What's New and Who's Doing It: Implementing an Agencywide Resiliency Program

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Child abuse professionals know firsthand the impact their work can have on staff and teams. The term vicarious trauma is used to describe the effects of this work on individuals who are repeatedly exposed to the trauma of others. In child welfare organizations, where staff is repeatedly exposed to the stories of child abuse, the resulting trauma can be considered an occupational hazard (Bride, Radey, & Figley, 2007).

The American Counseling Association's Traumatology Interest Network (2011) defines vicarious trauma as "the emotional residue from hearing other people's trauma stories and becoming witness to the pain, fear, and terror the trauma survivor endured." Being witness to another's pain can cause the individual to see the world differently. Some individuals internalize the impact and suffer silently; others externalize it, impacting their co-workers and the families they work with. Many simply leave the field. In fact, the impact of exposure to trauma is a significant factor in the turnover among child welfare caseworkers, for whom the average duration of employment is less than two years (Salus, 2004).

In a study of 109 agencies in Texas serving victims of domestic violence, sexual assault, and child abuse, managers were asked what signs of burnout or secondary traumatic stress they observed in workers. Although many observed signs of stress in their staff, most commonly negative attitude (69%), managers stated that they did not know what they could do about it (Busch-Armendariz, Kalergis, & Garza, 2009). Most initiatives on compassion fatigue or vicarious trauma focused on self-care, not on what the organization could do to help its workers.

The effects of trauma influence an organization's identity and worldview in the same way that an individual's are influenced by personal trauma experience. According to Hormann and Vivian (2005), just as we intervene with an individual who has been traumatized, it may be necessary to intervene in an organization to enhance resilience. When an organization acknowledges the impact of trauma in the workplace and addresses it, stress decreases (Koeske & Koeske, 1989). Strengthening victim service providers' resilience will have a positive effect in the services they deliver (Lord & O'Brien, 2009).

Development of a Research-Informed Model

The Organizational Resiliency Model (ORM) was designed to help child abuse organizations address secondary traumatic stress in their staff. It was developed as a strengths-based, evidence-informed product, incorporating end-user involvement from beginning to end. The model resulted from a collaboration of 83 educators, researchers and academicians, and practitioners with experience in the child welfare field, victim services, curriculum development, and resiliency. The most critical partners and end users were 12 pilot sites: six children's advocacy centers (CACs), four court-appointed special advocate (CASA) programs, one program with both CAC and CASA components, and one state child protective services agency.

The pilot sites represented diverse geographic areas, and together they served more than 16,000 children under the age of 17 who had experienced sexual abuse, physical abuse, or neglect, or who were witnesses to homicide or violence. Two people from each pilot site were designated as "resiliency coaches," at least one of whom was in a management position with the authority to implement the model. The 24 resiliency coaches had a collective 374 years of experience in children's services, averaging 16 years each.

The model is a strengths-based approach that includes five core elements: Self-Knowledge, Sense of Hope, Healthy Coping, Strong Relationships, and Personal Perspective and Meaning. Policies, supervisory techniques, and training are used to implement specific strategies that support each element. Elements and their research bases are described as follows (Figure 1):

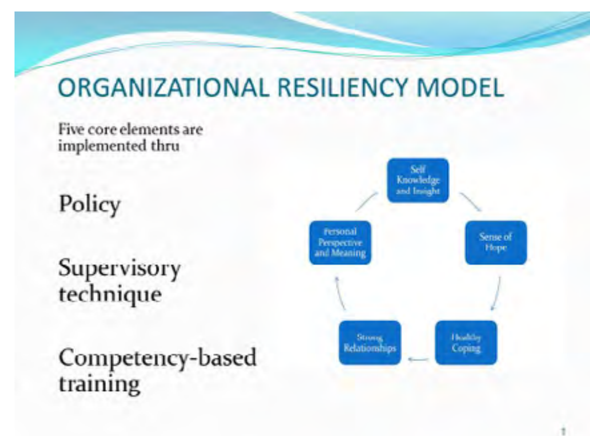

Figure 1. The Organizational Resiliency Model

Element 1: Self-Knowledge and Insight

People who can draw on self-knowledge and insight as a source of resiliency have self-esteem, a sense of control, and independence. A source of self-esteem can be one's own

pride in competence or ability to do the work they are doing. Research supporting this includes Bednar's (2003) findings that child welfare workers most likely to remain in their position despite burnout were those who came to the work with a sense of personal and professional mission, were well-matched to their position, or had flexibility to move to a more suitable position. Dickinson and Painter (2009) note the need for realistic recruitment strategies that accurately portray skills and attributes necessary for work and job previews, including impact of the work.

