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Managing Burnout and Secondary Traumatic Stress in Human Service Organizations

A Clark University MPA Capstone Case Study Project

by Naomi Ingram

April 27, 2020

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Executive Summary

This Case Study explores how burnout and secondary traumatic stress impact staffing, service delivery, and organizational effectiveness in a human service agency. The Case Study is focused around Ascentria Care Alliance's Children & Family Services in Massachusetts, which encompasses three foster care programs: the Unaccompanied Refugee Minor (URM), Division of Children's Services (DCS), and Intensive Foster Care (IFC) programs. Both individual and organizational approaches are needed to most effectively address burnout and secondary traumatic stress. Individual workers need to build resilience factors such as self-compassion and mindfulness, set appropriate boundaries with clients, engage in ongoing training, support, consultation, and supervision, and pursue individual psychotherapy as needed. Agencies need to help staff process exposure to emotionally trying content in clinical supervision, provide frequent training to supervisors and workers to help them recognize and respond to burnout and secondary traumatic stress, and make time-out easily available for workers when needed. In addition, agencies need to facilitate meaningful social support, address negative elements of the physical work environment and job demands, actively manage staff workload, help workers feel empowered in their work, provide meaning and significance in work, and make staff's professional development a priority. Through research, a generalized best practice guide called *10 Best Practices for Managing Burnout and Secondary Traumatic Stress* was created, which outlines recommendations that human service organizations can implement to address this issue. These recommendations were then applied to the specific issues experienced at the Case Study organization, Ascentria Care Alliance, as an example of how research can inform the ongoing management of this important organizational issue in the human services industry.

Section 1. Method

In this Case Study, I aimed to explore the topics of burnout and secondary traumatic stress and describe their impacts on staffing, service delivery, and organizational effectiveness in medium to large human service organizations in the U.S., with a specific focus on the current industry in Massachusetts. Based on learnings from this exploration, I further aimed to generate generalized best practices and recommendations that human service organizations could implement to address this issue, as well as specific recommendations for the Case Study organization, Ascentria Care Alliance. Human service organizations are tasked with providing care for vulnerable people and it is both prudent and ethical to minimize the emotional impacts of human service work for those providing the services. Organizations rely on their staff to function and to provide quality client services and so it is important for them to have the tools needed to both support and retain that staff.

For this Case Study, I gathered information through two means: a review of existing literature and information gathering at the Case Study organization. In conducting a review of the literature, my main research question was: *How does burnout and secondary traumatic stress impact staffing, service delivery, and organizational effectiveness and what best practices and recommendations exist for human service organizations to address this issue?* I additionally had the following research sub-questions:

- How does the literature define burnout and secondary traumatic stress and their symptomology?
- What theoretical models of burnout exist within the literature?
- What individual and organizational factors lead to or pose a higher risk to developing burnout and secondary traumatic stress?
- What effective organizational and individual interventions for burnout exist?
- What is the incidence of burnout and what is its impact on organizations?

In order to conduct the literature review, I viewed articles on burnout and secondary traumatic stress as they relate to general organizational environments as well as research specific to various human service professions, such as healthcare workers, psychotherapists or mental health practitioners, and child protection workers. I was particularly interested in articles that spoke about this topic relative to child protective service workers, as this was the Case Study population I hoped to apply my recommendations to. In the course of my research, I reviewed e-books, scholarly articles, and some commercial articles from newspapers and magazines. Scholarly articles included both qualitative and quantitative research and commercial articles focused primarily on how such issues impact organizations' bottom line or how workers and organizations can conduct self-assessments to identify and begin to remedy issues.

The second part of my information gathering took the form of interviews with human resources and management level staff at Ascentria to gather information and generate narrative on how the issue under question is perceived and currently responded to at the organization. The scope of this project was limited to looking only at Ascentria Care Alliance's Children & Family Services in Massachusetts as a case example, which includes three foster care programs: the Unaccompanied Refugee Minor (URM) Program, Division of Children's Services (DCS) Program, and Intensive Foster Care (IFC) Program. The scope was limited this way based on the feasibility of interview methodology and in order to keep the recommendations both relevant and specific to one population, child protective service workers. In addition to testimony from program leadership, I also incorporated my own firsthand knowledge and experience as a program staff at Ascentria, but this project did not involve any other primary data or research in the form of systematic qualitative or quantitative data gathering.

