

RESILIENCY AMONG CHILD WELFARE WORKERS: AN ORGANIZATIONAL HEALTH PERSPECTIVE?

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I started my social work career employed for the Children's Aid Society in Ontario. Early in my career, I facilitated a sexual abuse investigation with a pre-school girl. This young child was able to describe her abuse experience with the innocence and confusion expected of a four-year-old. I listened attentively as we talked and played and coloured pictures together...the listening, the playing, the drawing...all mediums to assist this child to tell her story of abuse. Our time together left me with a very detailed and graphic image of this four-year-olds experience with sexual abuse.

I remember feeling nauseous later that day as I recalled this child's traumatic story, attempting written documentation to reflect the investigative interview. I also had a headache and wondered how many of these tragedies would vicariously become part of my lived experience during the course of my social work career? It wasn't until years later that I heard about secondary traumatic stress (Pearlman & Saakvitne, 1995) or compassion fatigue (Figley, 1998), both born from the process of empathizing with another persons traumatic experience. Empathy, is of course, a critical element of effective and meaningful social work practice. It also can result in the less visible costs of caring for the child welfare worker.

This article is not about the costs of caring per se, but rather about resiliency. I remember my last thoughts before sleeping the night of the above-mentioned investigation, "wow, I am going to have to be very resilient to do this work". At the time, I did not have a sense of what that would grow to mean since it was a very intuitive reflection on the day's events. Now, more than a decade later, I would suggest that resiliency is a professional necessity for employees in the human service sector, including child welfare staff.

This article aims to explore the notion of resiliency as it relates to child welfare staff. I offer this article as a discussion and hopefully a catalyst for further investigation in this area. I am not an expert on resiliency among front line social work staff; rather I am curious about the possibility of considering resiliency as an ingredient relevant to employee well-being and organizational health. This article reflects my ideas and invites the readers' musings on the topic. This work is not presented as an evidence-based research article, but rather as a discussion and synthesis of various ideas.

Resiliency is often mentioned, as a characteristic required in a person seeking social work education and/or employment. However, in my experience, it is rarely discussed throughout one's career, other than perhaps in jest when staff will mention "surviving the job".

What is resiliency? Does child welfare work demand resiliency? Is resiliency something that can be fostered among staff? Is resiliency a protective factor against the occupational hazards related to child welfare work; hazards such as secondary traumatic stress, compassion fatigue, critical

incident stress and burnout? Can resiliency be considered from an organizational health perspective? For example, can resiliency be promoted among staff and serve to buffer against common problems such as high staff turnover in child welfare agencies? What characterizes resiliency in agencies? Where does optimism manifest when child welfare work is often about problems, vicarious trauma, limited resources and various competing imperatives inherent to front-line social work practice? Does optimism necessarily lead to resiliency?

The field of social work has found its way to the language of resiliency as it pertains to helping clients overcome life's adversities. Research has revealed that resiliency involves one's capacity to bounce back and function without negative impact despite exposure to traumatic or negative life experiences (Gilligan, 2000). The process of engaging one's resiliency involves finding ways to promote positives and strengths despite painful or difficult circumstances. What allows for survival and further what promotes thriving beyond adverse life experiences? Such questions are key to understanding resiliency.

Over the past year, I have offered training to child welfare staff employed for the Ministry of Children and Family Development, in British Columbia. This training focuses on how to implement the Looking After Children model, which offers a clinical tool (the Assessment and Action Record) that is used for creating comprehensive plans of care for foster children. During this training, I discuss the notion of resiliency among children and youth. The following suggestions are born from my considering some of this work, but rather than applying this knowledge regarding resiliency to the client, I have brainstormed possible ways of applying this information to child welfare staff and agencies. Therefore, the following offers considerations for engaging resiliency among both child welfare workers and the organizations in which they are employed:

1. Reduce the stockpile of problems – as adversities mount up (such things as work-related stress, high workload, critical incident stress, secondary trauma, conflict among staff and so forth) it becomes important to recognize the cumulative effect of these experiences. Staff and agencies are encouraged to find ways to shift from a problem-focused environment to a strength oriented environment, therefore creating a positive effect and buffering employee vulnerability caused by occupational stress. This can be accomplished through leadership, effective supervision, staff retreats, training opportunities that build on worker competencies, voicing gratitude and appreciation among staff. From a pragmatic perspective, reducing case load size by hiring additional staff, narrowing the mandate of the organization and increasing integrated case management practice would also serve to reduce commonly reported problems such as high staff turnover and general retention issues. Staff should also be included in problem-solving efforts in the workplace and be part of decision-making processes that are relevant to their work.