Element 2: Sense of Hope

A sense of hope means having optimism, along with a sense of humor and the ability to have fun. Optimism builds on the sense that adversity will be overcome and that action can be taken to affect outcomes. Humor and laughter help balance the negative aspects of the work.

The research basis for optimism is the landmark Kauai Longitudinal Study (Werner, 1982, 1993), a 40-year project that followed the development of 698 children born on the Hawaiian island of Kauai in 1955. The children were exposed to serious risk factors including perinatal stress, poverty, parental mental illness, alcoholism, chronic family discord, and family disruption. Despite these adversities, by age 32 one third of the high-risk children grew into competent, confident, and caring adults. A central factor that contributed to effective coping in adulthood appeared to be a feeling of optimism and hopefulness, a belief that adversity could be overcome.

Applying this concept of optimism and hope to the workplace, Peterson and Luthans (2003) studied 59 organizational leaders and found that high-hope leaders had more profitable work units and better satisfied employees who stayed longer than did the low-hope leaders.

Element 3: Healthy Coping

Organizations can contribute to healthy coping by acknowledging that the work affects child abuse professionals at a basic level (Senge, 1990). By acknowledging the impact of this work on staff, the organization helps normalize the effects of the work, provides a supportive environment, and gives permission for self-care (Bell, Kulkarni, & Dalton, 2003). A supportive organizational culture allows time for vacations, creates opportunities for varied caseloads, and provides time off for self-care activities.

Supervisors who acknowledge the impact on their workers are able to take steps to address negativity and change the organizational culture to one that supports resiliency. Workers' well-being, organizational commitment, and job satisfaction improve when they receive support for their emotional needs and job-related stressors from their supervisors (Mor Barak, Travis, Pyun, & Xie, 2009). Supportive supervision is a key factor in child welfare workers who are exhausted yet satisfied with their jobs (Stalker, Mandell, Frensch, Harvey, & Wright, 2007). The cornerstone of staff retention is the supervisory relationship (Yankeelov, et.al. 2009), which serves as a catalyst for regular evaluation of employee functioning, routine discussions of healthy coping, and adaptation of the work environment as needed to support healthy coping.

Element 4: Strong Relationships

Strategies for this core element focus on what the organization can do to strengthen relationships among staff and to identify obstacles to the role of relationship building in the workplace. These strategies are grounded in research about the importance of an organizational culture that supports workers, even while the work they are doing can have a negative impact.

Teams, for example, enhance the social networking aspect of building resilience and provide a training ground for better external collaboration (Munroe, et al., 1995). The amount of time collaborating with other professionals has been associated with increased satisfaction (Silver, Poulin & Manning, 1997). One study of child welfare workers found that those who felt included in decision making were less likely to disengage from their work (Travis & Mor Barak, 2010; Travis, Gomez, & Mor Barak, 2011).

Element 5: Personal Perspective and Meaning

Numerous references in the psychology and social work literature point to seeking meaning in one's working life as a source of resilience for those who persist, endure, and thrive in this work (Collins, 2007). Collins (2008) reported on two surveys of social workers in the United Kingdom that revealed high job satisfaction, in part due to making a difference in the lives of others and the community and to "being valued."

Results of the Pilot Test

After implementing the Organizational Resiliency Model for up to six months, resiliency coaches reported that 534 staff and 493 volunteers were exposed to ORM strategies. Signs of success reported by participants included the following:

- Increased discussions about stress and resiliency with colleagues and supervisors
- Interest in training on resiliency or compassion fatigue
- Increased opportunities for social events with colleagues
- Increased offers of flex time and mental health days

Seventy percent of resiliency coaches reported a reduced perception of turnover among their staff. Moreover, the coaches themselves gained a new perspective: In learning

how to build resiliency in others, they gained new insight into methods of sustaining their own resiliency:

> *Sometimes the vicarious trauma or the compassion fatigue is normalized. Now I have a greater level of advocacy about the need for this that is non-negotiable. That level of enlightenment opened other options for me that had not been on my radar.*

Eighty-three percent of the coaches reported that it was extremely likely that the model would remain an integral part of their organizations' operations.