Section 2. Literature Review

There are many models of burnout presented in the literature, the most frequently cited being Maslach's Model of burnout, which proposes that emotional exhaustion leads to depersonalization, and eventually diminished personal accomplishment; burnout then emerges (Sharma & Cooper, 2017). Other popular models of burnout present within the literature include Venning and Spradley's 5-Stage Model, Hobfoll's Conservation of Resources Model, and Demerouti, Bakker, Nachreiner, and Schaufeli's Job Demand-Resource (JD-R) Model (Sharma & Cooper, 2017).

Human service professionals who work with the following types of clients are at higher risk than the general population of human service workers: clients that frequently present in crisis, engage in high-risk, aggressive, and/or suicidal behaviors, have complex presentations, have chronic problems and do not often show improvement, or have experienced trauma, especially traumatized children (Pirelli, Formon, & Maloney, 2020; Simiano, Simpson, & Reid, 2019). Data shows that child protective service workers are at the highest risk for developing secondary traumatic stress and burnout, while those in private practice are at the lowest risk (Robb, 2004). Other exogenous risk factors for burnout cited in the literature included the following in the work environment: having increased patient contact, working long hours including on-call shifts during nights and weekends, a heavy caseload or excessive workload, uncomfortable physical environment, low level of control or autonomy, increased time pressure, existence of role conflicts, ambiguity of role or tasks, settings with limited social or management support, inflexible hierarchies, restrictive operating rules, competing values, perceptions of inequity in the workplace or meaninglessness of tasks, working in systems with tedious bureaucracy and red tape, limited resources, poor recognition and reward, and environments

without a mechanism in place for early identification or intervention, as well as not having appropriate interventions available for staff (Pirelli, Formon, & Maloney, 2020; Simiano, Simpson, & Reid, 2019; Sharma & Cooper, 2017; Maslach & Leiter, 2005; Gomez & Michaelis, 1995). Endogenous risk factors that impact human service workers on an individual level present in the literature include: staff having their own unresolved trauma history, maladaptive coping skills, higher levels of empathy, lower levels of training, experience, or seniority and within their first five years of practice, being younger than age 30, female, unmarried, and of higher education or overqualified (Hamama, 2012; Pirelli, Formon, & Maloney, 2020; Simiano, Simpson, & Reid, 2019).

A review of the literature makes it clear that both individual and organizational approaches are needed to most effectively address burnout and that it is not sufficient to just focus on personal goals, preferences, expectations, and development of individual coping strategies and psychological self-care (Sharma & Cooper, 2017; Simionato, Simpson, & Reid, 2019; Maslach & Leiter, 2005). Individual workers need to build resilience factors such as self-compassion, emotional intelligence, mindfulness skills, and compassion satisfaction, set appropriate boundaries with clients, engage in ongoing training, support, consultation and supervision, and develop adaptive coping skills and work-life balance (Pirelli, Formon, & Maloney, 2020; Sharma & Cooper, 2017). Workers should also pursue individual psychotherapy as needed, especially to address any unresolved personal trauma or mental health issues.

Agencies need to consider limiting hours of stressful work by reducing staff-client ratios, making more time for actual casework, spreading challenging cases evenly amongst staff, and making time-out available (Sharma & Cooper, 2017; Van Heugten, 2011). Agencies should also help in facilitating delegation of work when needed, help workers be realistic about their

capacity, and help them effectively respond to the frequent demands of others (Sharma & Cooper, 2017; Pirelli, Formon, & Maloney, 2020). Improving the physical workspace is also important and includes factors like crowdedness, relaxed atmosphere, noise, privacy, unplanned change, and bureaucratic structures like complex forms, tangled communication channels, and unnecessary procedures (Sharma & Cooper, 2017; Van Heugten, 2011; Robb, 2004; Hamama 2012). Training for employees as well as supervisors is instrumental for self-identification and to effectively address burnout and secondary traumatic stress in the workplace. Development opportunities, engaging workers in organizational decision making, providing meaning and reward in work, and setting clear, achievable objectives and frequently reviewing progress are also all shown to help mitigate burnout on an organizational level (Sharma & Cooper, 2017; Van Heugten, 2011).

