



For CFSA Staff Members Experiencing Work-Related Traumatic Stress: Information, Support & Resources

“Child welfare staff are first responders. Just like police officers and fire fighters, they’re asked to respond to emergency situations with very little information, and by doing so often put themselves at risk. In addition to the very real physical risks...there are equally real psychological risks in taking care of children and families that have experienced abuse, neglect, violence, and other traumas.”

-The ACS-NYU Children’s Trauma Institute

Every day, CFSA staff working with children and families can experience direct personal safety or health risks that could lead to Primary Traumatic Stress. They may also experience events that are traumatic for a client (such as a very difficult family separation or placement disruption), and create the experience of Secondary Traumatic Stress.

Primary or Secondary Traumatic Stress (P/STS) is often felt in these ways:

- Intrusion (my heart started pounding when I thought about work with my clients)
- Avoidance (I noticed gaps in my memory about client sessions)
- Arousal (I had trouble sleeping...felt jumpy...had trouble concentrating)
- Lack of motivation (I can’t find the interest to do my work)
- Confusion (I thought I was doing one thing, but discovered I was doing something else)
- Lethargy (I feel tired and slow, and I lack energy)

Some people experiencing P/STS show it openly; some feel it, but keep it hidden; some may not even be aware of it. No matter how it shows itself, if P/STS isn’t addressed, it can cause mental, emotional, and physical health problems, strained personal relationships with self and others, and challenges at work.

What Supports are Available for P/STS?

Supervision. CFSA staff members experiencing work-related traumatic stress should be in dialogue with their supervisor or program manager to talk through trauma-triggering events and the impacts. A worker’s case assignments should take trauma history into account to the greatest extent possible. CFSA policy states that staff cannot be penalized or retaliated against for reporting these events and seeking support.

Training. CFSA staff members can take training from CWTA on Secondary Traumatic Stress and Vicarious Trauma.

Internal support resource. Short-term (1-3 sessions), confidential, 1:1 and/or group intervention with a CFSA-contracted licensed clinical practitioner is now available. The clinicians, from the Onyx Therapy

Group, have extensive experience working in trauma support, compassion fatigue, and other challenges facing child welfare professionals every day.

Outside support. CFSA staff members can seek professional support or counseling through INOVA Employee Assistance Program (EAP): call 800-346-0110; or log-on to www.inova.org/eap (username: DCGOV; password: DCGOV).

How do I access the CFSA-contracted clinical support?

CFSA's new contracted P/STS support resource is available by self-referral or manager referral (the referring manager does not have to be the impacted staff member's direct supervisor). Although it is desirable to access this resource as soon as possible following a trauma-triggering event, it can be accessed at any time. The service provider will contact the staff member within 24 hours of the referral.

Here are the steps:

1. Talk with your supervisor, any CFSA manager, or the clinical contract administrator (Dr. Brandynicole Brooks) about what's going on, and your interest in accessing the P/STS resource.

NOTE! CFSA tracks P/STS in the workforce in order to improve responsiveness. The triggering event, the date of your conversation with a manager, and the support strategies you identify will be entered into the online tracking system. This system is also used to make a referral to the P/STS resource. You, and your manager, will get email confirmation that the information was received.

2. Sign a consent form (attached to this tip sheet; managers also have a copy) which will be uploaded to the P/STS Online Information and Referral portal.
3. Once the consent form is uploaded, the referral is automatically sent to the service provider who will reach out to you directly, within 24 hours.
4. A copy of the referral will be sent to you, the referring manager, and to a designated HR staff member for contractor billing purposes only (the information is **not** included in your personnel file).
5. At the time of your initial contact with the service provider, you will identify dates and times for consultation. These dates and times should be shared with your supervisor as these will be protected time.
6. When you and the service provider have finished your consultations, they will close the referral, and an email listing the dates they consulted with you (and whether it was done individually or as part of a group) will be sent to you, the referring manager, and HR. The email will also provide a link to a satisfaction survey for you to complete.

Need help?

Contact Dr. Brandynicole Brooks, Chief Development & Equity Officer at Brandynicole.Brooks@dc.gov.



Consent for Referral to CFSA's Contracted Primary or Secondary Traumatic Stress (P/STS) Support Resource

By my signature herein, I give consent to have the information listed below shared electronically by my immediate supervisor (or other manager) with CFSA HR and CFSA's contracted P/STS support resource. I understand that I will be copied on all communications in which this information is transmitted. I further understand that the information is being sent to HR for contractor billing purposes only, and will not be included in my personnel file.

1. My name, position and work contact information.
2. The name, position and work contact information for the referring manager (and for my immediate supervisor, if different).
3. The type of trauma-triggering event I experienced (pick list, multiple selections allowed):
 - The death of a child, parent, kin, or resource parent on a case currently or previously assigned
 - A threat from a client or client's family member
 - An environmental threat in the field, such as gunfire or witnessing physical violence
 - Providing or observing disturbing or emotional testimony in the Family Court
 - A particularly difficult family separation or placement disruption
 - Any other highly-stressful, client-related event or circumstance that may impede a staff member's ability to complete ongoing professional duties (described)
4. The date(s) of dialogue and consultation about the event between myself and the referring manager.
5. The interventions identified by myself and the referring manager (pick list, multiple selections allowed):
 - a. Increased contact/consultation with immediate supervisor or other manager
 - b. Assessment of caseload
 - c. Training
 - d. Participation in supportive group discussion forums
 - e. Referral to contracted P/STS resource for individual consultation
 - f. Referral to EAP
 - g. Staff independently pursues external therapeutic resources
 - h. Other
 - i. Staff member declines interventions at this time
6. The dates of contact between myself and the contracted P/STS resource, and whether the interaction was individual consultation or group consultation.

I acknowledge that I have read and fully understand the above statements.

SIGNATURE

DATE