Task Force to Examine Workforce Resiliency in the Child Welfare System

Members of the Committee
Dr. Dawn Matera Bassett, Chair

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Task force Charge

Pursuant to Title 19, Article 3, Section 318 of the Colorado Revised Statutes, the Task force to Examine Workforce Resiliency in the Child Welfare System (Task force) was charged with the following tasks:

- Bring together members of statewide working groups, child welfare caseworkers, and parallel professionals who have identified successful resiliency program models;
- Provide insight and guidance to Colorado counties that are interested in implementing a resiliency program;
- Create a database of statewide resources that will be available to any interested county;
- Demonstrate Colorado’s commitment to its child welfare workforce; and,
- Explore opportunities to apply federal and private grants to support the implementation of county-level resiliency programs.

Task force Activities

The Task force was comprised of representatives from the following: Colorado Department of Human Services; Representatives from small, mid-size, and large county Departments of Human Services; current caseworkers; law enforcement; National Association of Social Workers (NASW); Colorado Children’s Advocacy Center; and Metropolitan State University of Denver Social Work Department.

The Task force met eight times between July 31, 2017, and November 13, 2017. The Task force reviewed topics such as secondary traumatic stress, vicarious trauma, burnout, and compassion fatigue, and how these phenomena impact the child welfare workforce. The Task force ascertained which trauma resiliency models are currently used throughout the state and across the nation. Emerging themes and trends were then utilized to identify and develop recommendations for successful trauma resiliency models. The Task force compiled and/or researched resources from the following:

1) Literature review of the existing research related to these phenomena and pertinent resiliency strategies;
2) National Child Welfare Workforce Institute, including NCWWI’s Workforce Development Framework;
3) Child Welfare League of America;
4) Law Enforcement and Longmont Police Department Peer Support model;
5) Center for Trauma & Resilience remediation approaches;
6) The Vicarious Trauma Toolkit from the Office for Victims of Crime;
7) The Chadwick Trauma-Informed Systems Dissemination and Implementation Project;
8) Child Trauma Academy;
9) The National Child Traumatic Stress Network;
10) The Resilience Alliance, by ACS-NYU Children’s Trauma Institute; and,
11) Recommendations from models used in other counties and states.

Glossary of Terms

**Burnout:** feelings of emotional depletion, cynicism, and a lack of efficacy in the workplace.

**Center for Trauma & Resilience:** an organization in Denver that provides culturally and linguistically responsive programs, health promotion, and crime prevention education.

**Compassion fatigue:** strain and distress suffered from working with traumatized clients, resulting in a decreased ability to show compassion or empathy towards clients.

**National Child Welfare Workforce Institute (NCWWI):** NCWWI’s stated purpose is to increase child welfare practice effectiveness through diverse partnerships that focus on workforce systems development, organizational interventions, and change leadership, using data-driven capacity building, education, and professional development.

**Resilience:** an individual’s ability to overcome or adjust to stressors. This includes the abilities to confront tough situations, regulate emotions, and devise and enact a plan to continually interact effectively in the world.

**Secondary traumatic stress (STS):** an indirect exposure to trauma through a firsthand account or narrative of a traumatic event. Experiencing secondary trauma is more severe than experiencing stress and often negatively impacts a person’s ability to function. Symptoms of secondary trauma can include: distressing emotions, intrusive imagery, numbing or work avoidance, addictive or compulsive, impairment of daily functioning.

**Self-care:** strategies and techniques by which one addresses the impact of work-related stress on one’s professional and personal health.

**Vicarious trauma (VT):** a direct effect of working with victims of trauma. This entails cognitive changes that occur in the professional working with victims of trauma. Vicarious trauma is a deeper, and possibly permanent, change that affects the sense of self and reality. This traumatization can cause a disruption in the professional’s foundational sense of identity and worldview.
Task force Recommendations

The Task force determined a multilevel intervention is necessary and compiled strategies that child welfare organizations can utilize on four levels; the individual level, the supervisory level, the administrative level, and the organizational level. As a result of this work, the task force makes the following recommendations to the General Assembly:

Individual Level
There are three levels of intervention recommended to mitigate the impact of vicarious trauma on the individual level: education, structural processes, and supports.

