

Supporting Child Welfare Workers:

An Interview with David Conrad, LCSW



Natural disasters create significant stress for child welfare workers – as does daily work with abused and neglected children and their families. Mr. Conrad has worked for ten years with child welfare agencies to assist caseworkers impacted by secondary trauma, defined by psychologist Charles Figley as “the stress that results from helping or wanting to help a traumatized or suffering person.” After working as a child welfare caseworker and supervisor in Maryland and North Dakota, Mr. Conrad developed programs in Texas and in Colorado focused on secondary trauma prevention. He has also done secondary trauma training with child welfare agencies in Arizona, California, Wyoming, Kansas and North Dakota.

How serious is the risk of secondary trauma for child welfare workers?

Child welfare workers are at significant risk for secondary trauma for a number of reasons. These include: empathy (particularly when it involves “over-identification” with their clients); exposure to reminders of their own trauma; insufficient recovery time between exposures to trauma, and working with children who are the most vulnerable members of society. In addition, relentless criticism by the public and press can be very painful for workers.

In areas that have been struck by natural disasters, the impact is two-fold. When natural disasters occur, workers experience the ongoing stress of their work coupled with the stress of having their own homes and families adversely affected. Caseworkers often refer to their homes as their “sanctuary,” a safe place to heal, recover and rejuvenate themselves. This may be lost when they live in the disaster zone.

Why should responding to caseworkers’ trauma be a priority for child welfare agencies?

Annual turnover rates among child welfare staff often exceed 30%, and are sometimes much higher. The costs of recruiting, hiring and training new workers are significant. Turnover brings down morale, increases the workload for remaining staff, results in poor continuity of care for children, and prevents the agency from forming a cohesive, high functioning workforce. In addition, if workers continue in their jobs after they have been traumatized, the quality and quantity of their work may suffer. Research supports

“I’m so glad we had the stress debriefing because it allowed me to put my feelings up on a shelf and begin to move on.”

“It was good to talk about the trauma of work with our co-workers and share experiences.”

“I know now that I am not alone with my feelings.”

David is a Senior Instructor with JFK Partners/ Department of Pediatrics at the University of Colorado School of Medicine and is a consultant to the Colorado Department of Human Services. For more information on secondary trauma see our website: nrcoi.org or contact David Conrad at 303-861-6183 or at Conrad.David@tchden.org

my belief that validation and support from their peers and superiors and a forum to discharge their emotions is essential if caseworkers are to be protected from secondary trauma. I believe that offering this protection helps agencies retain their caseworkers.

How can agencies support workers?

Child welfare work can be very lonely, isolating and disturbing for front-line staff. To quote traumatologist Dr. Judith Herman, we all need someone to “bear witness” to what we’ve been through. In keeping with what Herman said, caseworkers need to be encouraged to process their trauma with their colleagues on an as needed basis. Agencies need to find funding for these support services, adopt policies encouraging staff to use them and implore supervisors to be supportive.

There are other critical steps managers must take to support workers. Workers need to be reminded that they may not see the “fruits of their labor” and that the work is often about planting seeds. Supervisors and administrators must provide opportunities for caseworkers to celebrate their successes. And finally, workers must be encouraged to embrace their own physical, psychological, and spiritual wellness to achieve the emotional balance they need to do this difficult work.

I began my work in the field of secondary trauma in Texas in 1995 after the number of child deaths rose dramatically in one year. Initially, I conducted stress debriefings to help caseworkers suffering from acute traumatic stress. I soon realized that workers were not only acutely traumatized by child deaths but also by serious injury cases, natural disasters (eg. hurricanes and floods) or

by the loss of a favorite supervisor. I learned that acutely traumatized caseworkers value individual and group opportunities to discharge their emotions. They also often need brief periods of time away from work to regain their emotional equilibrium.

After conducting the debriefings for about a year, several workers approached me and said, "We appreciate your coming when there is a crisis, but we have trauma daily and sometimes hourly. How can you help us with that?" I knew then that I must expand my focus to include an emphasis on prevention and ongoing protection. In response, I developed a six-hour Secondary Trauma Training Seminar to educate caseworkers about what secondary trauma is, how it impacts them and what they can do to protect themselves. In 2002, in keeping with my belief that secondary trauma is an ongoing problem, I began conducting Educational Support Groups with groups of Colorado caseworkers. These groups allow me to visit with teams regularly—at least bimonthly—to both provide them with an opportunity to debrief and to offer them new insights and tools they can use to protect themselves.