Social support was noted as perhaps the most important factor to mitigate burnout and it includes having someone to actively listen, provide encouragement and appreciation, challenge and growth opportunities, unconditional emotional support, and to help in exploring new ways of thinking or provide validation for current thinking (Sharma & Cooper, 2017). The quality of the support matters and so this is best facilitated when the organizational culture supports openness and transparency (Sharma & Cooper, 2017; Gomez & Michaelis, 1995). Studies have shown that specifically, supervisory support is associated with lower levels of burnout and turnover intention among workers, as supervisors have the authority to help remedy many of the organizational risk factors noted above (Hamama, 2012; Sharma & Cooper, 2017). Research is emerging to show that effective coaching improves retention rates for child protection workers (Pirelli, Formon, & Maloney, 2020; Van Heugten, 2011; Hamama, 2012). Clinical supervision also provides an important opportunity for workers to reflect on their experiences with clients,

discuss the stresses, challenges, and emotionally taxing nature of the work; supervisors can use supervision as a time to acknowledge, validate, preempt, and respond to signs of burnout in employees (Simionato, Simpson, & Reid, 2019; Woodward, 2009).

Section 3. Background Information

Secondary traumatic stress is defined as a change in a human service practitioner's worldview, primary belief system, cognitions, and emotional needs in response to exposure to the retelling of traumatic events by clients; symptoms mirror those of direct trauma and can include “[intrusion], negative emotional arousal (e.g., experiencing higher levels of anger, hate, and frustration), difficulty separating work and home life, lower levels of distress tolerance, emotional outbursts, decreased work satisfaction, negative self-soothing behaviors (e.g., drinking, social isolation), and decreased general functioning and productivity at work and home” (Pirelli, Formon, & Maloney, 2020, p. 2). Burnout is distinct from secondary traumatic stress in that it is not specific to the human service industry; burnout can be completely unrelated to human contact and it can manifest in many ways (Simionato, Simpson, & Reid, 2019; Pirelli, Formon, & Maloney, 2020). When burnt out, one could be frenetic, overcommitted to work at the expense of work-life balance, under-challenged and experiencing boredom and lack of motivation, or worn-out, feeling underappreciated (Simionato, Simpson, & Reid, 2019).

“Gallup’s ‘State of the American Workplace’ report shows that up to 70% of employees are disengaged in the workplace, costing companies \$450 – 550 billion every year from the following profitability drains:

- Lack of productivity slows down the delivery of internal and external products and services.
- High turnover rates increase the costs of recruitment and training.

- Employee theft– both of objects and of time spent on non-work activities performed during working hours– eats away at budgets and productivity.
- Unhappy employees spread dissatisfaction to other employees and negatively influence clients” (Cultureiq.com, 2020).

Burnout is associated with increased absenteeism, presenteeism, and poorer work performance, which can impact an organization’s bottom line and creates a risk to client care (Siminoato, Simpson, & Reid, 2019). Employees who are absent from work due to poor mental health have been found to cost organizations approximately \$2,100 – 2,600 per employee, per year (Siminoato, Simpson, & Reid, 2019). The cost of absenteeism is estimated to be about \$40 billion annually and the cost of presenteeism is likely to be even higher, over \$150 billion (Siminoato, Simpson, & Reid, 2019). There is clear return on investment for organizations in all sectors (public, private, and non-profit) related to employee engagement, and mitigating what is posed as its polar opposite – burnout. However, it becomes even more important in the context of the current human services environment. A WBUR article notes that “with stagnant wages, frequent turnover and the growing pressure of student loan debt, human services providers face a staffing crunch that leaves them without sufficient resources to meet the needs of the state's most vulnerable populations” (Lisinski, 2019). This makes retaining workers and mitigating turnover of utmost importance in human service organizations in Massachusetts.