EDUCATION
1) Trainings for professionals who work with traumatized clients have been mandated by agencies in the United States and Canada. Many first responder organizations (law enforcement, victim advocates, forensic interviewers, and medical personnel) require such training. Several professions require organizations to provide fully developed protocols to mitigate vicarious trauma with their workers. Given that case workers are frequently in these exact same situations or dealing directly with the same individuals, trainings and protocols to mitigate trauma are strongly recommended;
2) Research indicates that such trainings significantly increase trainees’ knowledge, beliefs favorable to trauma-informed care, and self-reported staff behaviors indicative of trauma-informed self-care;
3) **Workers, Supervisors, Administrators, Directors**
   a) Education and training on secondary trauma, vicarious trauma, and burnout phenomena within the workforce will help workers understand, identify, and respond to the impact of these phenomena;
   b) Knowledge about how trauma work is impacting their own life and perspective;
   c) Worker should understand potential triggers during traumatic events; and,
4) Supervisors need to be trained to provide reflective supervision which facilitates open communication.

STRUCTURAL PROCESSES
1) Processes need to be implemented that decrease stress on the worker through enhancing resilience skills and increasing social support;
2) Organizations should promote physical health and well-being, exercising, sleeping well, and healthy eating;
3) Mechanisms need to be implemented which allow for variability in caseloads as cases are unique, with some requiring more work and have greater risks and impacts on workers; and,
4) Processes need to be created which support employees taking action to promote their wellbeing.
SUPPORTS
1) It is critically important that workers get away from their work and engage in activities that heal and rejuvenate them;
   a) Cognitive-behavioral strategies and mindfulness-based methods are emerging as best practices;
2) Processes need to be fully developed which provide organizational support for individuals participating in Employee Assistance Programs or pursuing help from outside agencies;
3) Post-Crisis Debriefings would allow voluntary, spontaneous discussions which can mitigate the impact of the event; and,
4) Formalized Peer-Support groups have been found to be effective in mitigating vicarious trauma.

Supervisory Level
Supervisory level responses can also support resiliency within organizations. Modifying organizational processes, strengthening supervisors, and targeting training can support the workforce.

STRUCTURAL/ORGANIZATIONAL PROCESSES
1) Supervisors need to provide consistent supervision; not only for case workers but for themselves;
2) Timely, constructive feedback helps workers integrate strategies to mitigate trauma;
3) Supervision needs to include administrative, case-based skills, and reflective supervision which acknowledges the effects of the work on the employee;
4) Provide reflective supervision consistently which will support affective processes, promote staff awareness, acknowledge staff efforts, and promote healthy boundaries between workers and their clients;
5) Develop processes which allow creative responses to address individuals who are being impacted by vicarious trauma;
6) Foster creative scheduling alternatives for case workers;
7) Supervisors need to assist in maintaining a positive work culture and climate; and,
8) Supervisors or coaches should go into the field on difficult cases.

STRENGTHEN SUPERVISORS
1) Supervisors need to model self-care and encourage breaks and time away;
2) Supervisors should be included in decision making;
3) Peer-to-peer support groups need to be implemented for supervisors and coaches;
4) Supervisors need the opportunity to process topics of STS with manager, peers, or both before they can undergo parallel process with case workers;
5) Learning circle model to develop skills and establish a peer support process;
6) Promote processes which facilitate the supervisors ability to assess how vicarious trauma effects workers and themselves;
7) Ability to identify red flags when worker is potentially suffering;
8) Ability to make decisions to meet emotional needs of caseworkers; and,
9) Supervisors should monitor their own stress levels and seek resources to address them when appropriate.

TRAINING
1) Supervisors need to be trained on how to provide supervision on three levels: administrative supervision, case supervision, and reflective supervision; and,
2) Supervisors should be trained to identify and manage STS related symptoms and integrate this into their regular supervision.

