Child Welfare is Not Rocket Science. It’s Harder Than Rocket Science
PURPOSE OF TRAINING

To educate the Child Welfare Professional about secondary traumatic stress in child welfare work, providing training on the nature of traumatic stress as well as individual coping skills and social and organizational support strategies.
Training Objectives

1. To increase participant knowledge of traumatic stress and its impact on the Child Welfare Professional.

2. To increase participant knowledge of individual coping skills that can be learned and used by Child Welfare Professionals to reduce the impact of Secondary Traumatic Stress;

3. To increase participant knowledge of social and organizational supports in reducing the effects of Secondary Traumatic Stress on Child Welfare Professionals; and

4. To develop a personal action plan to reduce the effects of Secondary Traumatic Stress on Child Welfare Professionals.
SCREAM UNTIL DADDY STOPS
“Burnout

“A state of physical, emotional, and mental exhaustion caused by long-term involvement in emotionally demanding situations.”

(Pines & Aronson, 1988)
Burnout

Characteristics:

• A “process” rather than a fixed condition
• Erosion of idealism
• A void of achievement
• Emotional exhaustion
Secondary Traumatic Stress Defined

“The natural consequent behaviors and emotions resulting from knowledge about a traumatizing event experienced by a significant other. It is the stress resulting from helping or wanting to help a traumatized or suffering person.”

(Figley, 1995)
Secondary Traumatic Stress

- Being exposed to and working with traumatized people
- Witnessing or hearing about acts of human cruelty
- Can be related to a one-time event or be cumulative
- Can emerge suddenly without warning
- Affected by our perception of the event
Secondary Traumatic Stress

- Can create sense of helplessness, confusion, isolation
- Intrusive in our thoughts
- If ignored, can lead to consequences in personal and professional life
- Also referred to as compassion fatigue or vicarious trauma
Differentiating between Burnout & STS

• Burnout happens over time (as a result of high case loads, lack of acceptance by the public, personal and professional pressures, etc.), while STS “can emerge suddenly and without warning” (Figley, 1998)

• It only takes one traumatic event to trigger STS (Conrad & Keller-Guenther, 2006)
Professional Quality of Life Scale

• Compassion Satisfaction

• Burnout

• Compassion Fatigue/Secondary Traumatic Stress
Compassion Satisfaction

Characterized by:

• Feeling satisfied by one’s job as well as from the helping itself
• Feeling invigorated by work
• Feeling successful and happy with the work one does, wanting to continue to do the work and believing one can make a difference.
• The pleasure one derives from being able to do work well
Burnout

Characterized by:

- Feelings of unhappiness, being disconnected and feeling insensitive.
- Exhaustion, feelings of being overwhelmed, bogged down,
- feeling that one is not the person they want to be and that they have no sustaining beliefs.
- Feelings of hopelessness and difficulties in dealing with work or in doing a job effectively.
- These negative feelings can reflect the feeling that one’s efforts make no difference, or they can be associated with a very high workload or a non-supportive work environment
- Usually has a gradual onset
Compassion Fatigue/Secondary Traumatic Stress

Characterized by:

• Being preoccupied with thoughts of people one has helped - feeling trapped, on edge, exhausted, overwhelmed, and infected by trauma.

• Inability to sleep, sometimes to remember important things, and an inability to separate one’s personal life and their life as a helper—and experiencing the trauma of someone who one has helped.

• The symptoms of are usually rapid in onset and associated with a particular event. They may include being afraid, having difficulty sleeping, having images of the upsetting event pop into one’s mind, or avoiding things that are reminders of the event.
PQLS – Creating Meaning

Compassion Satisfaction
0-32 (low)
33-42 (medium)
43-100 (high)*
Average = 37

Burnout
0-17 (low)*
18-27 (medium)
28-100 (high)
Average = 22

Secondary Traumatic Stress
0-7 (low)*
8-17 (medium)
18-100 (high)
Average = 13
Why are Child Welfare Professionals Vulnerable to Secondary Traumatic Stress?

- Empathy
- Insufficient Recovery Time
- Vulnerable populations
- Unresolved Personal Trauma or Reminders of Resolved Trauma
- “Don’t Feel; Be Strong”
Personal Impact

Some examples of how STS affects people personally

• 6 domains: (Hand-outs 1, 2)
  - Cognitive
  - Emotional
  - Behavioral
  - Spiritual
  - Interpersonal
  - Physical
Professional Impact of Secondary Traumatic Stress

• Performance of Job Tasks
• Morale
• Interpersonal
• Behavioral
Individual Professional Coping Strategies

- Balance your workload
- Respond to your physical and emotional needs
- Attend workshops and conferences
- Set clear boundaries
- Create a safe and comfortable workspace
- Connect with peers
Individual Personal Coping Strategies

- Don’t make work the center of your life
- Create less serious spaces
- Embrace physical, emotional and spiritual wellness
- Rest and play
- Tell your “stuff” to non-judgmental listeners
- Allow yourself time to be spontaneous, frivolous, silly and irrelevant
Self Care Assessment & Action Plan

• Complete your own self care assessment
  (Hand-out 4, pages 1 & 2)

• Rate each strategy
  (1 =never occurred to me; 5 = frequently)

• Complete your own action plan
  (Hand-out 4, page 3)

Take this with you and use it!
Building Organizational Support

**Activity:**

At your tables, please identify:
1. Support needed from colleagues/co-workers
2. Support needed from my team/unit
3. Support needed from my supervisor
4. Support needed from my agency
5. Things I can do to build support within my unit/agency

When finished, post the flipchart on the wall
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Questions?
Implementing STS Training

• Gather information

• Identify key players

• Assess the readiness of the system

• Determine the best course of action for implementation