The concern for employee burnout is compounded further in the field of human services for a few reasons. Staff burnout is exacerbated by the stressful nature of the work itself, with emotional intensity and exposure to others’ trauma being innate in the work. Human service workers are therefore at risk of developing emotional impairment in the form of secondary traumatic stress. Burnout in human service workers is clearly defined as a problem within the literature, with multiple national surveys of burnout among workers providing evidence that 20 –

70% of mental health service providers are experiencing high levels of emotional exhaustion and about 50% of clinical and counseling psychologists are experiencing moderate to high levels of burnout (Robb, 2004; Simionato, Simpson, & Reid, 2019). Further concerning is that about 60% of mental health professionals report they have continued to work despite acknowledging significant levels of distress (Simionato, Simpson, & Reid, 2019). These findings are truly significant in the context of organizational functioning because in a study of more than 10,000 mental health professionals, emotional exhaustion was found to reliably predict turnover intention (Simionato, Simpson, & Reid, 2019).

The impacts of burnout and secondary traumatic stress pose an ethical challenge for organizations to provide safety for both employees and clients (Simionato, Simpson, & Reid, 2019). The National Association of Social Workers' (NASW) Code of Ethics (2017) states that "social workers should not allow their own personal problems, psychosocial distress, ... or mental health difficulties to interfere with their professional judgment and performance or to jeopardize the best interests of people for whom they have a professional responsibility" and if they are impaired, they "should ... take appropriate remedial action by seeking professional help, making adjustments in workload, terminating practice, or taking any other steps necessary to protect clients and others" (section 4.05). In addition, "social workers who have direct knowledge of a social work colleague's impairment ... should ... assist the colleague in taking remedial action" (NASW, 2017, section 2.08). This therefore becomes not only an individual ethical imperative, but also a collective organizational one. However, with sparse resources and funding and tightly binding contractual obligations and missions, human service organizations are collectively confronted with the tough question of how to appropriately respond to this need (Robb, 2004; Van Heugten, 2011).

Section 4. About the Organization

Ascentria Care Alliance is a large nonprofit with deep roots, having served communities in 60 locations for 142 years, and currently spanning five New England states – Connecticut, Maine, Massachusetts, New Hampshire, and Vermont. The agency provides help and services to a wide variety of individuals and families, including services for the elderly, children, disabled, refugees and new immigrants, and services in mental health and family support, among other things. The organization, formerly known as Lutheran Social Services, underwent a name change and rebranding in September 2014. The new name, Ascentria, pays tribute to the organization’s Lutheran heritage through the concepts of ascension, trinity, and rising together. The rebranding also involved updating the vision, mission, and values to better reflect the agency’s new strategic direction; they are as follows:

Vision

We envision thriving communities where everyone has the opportunity to achieve their full potential regardless of background or disadvantage. Together with our partners, we inspire people to help one another reach beyond their current circumstances and realize new possibilities.

Mission

We are called to strengthen communities by empowering people to respond to life’s challenges.

Values

Faith in action: Courage, Compassion, Integrity

Ascentria Care Alliance has a strong position in the industry, with annual revenue totaling over \$85 million and total net assets of over \$16 million. Ascentria additionally carries many unique program service lines and federal and state contracts. In recent years, Ascentria has adopted a more person-centered model of care and new collaborative partnerships aimed at achieving measurable quality outcomes for clients. This is evidenced by the creation of the organization’s first Client Center in Worcester, Massachusetts, expanding senior care by

acquiring new nursing homes in partnership with Sheehan Health Group, and the development of social enterprises such as their Language Bank interpreter services. However, recent policy changes at the federal level have profoundly impacted Ascentria as they were forced to close their refugee resettlement programs in three sites following changes in U.S. immigration policy. In response, Ascentria has become more politically engaged in advocating for issues affecting the industry and is also increasing and strengthening its fundraising activities. Ascentria's financial position has steadily improved over the past few fiscal years, however, they indicate losses in fiscal year 2017 related to the drastic shifts in federal policy and contracts described above.

This Case Study is focused exclusively on Ascentria's Children & Family Services in Massachusetts, which encompasses three specific programs, the Intensive Foster Care (IFC), Unaccompanied Refugee Minors (URM), and Division of Children's Services (DCS) programs. The IFC Program serves approximately 50 children from birth to 22 years who were removed from their families and placed in the care of the Massachusetts Department of Children and Families (DCF). The state contracted IFC Program provides intensive foster homes for DCF youth who require placement in a higher level of care as a result of experiencing severe abuse and neglect in their home environment. The URM Program works in contract with DCF and the U.S. Office of Refugee Resettlement (ORR) to provide targeted services to approximately 150 minors who are refugees or victims of human trafficking, present in Massachusetts without parents or legal guardians. Like, URM, the DCS Program is also a federally contracted service though ORR. The DCS Program serves 15 Unaccompanied Alien Children (UACs) under the age of 18, present in Massachusetts without parents or guardians, helping them explore options

for family reunification and immigration relief.

