



**The Tennessee Child Protective Services Supervisors Development Project: Evaluating Process, Outcome, and the Role of Secondary Traumatic Stress and Burnout**

<b>Journal:</b>	Professional Development: The International Journal of Continuing Social Work Education
<b>Article Title:</b>	<i>The Tennessee Child Protective Services Supervisors Development Project: Evaluating Process, Outcome, and the Role of Secondary Traumatic Stress and Burnout</i>
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<b>Volume and Issue Number:</b>	<i>Vol. 6 No. 2</i>
<b>Manuscript ID:</b>	62079
<b>Page Number:</b>	79
<b>Year:</b>	2003

Professional Development: The International Journal of Continuing Social Work Education is a refereed journal concerned with publishing scholarly and relevant articles on continuing education, professional development, and training in the field of social welfare. The aims of the journal are to advance the science of professional development and continuing social work education, to foster understanding among educators, practitioners, and researchers, and to promote discussion that represents a broad spectrum of interests in the field. The opinions expressed in this journal are solely those of the contributors and do not necessarily reflect the policy positions of The University of Texas at Austin's School of Social Work or its Center for Social Work Research.

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ISSN: 1097-4911

URL: [www.profdevjournal.org](http://www.profdevjournal.org)

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# The Tennessee Child Protective Services Supervisors Development Project: Evaluating Process, Outcome, and the Role of Secondary Traumatic Stress and Burnout

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The evaluation plan for the Tennessee Child Protective Services Supervisors Development Project is comprised of three components: process evaluation, outcome evaluation, and examination of the role of secondary traumatic stress and burnout in the retention of CPS workers. In designing the evaluation, each project was required to incorporate specific components, as described by Collins-Camargo et al. (this issue). Each of the four projects funded by the Southern Regional Quality Improvement Center for Child Protection (SR-QIC) is required to conduct both a process and outcome evaluation. At the same time, each project was provided enough flexibility to design the evaluation to meet the unique needs of the individual project. A feature that is unique to the Tennessee Project is our plan to investigate the role of secondary traumatic stress and burnout in the retention of CPS workers, although the other projects mention these as confounding variables. The purpose of this article is to provide an overview of the evaluation plan for the Tennessee Child Protective Services Supervisors Development Project.

## Process Evaluation

The purpose of the process evaluation component of the evaluation is to assess and monitor treatment fidelity and the extent to which the intervention was implemented as planned. A variety of methods, including standardized surveys, key informant interviews, focus groups, and journaling, will be implemented in order to achieve the objective of the process evaluation. The areas specifically targeted for process evaluation include the training modules, supervisor implementation of knowledge and skills presented in the training modules, and the mentoring process.

## Training modules

At the completion of each training module, participants will complete a standardized evaluation of the session. Using a five-point scale ranging from strongly disagree to strongly agree, the training evaluation form asks participants to respond to 19 statements related to the trainer(s), training materials and aids, training content, facilities and equipment, and overall satisfaction. In addition, participants will rate both the length and the pace of the training module on a five-point scale ranging between too short and too long. Lastly, three open-ended items will ask participants to provide feedback on how to improve the training module, additional training they may need related to the subject of the training module, and other comments and suggestions.

Evaluation of the training modules from the perspective of the trainers is also important. In order to accomplish this task, trainers will be asked to participate in key informant interviews and/or focus groups designed to elicit their perspectives on the success and challenges in delivering the training modules. It is expected that this process will provide a feedback loop to improve delivery of the training modules.

## Supervisor implementation

In addition to attending the six training modules, participants in the project will receive mentoring regarding the knowledge and skills addressed in the training modules. The primary purpose is for mentors to be a resource to the supervisors in applying what they have learned. Mentors will have face-to-face contact with the supervisors at least monthly, but are available as needed for consultation by telephone and e-mail. Following each contact, mentors will complete a Mentor Contact Sheet, providing information on: (1) the type of contact

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(e-mail, telephone, in-person), (2) whether the mentor conducted on-the-job observation, (3) the focus of discussion, (4) the participant's progress on goal achievement related to their professional development plan and prior mentor contacts, (5) the expectations of both the mentor and the participant prior to the next contact, and (6) any obstacles to the mentoring process. Content analysis of the Mentor Contact Sheets will provide data useful in the evaluation of supervisor implementation of new knowledge and skills.

**Mentoring process**

While the Mentoring Contact Sheet described above provides some feedback regarding the mentoring process from the perspective of the mentor, the information is limited and fails to capture the perspective of the person being mentored. In order to more fully assess the mentoring process, key informant interviews and/or focus groups will be conducted separately with mentors and participants on an annual basis.

