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Secondary Traumatic Stress in Child Welfare Workers: Exploring the Role of Supervisory Culture

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In recent years, a considerable amount of professional literature has emerged describing the phenomenon of secondary traumatic stress (STS), whereby individuals, such as family members, friends, and human service professionals, who come into continued close contact with trauma survivors, may become indirect victims of the trauma themselves (Figley, 1995). The negative effects of secondary exposure to a traumatic event are nearly identical to those of primary exposure, including symptoms of intrusive imagery, avoidance, and hyperarousal found in posttraumatic stress disorder (APA, 2000; Figley, 1999). Emerging empirical research documents the existence of STS in workers in a variety of human service fields, including: social work (Bride, in press), mental health (Brady, Guy, Poelstra, & Brokaw, 1999; Cunningham, 2003; Follette, Polusny, & Milbeck, 1994; Meldrum, King, & Spooner, 2002; Pearlman & Mac Ian, 1995), child welfare (Bride, Jones, & MacMaster, in press; Cornille & Meyers, 1999; Meyers & Cornille, 2002; Nelson-Gardell & Harris, 2003); domestic violence (Bell, 2003); sexual assault (Ghahramanlou & Brodbeck, 2000; Kassam-Adams, 1999; Schauben & Frazier, 1995), and healthcare (Cunningham, 2003; Dane & Chachkes, 2001; Lyon, 1993). As one example, a recent study of secondary traumatic stress in social workers found that 70.2% experienced at least one symptom of secondary traumatic stress in the previous week, 55% met the criteria for at least one of the core PTSD symptom clusters, and 15.2% met the core criteria for a diagnosis of PTSD as a result of their work with traumatized clients (Bride, in press). Consequently, secondary traumatic stress is becoming viewed as an occupational hazard of providing direct services to traumatized populations (Figley, 1999; Munroe et al., 1995; Pearlman, 1999).

Obviously, given their daily contact with physically, sexually, and emotionally abused children,

child welfare professionals are particularly at risk for the development of STS (Bell, Kulkarni, & Dalton, 2003; Horwitz, 1998). However, only three studies have been published that examine STS in this population. The first study found that CPS workers experienced greater psychological distress than the general population, and many reported distress levels greater than those reported by typical outpatient mental health clients (Cornille, & Myers, 1999; Meyers & Cornille, 2002). In addition, longer tenure in the CPS field and working more than 40 hours per week were associated with higher levels of STS. The second study was a survey of 166 child welfare staff, including child protection workers, supervisors and managers who took part in an evaluation of a STS training program in two southeastern states (Nelson-Gardell & Harris, 2003). Consistent with several studies in other populations, their findings suggest that a personal history of childhood trauma increases a child welfare worker's risk of STS. More specifically, a combination of more than one type of childhood trauma presents the greatest risk for vulnerability to STS, with emotional abuse and neglect being the strongest predictors of STS. The third study surveyed 187 child protection workers across Tennessee, documenting moderate levels of secondary trauma in the sample as a whole, and more than a third of the sample met the core criteria for work-related PTSD (Bride, Jones, & MacMaster, in press). Further, STS levels positively correlated with a personal history of trauma and size of caseload and negatively correlated with peer support and intent to remain employed in child welfare. Recent trauma history, administrative support, and years of professional experience were not associated with levels of STS.

Most experts agree that in order to prevent STS among workers, human service agencies must create a supportive organizational culture in which

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workers are able to validate feelings through supervision and readily have access to support teams. This requires an organizational culture in which counselors can feel safe to openly talk about their experiences working with traumatized clients (Gellar, Madsen, & Ohrenstein, 2004). In addition, the organization must recognize secondary traumatic stress as a natural consequence of providing services to traumatized clients, rather than as a deficiency on the part of the worker. Further, providing accessible and supportive supervision to workers, preferably by a supervisor with expertise in working with traumatized populations is seen by many as an essential element of STS prevention (Bell, Kulkarni, & Dalton, 2003; Figley, 1995; Pearlman & Saakvitne, 1995; Stamm, 1999).

Unfortunately, there is very little research that explores the role of supervision, particularly organizational culture in the area of supervision, in mitigating STS among human service professionals.