Section 5. The Challenge

Burnout and secondary traumatic stress is a topic of concern to management and human resources staff at Ascentria's Children & Family Services. One of the managers shared about having personally experienced it when she was a worker and that she has also had multiple staff break down emotionally in supervision with her. In defining what burnout looks like for staff at Ascentria, managers describe starting to see changes in performance or disengagement from the agency and a change in personality or behavior in the staff; they note that things can spiral from there if an intervention is not made. Human resources staff see burnout when it has reached a boiling point with the employee and they have begun considering whether or not the job is a good fit for them anymore. Managers see burnout impacting performance and this can subsequently impact client successes and outcomes if workers are disengaged. If program outcomes are impacted, this can in turn impact the maintenance of funding or contracts and the agency's bottom line. Additionally, one staff's burnout or disengagement may have impacts on team morale and turnover intention, which can happen in waves. If preventative measures are not taken, managers identify that the program or the agency may end up spending more money on hiring and retraining new staff or having to invest more in other staff assistance programs like health benefits and the Employee Assistance Program.

Like many other social services agencies, Ascentria has struggled to hire and retain employees in many of its locations due to the current staffing crisis in the human services field. Workers in these programs are described as "fresh out of school", as management explains these are entry-level positions. There is frequent turnover and difficulty filling positions in all of the

foster care programs and in the IFC program the average tenure of workers is the shortest, about 1 – 2 years. Managers explain that because of long-standing vacancies and because turnover rate is so high, their teams are often smaller, which means higher caseload demands for all. When these are high intensity cases, managers explain that this can be a lot for workers, especially new workers, to manage. Although these new workers enter the role highly motivated and with a lot of energy, by the end of their first year on the job, they are often observed to slow down and present with less energy. Reduced workforce has also forced Ascentria's programs to operate in a crisis-management model, lacking the ability to engage in proactive planning and program expansion and development. It also puts a strain on management. In an unstrained system, managers could jump in to assist workers when challenges arise in cases, but when there are constant vacancies, the structure becomes stressed and managers express feeling less able to support workers and worker burnout can be exacerbated. In this way, the impacts that increased workloads have on burnout, retention, and agency functioning could be viewed as a worrisome self-perpetuating cycle.

Research shows that this particular group of workers (i.e. child protective workers) are at the highest risk for developing burnout and secondary traumatic stress, which furthers the challenge at Ascentria. Exposure to trauma and client crises is frequent for Ascentria's foster care workers and this makes for truly stressful and emotionally trying work. Managers note that inevitably, staff must combat taking that emotion home with them at the end of the day. In addition to being child protective workers, the population of workers at Ascentria's Children & Family Services meet many of the other criteria for being high-risk of developing burnout and secondary traumatic stress. For example, the majority are female, unmarried, under the age of 30, and have lower levels of training, experience, and seniority, within their first five years of

practice. Therefore, they may have built up less resilience and have fewer resources to cope with the stress of the job. Ascentria foster care staff have a strong passion for the work and a strong internal motivation to serve this particular population, often drawn to this work because of their own personal experiences or commitment to helping others. However, having these higher levels of empathy can also be a risk factor. In addition, if workers have personal experiences with mental health issues or their own unresolved past trauma, this can pose a significant risk of developing secondary traumatic stress, as well as a challenge for maintaining appropriate boundaries in the work with clients.