**Outcome Evaluation**

The purpose of the outcome evaluation is to assess the extent to which the intervention had an impact on a set of predetermined variables. Specifically, each of the four projects is expected to examine the following hypotheses: (1) Structured casework supervision will positively affect child protection worker practice in assessment and intervention with families; (2) Structured casework supervision will positively affect preventable worker turnover; and (3) Structured casework supervision will positively affect client outcomes. In addition, projects were required to formulate a design that incorporated a comparison or control group.

**Intervention and control group assignment**

The 12 regions that comprise the Tennessee Department of Children's Services can be organized, according to similar geographic and population density characteristics, into three groups, each containing four regions. Group 1 includes those regions that are defined by a single, predominately urban/suburban county (Davidson County, Shelby County, Hamilton County, and Knox County). The regions that comprise Group 2 are those that surround and are geographically adjacent

to the urban/suburban regions (Southwest, Mid-Cumberland, Southeast, and East Tennessee). These Group 2 regions contain multiple counties, most of which are rural but may contain some suburban areas. Group 3 contains the remaining regions (Northwest, South Central, Upper Cumberland, and Northeast), which consist of multiple, rural counties and are buffered from the urban regions by the Group 2 regions. Using a table of random numbers, two regions from each group were randomly assigned to the intervention group. Table 1 displays the regions assigned to intervention and control conditions broken down by group. All (N = 33) of the supervisors in the intervention regions agreed to participate in the demonstration project.

**Preventable turnover**

As noted elsewhere in this issue, preventable turnover is defined as workers who leave the agency for reasons other than retirement, death, marriage/parenting, returning to school, or spousal job move. In order to track rates of preventable turnover, the 12 Regional Administrators (RAs) will be surveyed prior to implementation of the project and annually for three years. RAs will be asked specifically to indicate: (1) the number of employees who initiated employment, (2) the number of employees who terminated employment, and (3) the reasons for termination of employment (categorized according to those specified above) in the previous 12 months. However, we recognize that the reliabil-

**Table 1. Regions assigned to the intervention and control groups by group membership.**

	<u>Intervention Group</u>	<u>Control Group</u>
Group 1	Davidson County Region Hamilton County Region	Shelby County Region Knox County Region
Group 2	Southwest Region Mid-Cumberland Region	Southeast Region East Tennessee Region
Group 3	Northwest Region Upper Cumberland Region	Northeast Region South Central Region

Note: Group 1 regions are defined by a single, predominately urban/suburban county. Group 2 regions contain multiple rural or suburban counties, and are geographically adjacent Group 1 regions. Group 3 regions consist of multiple, rural counties and are buffered from the urban regions by the Group 2 regions.

ity and validity is dependent not only on the accuracy of RA's recall, but also the accuracy with which employees report the reasons they leave the job. As such, a measure of workers' intent to remain employed in child welfare will also be employed.

### **Worker Practice**

A two-pronged approach will be used to assess changes in worker practice. In order to assess changes in worker practice, a standardized case review will be completed on a random sample of cases, stratified by region, for each of the three years of the demonstration project and the year prior to implementation. In addition to the case review, data gathered through the web-based survey described below will allow assessment of CPS workers' perception of their capability to organize and carry out relevant tasks. As noted by Jones and Alexander (in this issue), the Tennessee project is unique in that the practice role of CPS workers is limited to assessment/investigation and referral. As such, assessment of worker practice is limited to those tasks that they routinely perform in these domains.

### **Service Outcomes**

Two service outcomes have been specified for data collection and analysis. The first is response time, which has been operationalized as the percentage of cases with an appropriate response time. This data will be obtained from the Department's Data and Information Section. On a weekly basis, supervisors submit completed audit reports containing this information to the Central Office. The second service outcome is specified as the percentage of cases with substantiated reports with the previous six months. This data will be retrieved from the State Automated Child Welfare Information System (SAWICS).

### **Examination of the Role of Secondary Traumatic Stress and Burnout**

In addition to the requisite process and outcome evaluation components, the evaluation of the Tennessee Project will also examine the mediating influence of secondary traumatic stress and burnout on CPS worker turnover. Both constructs are hypothesized to be related to CPS worker turnover (Anderson, 2000; Cornille &

Myers, 1999; Nelson-Gardell & Harris, 2003). Further, supervision has been identified as a possible mediating variable in the development and resolution of both burnout and secondary traumatic stress (Azar, 2000; Figley, 1999; Pearlman, 1999; Rosenbloom, Pratt, & Pearlman, 1999). The ultimate goal of our examination of the role of secondary traumatic stress and burnout is the development of a model that accounts for the interactions between individual (personal trauma history, caseload, empathy) and organizational (supervision, organizational culture) characteristics, secondary trauma, burnout, and retention. In the following section we will provide an introduction to the constructs of burnout, which is relatively well-known, and the more recently introduced secondary traumatic stress.