2. Allow for turning points – recognize that an individual can be having a difficult time coping with stress and with support can find ways to turn that painful path in a positive direction. Agencies that create peer support models and promote empowered teams have foundations that provide strength to workers who may be struggling. Turning points are more likely to take place where hope and support exist, versus isolation and negative messaging (for example, workers report hearing statements such as “if you can't stand the heat get out of the kitchen”). Language is paramount since dismissive tones compromise possible turning points for the worker.

3. Create a secure base – a secure foundation is cultivated by a sense of belonging within the organization, by relationships with reliable and responsive colleagues. Routines and structures in the work place also help to support staff during times of change and difficulty. Therefore having a secure base can support a worker build their capacity for resiliency. Such security can in part be promoted by having current and easily accessible policy and practice standards, they help provide structure and direction to practice. Workers report feeling less secure when they do not know what is expected of them or their specific role within the agency. Skilled and knowledgeable team leaders can also serve as catalysts to overall security within the working group.

4. Foster self-esteem among staff – self-esteem derives from a person’s sense of his or her own worthiness and competence. Workers must have feedback regarding success in their roles and be able to identify their accomplished tasks. Supervisors and colleagues can make efforts to point out strengths and “catch someone in the act of doing something right” (O. Hara, 1995).

5. Allow for self-efficacy – self-directedness can be promoted by offering workers the opportunity to have input, make decisions, and have control over some of the variables which contribute to their overall work place and job descriptions (Lundin et al., 2000).

6. Acknowledge the occupational hazards of the work – staff who are informed about such things as professional burnout are more able to develop self-care plans personally and professionally (Gilliland & James, 1993). Workers are more able to access their own resilience when they know the reasons it is called upon in the work that they do each day.

7. Stay connected to meaning – research indicates that workers who are able to continue to ascribe meaning to the work that they do are less likely to experience burnout (Pines & Aronson, 1988). The meaning of the work itself, or the purpose of the work, for example, the desire to help people, becomes the focus and this perspective generates both resilience and commitment during challenging times.

In summary, there is a wealth of information available regarding the topics of resiliency and employee health respectively. I believe valuable insights could be found through further investigating the possible marriage of these two areas of study. This article has offered some brief considerations to this end.

In closing, I have marvelled at the character and resiliency of my social work colleagues. I was also been deeply affected when three social work peers, in the last 7 years, died by suicide. Such tragic losses serve as reminders that helpers are human too, greeting life with both hope and at times despair (Monk, 2001). Other colleagues have gone off on stress leave, some never returned, opting to leave the field of social work permanently. I have had other colleagues who have worked as child welfare social workers for nearing three decades. They continue to report enthusiasm and interest towards the work and their clients.

These situations reflect human diversities, however they also beckon reflection regarding the context of social work practice. The question of overall job satisfaction is an important dialogue among child welfare staff. There are many professionals employed within child welfare

organizations who experience job satisfaction and who aspire to long term careers in this area of practice. Informally, they report being “resilient” and often mention their commitment to self-care. There are workers who are more vulnerable, those who might be silently experiencing such issues as secondary traumatic stress, professional burnout and/or low job satisfaction. So often when a worker might benefit from additional support, they opt not to access such services. There is a stigma associated with the helper going for their own help, despite the availability of supportive counselling via employee assistance programs. Furthermore, exit interviews often focus on why workers leave whereas valuable information about why they stay (about resiliency), might be as beneficial to organizations (Kishiyami, A., 2001).

Child welfare work, in many ways, invites tenacity, compassion, curiosity, and enthusiasm. Skilled and meaningful social work practice demands a mindfulness to core human values, respect for the professional code of ethics, knowledge, wisdom, hope, self-awareness, active engagement with one’s environment personally and professionally, and resiliency.

Yes resiliency! This work, sometimes subtly, other times profoundly, invites a worker’s sense of resilience. Resilience is a characteristic we often speak of as it relates to clients, yet in my 16 years of participation within the human services, initially as a volunteer and later as a social worker, I have not seen resiliency considered strategically as part of organizational health initiatives. I hope this work might encourage individuals and organizations to focus on resiliency as a promotable characteristic relevant to overall employee and organizational wellness initiatives.

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