Workers at Ascentria are tasked with constantly establishing and maintaining appropriate work-life balance and boundaries with clients, which can be emotionally draining. Even if the agency culture supports work-life balance, workers are frequently placed in situations that test those boundaries, like having a client calling in the midst of an emotional crisis, asking for help, but it is 5 o'clock and time for the worker to go home. In addition to regular work hours, workers are also intermittently asked to manage on-call responsibilities, which can be difficult to balance with their own life. Even if workers are young and high energy, managers note that it can be very draining and quick to burn them out if the job suddenly requires them to, for example, sit with a child at the hospital for days at a time during an on-call crisis. In addition, having to operate within the confines of many inflexible contracts and systems can create competing values that can be hard for workers to rectify with their own morals or values for client care. Ascentria workers operate within state DCF and federal ORR standards, as well as those of licensing agencies, public benefits agencies, and legal systems. For example, there may be a young adult client who has become homeless but does not meet eligibility for re-entry into the program per the federal contract. In this situation, the worker may have to sit with the fact that they are not

allowed to house that young adult, which can be very damaging for the worker emotionally and can lead to burnout. The strict operating rules of the various contractual standards can also generate tedious administrative tasks for workers, such as the need for double or triple entry into multiple online systems as well as maintaining hard-copy paper files.

Section 6. The Solution

Based on the findings in my research, I generated a guide of *10 Best Practices for Managing Burnout and Secondary Traumatic Stress* (Appendix A). The following are my recommendations for how this guide can be applied specifically to address the needs of Ascentria's Children & Family Services.

Ascentria should limit staff's exposure to client crises, trauma, and emotionally trying content wherever possible by eliminating any unnecessary forms or procedures that require them to interview clients about sensitive content, read or review written reports with traumatic content, or write up reports or document traumatic material multiple times. This also means reducing the number of times workers are asked to hold on-call responsibility and ensuring consistent work hours. This is a current strength for Ascentria, as they discourage work during nights and weekends unless absolutely required and use a "comp time" system to allow workers to flex or offset any extra hours worked beyond the regular 40 in any given week. In addition to limiting exposure, Ascentria should also help staff to actively process their exposure to such content in clinical supervision as, inevitably, the field is fraught with organic factors that will impact the emotional wellbeing of workers. This means asking staff to reflect on their experiences with clients and making time and space for them to openly share the stresses and challenges of the work without judgement. One specific idea is holding 90-minute supervision sessions that start

with a half hour for emotional processing and support without advice giving. Clinical supervision should also be used as a time to acknowledge, validate, preempt, and respond to any signs of burnout in workers and offer interventions. Screening should be done during the interview and onboarding process to make sure staff are able to identify their own triggers and emotional responses, assess their own strengths, and be self-reflective in supervision, thereby ensuring they have the baseline skills needed to sustain in this profession. It is also imperative to choose the right people for supervisory positions, making sure they understand what might be going on for workers and are able to offer support without making judgements.

Supervisors should be equipped with strategies and be ready not just to listen and help staff to process, but also to intervene and offer accommodations for staff in need. For example, they may transfer a challenging case, help the worker be realistic about their own capacity, provide clarification around role or tasks, help them set boundaries, or provide additional resources to meet job demands. When needed, supervisors should also step in to provide functional support, facilitate delegation of work, or otherwise enable the employee to take time-out while other capable staff takes over. Depending on the situation, time-out could look many ways, including a break during the workday, a “mental health day”, or in more severe situations, a leave of absence, reduction to a part-time hours, or job transfer within the organization. Staff may also be encouraged to pursue individual psychotherapy as needed, especially if they disclose their own mental health needs or unresolved trauma history. Ascentria’s health benefits do cover mental health care and they have an Employee Assistance Program (EAP), which provides a few free sessions with a counselor and can facilitate referral to a long-term mental health provider; managers report having often directed staff to the EAP in such circumstances.

Ascentria should provide frequent training to supervisors and workers to help them

recognize and respond to burnout and secondary traumatic stress. This could look like annual trainings aimed understanding these issues and strengthening mechanisms for self-identification, as well as quarterly resilience building trainings for staff, focused on prevention-based skills in coping, self-compassion, mindfulness, emotional intelligence, and work-life balance. If budgets are a barrier to providing such regular trainings, foster care programs could organize them jointly and cost-share. Supervisors should also receive proper training on how to identify burnout in staff and be equipped with strategies for support and intervention; training should therefore be assigned as a mandatory part of their onboarding and a supervisor-specific training on burnout should be provided at least annually.