### **Burnout**

Freudenberger (1974, 1975) initially coined the term "burnout" to characterize adverse reactions to work, primarily in human service settings. The concept was further defined by Maslach and Jackson (1981) as a syndrome of emotional exhaustion and cynicism that occurs frequently among individuals who do "people work" of some kind. Similarly, Pines and Aronson (1988) define burnout as a state of physical, emotional and mental exhaustion caused by long-term involvement in emotionally demanding situations. Physical exhaustion is characterized by low energy, chronic fatigue, and weakness; emotional exhaustion involves primarily feelings of helplessness, hopelessness, and entrapment; and mental exhaustion is characterized by the development of negative attitudes toward one's self, work, and life itself (Pines & Aronson, 1988).

### **Secondary Traumatic Stress**

The term secondary traumatic stress has been used to refer to the observation that persons such as family, friends, and human services personnel, who come into continued, close contact with trauma survivors, may experience considerable emotional disruption, becoming indirect victims of the trauma (Figley, 1995). Secondary traumatic stress has been defined as "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, 1999, p.10). The negative effects of secondary exposure to a traumatic event are nearly identical to those of primary exposure, with the difference being that exposure to a traumatizing event experienced by one person becomes a traumatizing event for a second person (Figley, 1999).

In addition to the negative effects of secondary traumatic stress on the social worker, the effects of secondary exposure to trauma may impair the ability of service providers to effectively help those who seek their services (Figley, 1999). Rosenbloom, Pratt, and Pearlman (1999) note that the emotional well-being of helping professionals has a significant impact on the work they do with clients. Because of their own reactions to traumatic material, service providers may feel unable to hear additional trauma material and thereby discourage clients from exploring issues related to traumatic experiences.

The literature is replete with anecdotal accounts of human service professionals abandoning direct practice with traumatized populations because of the personal effect of the work (Figley, 1999), although it is unknown to what extent this attrition due to STS is occurring. The experience of secondary traumatic stress is believed to be one reason why many human service professionals, including social workers, leave the field prematurely (Figley, 1999). In addition to shortened careers, Beaton and Murphy (1995) identify short-term and long-term emotional and physical disorders, strains on interpersonal relationships, substance abuse, and burnout as costs of not attending to secondary traumatic stress in professional helpers.

While secondary traumatic stress was initially conceptualized as a form of burnout (Figley, 1983), it is now recognized as more than feelings of emotional exhaustion. Burnout is related to the work context, but fails to incorporate the interaction of the context of trauma in work with the individual (Pearlman & Saakvitne, 1995). The potential effects of working with traumatized populations are distinct from those of working with other difficult populations because the worker is exposed to the emotionally shocking images of horror and trauma that are characteristic of traumatization (Danieli, 1988, Haley, 1974; Kassam-Adams, 1999; McCann & Pearlmann, 1990). With burnout, increased workload and institutional stress, not trauma, are the precipitating factors, while

secondary traumatic stress always arises as a result of exposure to a client's traumatic material (Stamm, 1997).

### **Web-Based Survey**

#### *Procedure*

Data is being collected at seven time periods at six-month intervals over a period of three years. Data is being collected primarily by means of a Web-based survey. Prior to each administration of the survey, a list of e-mail addresses of all designated employees is obtained from the state. Each staff member is sent an e-mail with a brief description of the study, the use of the data and the risks involved in participating in the study, and the confidentiality of the data. The e-mail also contains a link to the URL containing the survey instruments, as well as login and password information. No identifying information is solicited; however, in order to track changes over time, participants are asked to provide a unique identifier that consists of the first two letters of their mother's maiden name, the last two digits of their year of birth, and the last two digits of their Social Security number. Reminder e-mails are sent twice, one week and two weeks after the initial contact. The Website is designed to only collect information for a three-week period, and the link is not functional three weeks after the initial contact.

#### *Instruments*

##### *Demographic Information Questionnaire (DIQ)*

The DIQ is a 27-item survey constructed specifically for this evaluation. Items are designed to gather standard demographic information (age, gender, ethnicity, salary, education, etc.) as well as information regarding specifics of their job (i.e., position, length of time in position, size of caseload, etc.).