The purpose of this exploratory study was to examine relationships between symptoms of secondary traumatic stress and child welfare workers perceptions of the culture of supervision in their organizations. More specifically, our research question was: Do child welfare workers who are experiencing STS have different perceptions of supervisory culture than child welfare workers who are not experiencing STS. To explore this question we conducted a secondary analysis of data that was originally collected for the purpose of evaluating the Tennessee Child Protective Services Supervisors Development Project (Bride, Jones, MacMaster, Shatila, 2003; Jones, Alexander, & Patterson, 2003).

Methodology

Data Collection

Data was collected by means of a web-based survey. The e-mail addresses of all CPS case managers and supervisors in the state of Tennessee were obtained from the Tennessee Department of Children's Services. An e-mail with a brief description of the study, the use of the data, the risks and

benefits involved in participating in the study, and the confidentiality of the data was sent to all CPS workers. The e-mail provided participants with a link to the URL containing the survey instruments, as well as login and password information required to access the survey. No identifying information was solicited, although participants were asked to provide a unique identifier consisting 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. Two additional e-mails were sent at one week intervals requesting participation in the study. The website containing the survey instruments was shut down three weeks following the initial e-mail. This procedure was utilized at three data collection points: May 2003, May 2004, and May 2005. Because the data was originally collected as part of a longitudinal evaluation, some respondents completed the survey at more than one time point. In such cases, only the first survey completion was included in the present analysis, resulting in a convenience sample of $N = 307$.

Instrumentation

Demographic Information Questionnaire (DIQ).

The DIQ is a 27-item survey constructed specifically for the Tennessee Child Protective Services Supervisors Development Project. Items were designed to gather standard demographic information (age, gender, ethnicity, salary, education, etc.) as well as information regarding employment variables (i.e., position, length of time in position, size of caseload, etc.).

Secondary Traumatic Stress Scale (STSS).

Designed to measure work-related secondary traumatic stress in human service professionals, the STSS (Bride, Robinson, Yegidis, & Figley, 2004) is comprised of three subscales (Intrusion, Avoidance, and Arousal) that are congruent with the PTSD symptom clusters as delineated in the DSM-IV-TR (APA, 2000). Respondents indicate how frequently they experienced each of 17 symptoms during the previous week using a five-choice, Likert-type

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response format ranging from *never* to *very often*. The STSS has demonstrated evidence of convergent, discriminant, and factor validity, as well as internal validity (Bride et al., 2004; Ting, Jacobson, Sanders, Bride, & Harrington, 2005). Bride (in press) recommends individuals with a score of 38 or higher on the STSS Total Score be considered to have PTSD due to secondary traumatic stress.

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: Quality of Supervision and Leadership, Collegial Sharing and Support, and Professional Commitment. Psychometric analyses have shown support for internal consistency and factorial validity. Further, evidence supported the factor validity of the instrument (Ellett & Millar, 2001). For the purpose of the present study only a subset of six items that specifically relate to supervision and supervisory culture were included in the analysis.

Results

As seen in Table 1, the sample was primarily female (85%), Caucasian (75.9%), and have a bachelors degree as their highest level of educational attainment. Respondents had a mean age of 35.16 (s.d. = 11.03) years, averaged 3.96 (s.d. = 5.39) years of experience in child protective services, and received 13.52 (s.d. = 28.85) hours of supervision monthly.

Table 2 displays the means and standard deviations of scores on the STSS. Looking at the sample as a whole, scores on the STSS and its subscales were somewhat higher than those seen in a general sample of social workers (Bride, in press). However, they are very similar to scores reported in an earlier sample of child welfare workers (Bride et al., in press). In order to make comparisons, we dichotomously categorized respondents as having secondary traumatic stress (STS Case) or not having secondary traumatic stress (No STS) based on their STSS Total Score. Consistent with Bride's (in press)

Table 1: Demographic characteristics of respondents

	<i>n</i>	<i>M</i>	<i>SD</i>	<i>%</i>
Age	276	35.16	11.03	
Experience in CPS (yrs.)	277	3.96	5.39	
Supervision received (hrs/month)	307	13.52	28.85	
Gender				
Female	261			85.0
Male	46			15.0
Ethnicity				
Caucasian	233			75.9
African American	66			21.5
Other	8			2.6
Highest Educational Level				
High School	2			0.7
Bachelors	264			86.0
Masters	39			12.7
Doctoral	2			0.7

Note: Percentages may total more than 100% due to rounding error.

recommendation, those respondents with a score of 38 or higher were considered to have secondary traumatic stress and those scoring below 38 were considered not to have secondary traumatic stress.