Ascentria is also encouraged to increase organizational flexibility, provide cross training, and set up job and role structure to facilitate work sharing and support, considering situations where job rotation or shared work teams within or between the Children & Family Services programs could be utilized. This type of system could help in making time-out more easily available to staff who need it, aid in sharing workload during position vacancies, help to alleviate feelings of sole-responsibility in work, and increase opportunity for social support. For example, the foster care programs have combined efforts in training and onboarding foster parents and the URM and DCS Programs recently combined their on-call systems; both are examples of successful cross training and work sharing that could be further expanded upon. High turnover rate has impacted the existence of stable, quality, social support, as team make up and dynamics are frequently shifting. At present, staff in one program may be unfamiliar with staff who work in other offices, but providing more opportunities for staff to connect, cross train, and gather together as a larger group would increase the size and stability of workers' support network and

help reduce feelings of isolation. To manage the geographic barriers, programs could utilize a remote platform like Skype, as needed.

Programs should continue the current monthly schedule of staff meetings at each site, and joint staff meetings between URM and DCS, but should consider adding a quarterly meeting where all the foster care programs can convene. Monthly staff gatherings could also be better utilized as a venue for conducting team check-ins and providing much needed social and emotional support, active listening, encouragement, appreciation, validation, and feedback for staff. Staff meetings often end up being heavily informational in nature and there is a missed opportunity to inspire meaning and significance in work by using the time to review agency and program-wide goals and objectives, connecting staff's work to the broader organizational vision, and using it as a time for recognition and reward. Regular opportunities for social support and team teambuilding activities in each site should also continue and can be provided in various venues such as supervision, peer support groups, and social outings outside work time, all of which currently exist as positive outlets.

In terms of financial reward, the organization has actively pursued a market-rate analysis to ensure that employees are paid competitively and has taken steps to implement a merit-based raise system, both of which are positives for Ascentria. However, providing an on-call stipend and licensure cost reimbursement for IFC staff, the program with the highest turnover rate, could add a lot of value in demonstrating recognition and reward for this very challenging task and may aid in turnover intention. Though the projected cost of this is about \$16,000 annually, this very well may be cost effective when one considers the amount the agency currently invests in recruiting and training new staff and the restrictions turnover imposes on program expansion. Because the agency is a non-profit with inherent limits to the financial compensation they can

provide, other forms of reward and recognition become truly important. There was previously anniversary recognition done on a program level, as well as formal agency employee recognition awards done on an annual basis, which both appear to have gotten lost along the way.

More important than financial compensation is actually having a sense of challenge, interest, variety, and personal fulfillment in ones work. Professional development is currently not an active focus for Ascentria, but with such high turnover rates, this should be a high priority for the agency to ensure staff's long-term engagement in work. Managers should match the employee's work profile with their abilities and interests, aiming to reduce job redundancy, provide challenge, help them to develop specializations. In addition to developing staff's capacity and skills in their current role, they should better facilitate opportunities for career advancement like attendance at conferences, support around degree attainment, mentoring and shadowing opportunities, and leadership opportunities. They should additionally implement a system that both encourages and enables internal job transfer and promotion.

The physical environment is a strength for Ascentria, with all programs having moved to new and improved offices within the last 5 – 10 years. Some of the physical demands of the job can be a challenge for workers and time spent on the road could be reduced through more structured procedure for transfer of cases between offices and assignment of cases by geography. As is common in social services, employees often feel obligated to overextend themselves to serve vulnerable clients, even when burdened by excessive caseloads. Therefore, there should be strict caseload limits, challenging cases should be spread evenly amongst staff, and case transition and case coverage policy and procedures should be developed to help promote predictability in workflow and regulate demands placed on workers. In addition, Ascentria could better help workers feel empowered in their work by taking a critical look at internal structures

and procedures, aiming to untangle any complex communication channels and reporting chains, minimize restrictive operating rules or structures, advocate for the alleviation of bureaucracy and red tape with contract and licensing agencies, and minimize tedious paperwork, double or triple entry, and other forms of administrative annoyance as much as is practicable. There may be vestigial or legacy procedures or forms, but consultation with workers is important to evaluate if these are still functioning to the program's benefit.