##### *Self-Efficacy Assessment-Social Work (SEA-SW)*

The SEA-SW (Ellett, 2001) is rooted in Bandura's social learning theory and asks respondents to make a judgment about the strength of their personal beliefs in their capabilities to complete various tasks using a four-point Likert-type scale ranging from weak to very strong. Out of a total of 19 items, 16 items relate to child welfare work tasks and three items relate to motivation and persistence to accomplish work tasks. The

SEA-SW has been found to have evidence of factor validity and internal consistency, with coefficient alphas of .87 for the Work Tasks subscale and .81 for the Motivation subscale (Ellett, 2001).

**Professional Organizational Culture Questionnaire – Social Work (POCQ-SW)** The POCQ-SW (Ellett & Millar, 2001) is a 26-item instrument designed to assess three dimensions of organizational culture by means of the following subscales: Administrative Support, Professional Sharing and Support, and Professional Commitment. Investigation of internal consistency resulted in coefficient alphas of .92 for Administrative Support, .83 for Professional Sharing and Support, and .83 for Vision/Professionalism/Commitment. Further, evidence supported the factor validity of the instrument (Ellett & Millar, 2001).

**Intent to Remain Employed – Child Welfare (IRE-CW)** The IRE-CW (Ellett & Millar, 2001) contains 9 items and uses a four-point Likert response format ranging from strongly disagree to strongly agree to assess respondents intention to leave child welfare employment. The IRE-CW is based on a conceptual definition of employee intent to remain employed that is derived from an understanding of personal, psychological, and work context factors and encompasses cognitive, affective, and behavioral elements. The IRE-CW has been found to have factor validity and internal consistency (coefficient alpha = .86) (Ellett & Millar, 2001).

**Interpersonal Reactivity Index (IRI)** The IRI (Davis, 1980, 1983) is a 28-item self-report questionnaire consisting of four subscales, each of which assesses a specific aspect of empathy: Perspective-Taking, Fantasy Scale, Empathic Concern, and Personal Distress. The subscales of the IRI have been shown to have good test-retest reliability, ranging from .62 to .71, and internal consistency, ranging from .71 to .77 (Davis, 1980). Further, the IRI has demonstrated good convergent and discriminant validity (Davis, 1983; Davis & Franzoi, 1991).

**Secondary Traumatic Stress Scale (STSS)** Designed to measure work-related secondary traumatic stress in human service professionals, the STSS (Bride, Robinson, Yegidis, & Figley, in press) is comprised of three subscales (Intrusion, Avoidance, and Arousal) that

are congruent with the symptom clusters that are characteristic of traumatic stress syndromes as described in the DSM-IV (APA, 1994). Respondents indicate how frequently they experienced each of 17 symptoms during the previous week using a five-choice, Likert-type response format ranging from never to very often. The STSS has demonstrated evidence of convergent, discriminant, and factor validity, as well as Cronbach alpha levels for each subscale and the entire scale as follows: Total Scale = .93, Intrusion = .80, Avoidance = .87, and Arousal, = .83 (Bride et al., in press).

**Burnout Measure** The Burnout Measure is a 21-item Likert-type scale designed to measure burnout as conceptualized by Pines and Aronson (1981, 1988). Investigation of the factor structure of the BM has provided support for three factors, referred to as Demoralization, Exhaustion, and Loss of Motive with coefficient alphas ranging from .90 to .93 (Enzmann, Schaufeli, Janssen, & Rozeman, 1988).

## **Conclusion**

In summary, the evaluation plan for the Tennessee Child Protective Services Supervisors Development Project incorporates three primary components: process evaluation, outcome evaluation, and examination of the role of secondary traumatic stress and burnout. The process evaluation will be used to assess and monitor treatment fidelity and the extent to which the intervention was implemented as planned. Standardized surveys, key informant interviews, and focus groups will be used to monitor and evaluate delivery of the training modules, supervisor implementation of knowledge and skills presented in the training modules and the mentoring process. The outcome evaluation will be used to investigate three predetermined hypotheses related to the impact of the intervention. The examination of the role of secondary traumatic stress and burnout will be used to develop a model of the interrelationship of individual and organizational characteristics, secondary trauma, burnout, and retention. Further, this design utilized random assignment of regions to the intervention group, with all supervisors within assigned regions participating in the intervention. Finally, a significant portion of the data necessary for the outcome evaluation and model building will be collected by means of a web-based survey.

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