 2/9 (22%) left for unknown reasons

Intervention Scale-Up - 2009



■ Adjustments to model:

- Working with full Zones of experienced staff
- Supervisors and Managers integrated into group sessions
- Greater emphasis on team focus
- Addition of co-facilitator from child protective division

■ Challenges:

- More interpersonal history, conflict
- Organizational changes affected group cohesion

2010 Modifications



- **More preparation with Zone Supervisors and Managers**
 - “clearing the air, getting clear and moving forward clearly”
- **Different integration of Supervisors and Managers**
 - 3-week cycle: CPS alone, CPS/Supervisor, Manager and his/her CPS/Supervisor units
- **Integration into other agency efforts to improve supervision and case practice**

Child Protective Staff Feedback



“The project is helpful because it lets you know that you are not the only one dealing with stressful situations pertaining to the job... it gives the person hope that maybe things will improve because someone else has experienced it and they are still here.”

“Resilience [Project] has taught me to deal constructively with daily challenges as an ACS worker, to be more flexible and open to change. Because of this project, I’m able to think proactively, objectively, work well under pressure, and not take things so personal.”

Supervisor/Manager Feedback



- Staff feel acknowledged and supported by borough leadership
- Staff at all levels feel like they have more of “a voice”
- Not always operating in “emergency mode”
- Staff have greater ability to see others’ perspective, not assume motivation
- Staff have increased ability to self-monitor, “reduce heat”

New York City's "Lessons Learned"



- Targeted intervention can reduce STS effects
 - On individual *and* occupational dimensions
 - Requires administrative and leadership-level support, as well as staff-level buy-in
 - Stakeholder input should be used to develop an integrated program
 - “layering on top” not likely to be successful
- Achieving a trauma-informed child welfare system requires interventions/efforts that:
 - Are linked to child welfare outcomes
 - Include a strong focus on staff resilience
 - Are supported by policy and practice change

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