Of course, the stressors affecting child abuse staff and volunteers are not limited to traumatic events. During the 8-month pilot period, for example, six of the 12 sites experienced budget cuts resulting in layoffs or mergers resulting in staffing changes. Nonetheless, resiliency coaches reported greater confidence in their ability to counter the risks from high caseloads and organizational change:

> *The stresses are still here, and in fact are greater. They're the highest in my tenure in this business. Would it have been worse if we didn't have this program? Absolutely, there is no question in my mind.*

Recent Research Supporting the Model

Since the Organizational Resiliency Model was conceived, research continues to support the theoretical basis for the model. In addition, practices associated with this research provide more examples of how to actualize the five core elements.

Gratitude and happiness are two ways to build strengths in the element of sense of hope. These attributes emerge from the positive psychology movement and stand on their own as strong foundations for resilience. The Greater Good Science Center (GGSC) at the University of California Berkeley is doing extensive research in this area, linking the practice of gratitude to a sense of well-being (Emmons, 2008). In fact, based on its research, the GGSC offers a full course, entitled The Science of Happiness.

The practice of mindfulness represents four decades of research and practice. Its focus on intention, attention, and attitude has strong ties to sense of hope and healthy coping; its focus on having a personal vision, goal, or aspiration––and living consistently with that––aligns with the self-knowledge and insight element of the ORM.

In a pilot study of resilience in nurses and midwives, Foureur and colleagues (2013) found that mindfulness practice helped further a "sense of coherence" in subjects, a process that aligns with the ORM element of personal perspective and meaning (i.e., knowing why you are doing the work). Similarly, Streb's team (2014) found that exploring the connection between a sense of coherence and high resilience offers promise in reducing PTSD symptom severity in paramedics. Related research by Samios and colleagues (2013) linking "compassion satisfaction," or feeling good about one's work, to resiliency also supports the element of personal perspective and meaning. Finally, meditation, deep in-practice wisdom, has a growing body of research to demonstrate its efficacy in supporting two ORM elements: healthy coping and personal perspective and meaning (Goyal, et al., 2014).

The Organizational Resiliency Model provides a rich starting point for continuing evaluation of the model and its usefulness to child abuse organizations. Findings showed that the ORM provided leaders with tools and knowledge to help their staff, but does using the ORM actually build resiliency? Further replication, implementation, and evaluation will bring us closer to a true evidence-based model.

The Organizational Resiliency Model In Practice

Since being part of the pilot for the ORM, the National Children's Alliance (NCA) and Children's Advocacy Centers (CACs) have continued to promote and implement the model. NCA is the national association and accrediting body for nearly 800 CACs and 49 state chapters. The mission of NCA is to help local communities respond to allegations of child abuse in ways that are effective and efficient and put the needs of child victims first. To achieve this mission, NCA recognizes that the health of service providers and a positive organizational climate directly impact service delivery to children and families (Glisson & Green, 2011).

> **The abuse of children should not lead to trauma in adults trying to help them.**
>
> **— Coach, Organizational Resiliency Model pilot site**

NCA became invested in the Organizational Resiliency Model out of a growing concern for high rates of turnover in Children's Advocacy Center staff and multidisciplinary team (MDT) members plus the lack of a system-wide, evidence-based response to trauma exposure. Moreover, acknowledging the accumulating evidence regarding the impact of chronic trauma exposure on child abuse professionals, NCA has included identification and response to vicarious trauma in its recently revised National Standards for Accreditation for Children's Advocacy Centers, which

require CACs to promote MDTs' "well-being by promoting access to training and information on vicarious trauma and building resiliency" (NCA, 2015).

In recent years, CACs have promoted self-care of the individual as a way to combat vicarious trauma and burnout. However, little has been discussed regarding ways in which organizations can implement practices and policies that foster resiliency in the workforce. NCA chose to promote the Organizational Resiliency Model not only because it creates a "culture" of resiliency but also because it is based on a thorough literature review that identifies factors associated with resiliency.

The Baltimore Child Abuse Center (BCAC) was an early adopter of the Organizational Resiliency Model. BCAC serves approximately 1,000 children and families who allege abuse each year. BCAC has a staff of 22 individuals who perform a variety of jobs, including on-call crisis work at night, on weekends, and on holidays to respond to allegations of child abuse. Every individual employed at the Center has been exposed to the trauma, whether it is witnessing children and their families arriving in the Center's lobby or conducting forensic interviews.