In order to determine if child welfare workers who are experiencing STS have different perceptions of supervisory culture than child welfare workers who are not experiencing STS we conducted a series of one-way analyses of variance (ANOVA) on the six supervisory culture items and the number of monthly hours of supervision received by respondents. As can be seen in Table 3, the results of the ANOVAs indicate that with each of the supervisory culture variables, the STS Case group had lower mean ratings than the No STS group, although only three of these reached statistical significance at an alpha level of .05. The three

variables that reached statistical significance were: (1) supervisors are willing to help when problems arise; (2) supervisors provide support for innovations and ideas; and (3) supervisors provide assistance to enhance quality of services. In addition, there was no statistically significant difference between groups in the number of hours of supervision received each month. Because of the exploratory nature of this study, we set the level of significance at an alpha level of .05. However, it must be acknowledged that because multiple analyses were conducted, the probability of a Type I error is increased. Yet, even with the application of the Bonferroni method, which would result in an alpha level of .0071 (.05/7), the latter two differences would remain statistically significant.

Discussion

Despite that fact that numerous authors have underlined the importance of supervision in preventing secondary traumatic stress in human services professionals, there has been very little research conducted in this area. In an effort to address this gap in the knowledge base, this exploratory study examined the role of supervisory culture and practice in the development of secondary traumatic stress among child welfare workers.

Our findings indicate that child welfare workers with lower levels of STS were more likely to report that supervisors: (1) are willing to help when problems arise; (2) provide visible, ongoing support for innovations and ideas; and (3) provide assistance to enhance quality of services. On the other hand, workers' perception that supervisors: (1) encourage workers to be the best they can be; (2) show a genuine concern for workers; and (3) are empathetic with work-related problems were not related to the level of STS experienced. As such, it appears that action-oriented (active) rather than emotion-oriented (passive) support

from supervisors is most helpful in preventing or reducing secondary traumatic stress among child welfare workers. Another finding of this study was that the number of hours of supervision provided was not related to STS, leading us to conclude that it is the qualitative aspects of supervision rather than the quantity of supervision that is most important in preventing STS. As with any exploratory study, the results should be interpreted with caution and are in need of replication. One of the most significant limitations of this study is due to the fact that we relied on the secondary analysis of an existing dataset and therefore, the variables of interest were limited and captured in a way that can be improved upon in future research. That is, there are aspects of supervisory culture and practice that were not examined because the variables were not included in the original survey. In addition, the items related to supervision largely measured workers perception of supervisory culture and practice in their office, but may not be their own experience. Despite these limitations, this study provides important preliminary findings about the relationship between supervision and secondary traumatic stress.

Table 2: Means and standard deviations of scores on the Secondary Traumatic Stress Scale

	STS Case		No STS		Combined	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Intrusion Subscale	14.52	3.47	8.36	2.23	10.92	4.14
Avoidance Subscale	20.52	4.89	11.39	2.97	15.19	5.95
Arousal Subscale	15.19	3.19	8.61	2.29	11.35	4.22
Total Score	50.23	9.74	28.36	6.30	37.46	13.38

Note: Participants were dichotomously classified as "STS Case" if they scored 38 or higher on the STSS Total Score and as "No SS" if they scored less than 38 on the STSS Total Score.

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Table 3: One-way analyses of variance for effects of supervisory variables on secondary traumatic stress

Predictor variable	STS Case			No STS			F (df)	p
	N	M	SD	N	M	SD		
Supervisors ...								
are willing to help when problems arise	123	3.11	.808	165	3.28	.697	4.06 (1,286)	.045*
provide visible, ongoing support for innovation and ideas	123	2.65	.820	165	2.93	.859	7.61 (1,286)	.006*†
encourage workers to be the best they can be	123	3.03	.799	165	3.16	.780	1.77 (1,286)	.184
show a genuine concern for workers	123	2.82	.897	165	2.98	.910	2.06 (1,286)	.152
are empathetic with work-related problems	123	2.85	.950	165	2.97	.927	1.24 (1,286)	.267
provide assistance to enhance quality of services	123	2.83	.875	165	3.11	.804	7.91 (1,286)	.005*†
Number of hours of supervision received (monthly)	126	13.48	29.53	177	13.81	28.72	.010 (1,301)	.922

* $p < .05$. † $p < .0071$

Note: Participants were dichotomously classified as "STS Case" if they scored 38 or higher on the STSS Total Score and as "No STS" if they scored less than 38 on the STSS Total Score.

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