Administrative Level
Responses at the administrative level include those at the supervisor level. In addition, administrators should develop processes to reduce the hierarchical distance between line workers and administrators.

1) Administrators were perceived as key in developing the workplace culture. It will be critical that administrators support the processes implemented to mitigate vicarious trauma. Included in these processes are supporting activities which build resilience; increasing trust and feedback; being responsive to differences between cases and case loads; allowing for flexibility; supporting training and supervision; and, promoting access to mental health support for workers (including community partners which support staff debriefing); and,
2) Administrators are pivotal to staff recruitment/retention; helping workers understand new programs/resources available; modeling creative responses to vicarious trauma. In particular, offering supportive services after critical incidents can also promote empowerment and connection between agency management and line staff.

Organizational Level
Organizations should engage in proactive planning to develop support systems to ensure services are in place not only in times of crisis, but also on an ongoing basis to address the cumulative effects of chronic trauma exposure. Organizations need to create a culture that acknowledges and normalizes the effects of working with trauma survivors and adopt policies that promote and support staff self-care. Trauma-informed organizations recognize stressors of the work as legitimate, provide a non-punitive work environment, and recognize the impact of occupational exposure to pain and trauma, rather than seeing it as individual weakness. In addition to supporting the aforementioned recommendations, organizations can develop specific processes in the organization, with the community, with innovative programs, and through recruitment and training.

ORGANIZATIONAL PROCESSES
1) Incorporate peer-to-peer support from time of hire;
2) Develop support processes which build a positive work culture; including recognition of successes, promotion pathways for advancement, and supports for workers;
3) Develop and communicate processes to prepare for crisis in advance;
4) The response should include a discussion of common reactions for staff to self-monitor, an opportunity for all to deal with difficult emotions, and a plan for addressing difficulties that may arise. The approach should encourage mutual support among team members, but also respect individual coping styles; and,

5) 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 supervisor.

COMMUNITY CONNECTIONS
1) Allow for a positive outlet for community understanding of role of caseworker;
2) Look at models of similar agency departments and take their examples;
3) Develop connections with court system and mental health to encourage resilience for staff; and,
4) Have staff who manage press/publicity.

INNOVATIVE APPROACHES
1) Create a culture of occupational well-being that is actively promoted in the organization; this could include a designated individual who coordinates trauma education and services to staff;
2) Involve all levels of staff in developing and implementing trauma interventions to ensure that they address the most pressing individual and organizational needs;
3) Approved policy of mental health days and allow for diversified workloads;
4) For high risk cases, create teams or team partners to work together on cases while in the community;
5) Incentivize best practice with flex time, vacation days, paid mental health days, and gift cards;
6) Develop overt processes to train staff on vicarious trauma, provide ongoing systems which build resilience, and provide mechanisms to mitigate secondary trauma; and,
7) 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, including evaluation of efficacy.

RECRUITMENT AND TRAINING
1) Recruit and hire professionally trained social workers, preferably those with a Bachelor or Master of Social Work degree (research indicates individuals with these degrees receive training which provides a protective factor for vicarious trauma);
2) When hiring new employees include information about the potential risks of trauma work in the hiring process and train new hires in order to help create more realistic expectations about the nature of the work and assess their level of resiliency. Organizations should include information about STS symptoms, resources, referrals, and the process for accessing them, in new employee orientation materials and make the information easily available; and,
3) Strengthen or provide mentoring with longer training periods.

Organizations should consider implementing National Association of Social Workers (2009) organizational policies that promote self-care among social workers:
   a) participatory decision-making;
   b) workplace safety;
   c) support and modeling of self-care by management and administration;
   d) development of individual self-care plans;
   e) continuing education programs on professional self-care; and,
   f) Innovative support services (e.g., retreats, online support groups).

**Resource Materials**

The webpage below contains dates, agendas, and minutes of task force meetings. It also contains a comprehensive list of resources that were utilized to draft this report.

[https://msudenver.edu/socialwork/communitypartnerships/resiliencytaskforce/](https://msudenver.edu/socialwork/communitypartnerships/resiliencytaskforce/)