In 2013, two BCAC representatives participated in Building Resiliency, a training program designed to promote the ORM. (For more information, please visit www.ovcttac.gov/ResiliencyTBR.) After sharing what they'd learned with the rest of the center's management team, the representatives brainstormed and developed various ideas and activities to support the model. The management team agreed to set aside 30–45 minutes during the monthly staff meeting to carry out these activities with the goal of fully implementing the program at their center. Figures 2–4 are some examples of program activities.

Self-Knowledge and Insight

The BCAC resiliency coaches customized a Jenga®-type game in which players removed a block from the tower for every negative aspect of their work and then rebuilt the tower using blocks representing positive resiliency strategies. (Visit https://www.youtube.com/watch?v=RBwQhjXhcy8 to see the game in action!)

Sense of Hope

Staff illustrated answers to the question, "What gives you hope"? on t-shirts. The shirts were hung above the center's intake board to remind staff members of their hopes and positive thoughts (see Figure 5).

Healthy Coping

A review of agency policies and practices resulted in a decision to avoid scheduling forensic interviews on Friday mornings, allowing time for staff to attend meetings or trainings or to catch up on their work before the weekend. Cook-offs focus on different food groups and allow staff to taste and savor a variety of healthy foods. Zumba®-type classes help staff blow off steam through strenuous (but fun) exercise.

Figure 2. A board in the kitchen explains each element and suggests appropriate activities.

Strong Relationships

Staff members were given a sheet of paper with instructions to write their name and describe themselves in words or drawings. Staff added positive things on one another's papers, which then were hung in their respective offices.

BCAC schedules progressive dinners and monthly happy hours away from the worksite; MDT partners are invited and often attend. Holiday potluck luncheons at the center allow staff to mix and mingle with their co-located colleagues.

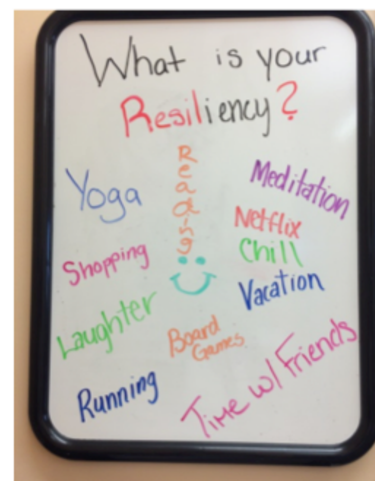

Figure 3. Another board on which people write their recent resiliency activities.

Personal Perspective and Meaning

During one meeting, staff members were asked to think about what makes them engage in the work, why they came to this field, and what keeps them there. They were then given journals and asked to write three positive things every day.

Figure 4. A "Butterfly Vision Board" on which staff members paste images of how it looks when BCAC achieves its mission.

Because the management at BCAC support and were able to operationalize the Organizational Resiliency Model, staff took on the tasks of planning agency-wide activities that reinforced the resiliency elements. As the program evolved, BCAC was no longer doing vicarious trauma training, but rather, they were implementing a resiliency program. This shift in thinking promoted creativity, and additional activities were developed to reinforce the five elements. Today, the elements of resiliency are incorporated in monthly all-staff meetings and in new programs for BCAC staff.

Figure 5. "Sense of Hope" T-shirts.

BCAC was fortunate to have staff and a management team that could see the value in investing this time into the resiliency of their workforce and recognize that intentional practice was necessary for success. BCAC has seen the positive impact of focusing on staff resiliency and recognizes the importance that all five elements play in staff efficacy, communication, and retention. The agency encourages staff members to use their vacation time, which they do because they have confidence that the job will be done while they are gone. Everyone is recognized for their dedication and the exceptional work that they do.

National Children's Alliance continues to train on and support the Organizational Resiliency Model as an effective way to build a culture of resiliency in Children's Advocacy Centers. NCA has featured this training at its Urban Forum (for the largest CACs in the country), held sessions at the annual NCA Leadership Conference, and presented at a variety of child welfare conferences. We continue to look for new ways to help Children's Advocacy Centers shift their focus from simply raising awareness of vicarious trauma to creating a culture of resiliency. We must build organizations that model the resiliency that is so critical for the children and families we serve.

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