One thing I have found helpful is that I work outside the state system. Consequently, caseworkers feel safer sharing confidential information with me and know that what they share will not negatively impact their annual performance review.

Do you think child welfare agencies are beginning to recognize the importance of this issue?

I think more child welfare agencies around the country are realizing the value of providing secondary trauma training for their staff, particularly by independent clinicians with experience in child welfare. Wyoming recently contracted with me to offer my Secondary Trauma Training Seminar as part of their CORE training for new workers. I hope more agencies will begin to provide preventative training for their workers.

I also hope agencies will realize the value of having support services in place following a natural disaster or other acutely traumatizing event. For example, I traveled to Prowers

Continued on page 8.

QI CORNER: Communicating QI Results

In February, the NRCOI convened a new QI Peer Network composed of QI staff from child welfare agencies across the nation. The topic for our first call was "Effective Communication of QI Results and Findings," and participants discussed a number of innovative QI communication strategies and approaches. While not related directly to disasters, the communication theme resonates with many of the other articles in this issue of *Child Welfare Matters*.

One issue highlighted is the need to prioritize information. Managers and staff often feel overwhelmed with too much data and too many reports. QI units must help staff identify and use data relating to their jobs specifically as well as to critical agency initiatives.

Some communication techniques that may be helpful include:

- **Present information in a variety of formats.** QI staff may present key findings through written reports and publications, online postings, and presentations to internal and external staff.
- **Tailor information and reports to specific audiences.** QI staff can produce on-line reports with filters that can break down data by geographic and functional areas. Staff will see the comprehensive picture, access specific information related to their jobs and understand the links between the two.
- **Provide clear descriptions of information sources and uses.** Some agencies produce data guides that explain clearly where data and information come from, how they relate to key outcomes and how local offices can use them to make improvements.
- **Train and support staff.** Given staff turnover, QI units should provide ongoing technical assistance to all staff as they use data and reports and develop targeted improvement plans.
- **Use peer-to-peer models.** Increasingly, agencies are relying on peer-to-peer models in which staff from different offices may conduct case reviews, debrief with individual workers and/or help QI staff present findings to local offices. Staff often trust information coming from peers more than QI staff.
- **Present themes and stories that illustrate QI findings.** Themes and illustrative stories can highlight key issues emerging from qualitative case reviews. QI staff should guard against relying on anecdotal information, but stories can be powerful reminders of strong practice or areas that need attention.
- **Create mechanisms to encourage and support practice changes.** Some states convene groups of internal and external stakeholders to review QI reports and develop improvement plans. Others include planned improvement strategies within QI reports themselves rather than requiring local offices to develop an entirely new plan in response to the report.

If you would like more information about these approaches, I have materials from many agencies and I would be glad to share them.

Peter
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UPCOMING TELECONFERENCES...

April 13 • Keeping Children Safe: Strategies to Reduce Recurrence of Maltreatment

Presenters: Theresa Costello, Director, National Resource Center for Child Protective Services, Albuquerque, NM; John Fluke, Vice President for Research, Walter R. McDonald & Associates, Inc., Aurora, CO; Jim Grace, CFSR/PIP Coordinator, Kentucky Department for Community-Based Services, Frankfort, KY; Other agency representatives TBA

April 25 • May 4 • May 25 • Solution Focused Practice (in 3 parts)

Presenters: Becky F. Antle, Kent School of Social Work, University of Louisville, KY; Insoo Kim Berg, Brief Family Therapy Center, Milwaukee, WI; Susan Kelly, Center for the Study of Social Policy, Washington, DC; Other agency representatives TBA

June 6 • Performance Based Contracts: Making Deals with Providers

Presenter: Michael Shaver, Former Deputy Director for Budget, Research and Planning, Illinois Department of Children and Family Services, Chicago, IL

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David Conrad Interview (from page 7)

County, Colorado (mentioned on p. 1 of this newsletter) shortly after the fire destroyed their building. Because I had been conducting ongoing support groups with their staff, they were very receptive to my conducting a stress debriefing and to assisting staff with their ongoing trauma (ie, loss, anger, frustration). The availability of crisis intervention services and ongoing secondary trauma training and support are critical if staff are to move through and past their own trauma.

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