Section 7. Conclusion

In this Case Study, I looked at how burnout and secondary traumatic stress impacts staffing, service delivery, and organizational effectiveness at Ascentria Care Alliance, a human service agency in Massachusetts. In order to explore this topic, I conducted a formal review of existing literature and interviewed key staff at the Case Study organization. The scope of this project was limited to looking only at Ascentria Care Alliance's Children & Family Services in Massachusetts as a case example, which includes three foster care programs, the Unaccompanied Refugee Minor (URM) Program, Division of Children's Services (DCS) Program, and Intensive Foster Care (IFC) Program. Because of the limited scope of the Case Study to child protective services in a medium-to-large-size human service organization in Massachusetts, the findings and recommendations may not be easily generalized to human service industries in other regions or countries or how this issue impacts workers in smaller community-based organizations.

The challenge Ascentria is faced with is significant. Like many other social services agencies, Ascentria has struggled to hire and retain employees in many of its locations due to the current staffing crisis in the human services field. This has increased workloads, contributed to burnout amongst remaining staff, and impacted on agency functioning, creating a worrisome

self-perpetuating cycle. In addition, Ascentria's Children & Family Services workers represent a population at extremely high risk for burnout and secondary traumatic stress, being child protective service workers, working with high-risk clients, and being heavily young, single, female, and low-experience workers, fresh out of school.

A review of the literature makes it clear that both individual and organizational approaches are needed to most effectively address burnout. Individual workers need to build resilience factors such as self-compassion and mindfulness skills, set appropriate boundaries with clients, engage in ongoing training, support, consultation, and supervision, and pursue individual psychotherapy as needed. Agencies need to help staff process exposure to emotionally trying content in clinical supervision, provide frequent training to supervisors and workers to help them recognize and respond to burnout and secondary traumatic stress, and make time-out easily available for workers when experiencing impairment. In addition, agencies need to facilitate meaningful social support and address negative elements of the physical work environment and job demands, actively manage staff workload, helping workers feel empowered in their work, and provide meaning and significance in work, making staff's professional development a priority.

From these learnings I created a generalized best practice guide called *10 Best Practices for Managing Burnout and Secondary Traumatic Stress*, which outlines broad recommendations that human service organizations can implement to address issues. As an example of how these recommendations can be applied in practice by organizational managers, specific suggestions were then made in each of the 10 areas to address the particular issues experienced at the Case Study organization, Ascentria Care Alliance. A notable gap in the research is that there are not yet any best practice recommendations for caseload numbers or other quantifiable practices for

human service workers or organizations. It could be recommended that further quantitative research is done to test the recommended best practices present within the current knowledge base for their effectiveness in preventing or remedying burnout and secondary traumatic stress.

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10 Best Practices for Managing Burnout and Secondary Traumatic Stress

1. **Limit staff's exposure to client crises, trauma, and emotionally trying content wherever possible and help staff process exposure** in clinical supervision. Use supervision as a time to help staff reflect on their experiences with clients. Encourage open discussion about the stresses, challenges, and emotionally taxing nature of the work, without judging or labeling staff who verbalize challenges. Also, use supervision as a time to acknowledge, validate, preempt, and respond to signs of burnout.
2. **Facilitate meaningful social support in the work environment**, which means ensuring the following are present: unconditional emotional support, assistance and resources in times of need, active listening, encouragement, appreciation, validation, and feedback or help to explore new ways of thinking. Quality social support is best achieved when the organizational culture supports open communication, self-disclosure, and transparency.
3. **Address any negative elements of the physical work environment and job demands** like crowdedness, atmosphere, noise, privacy, time spent traveling, and schedule of work hours. Ensure consistent and predictable work hours by helping workers set appropriate limits and boundaries with clients and limiting on-call shifts and work during nights and weekends as much as possible.
4. **Actively manage staff workload** by placing firm caps on caseload size, spreading challenging cases evenly amongst staff, and minimizing unplanned changes in work. Give staff access to necessary resources to meet their job demands, provide functional support, and facilitate delegation of work when needed. Help workers be realistic about their own capacity and effectively respond to others' demands by providing clarification around role conflicts and task ambiguity and by helping staff set boundaries.
5. **Help workers feel empowered in their work**, allowing them control and autonomy wherever possible, and making sure policy, procedure, and structure function to support their work. Organizations should break up inflexible hierarchies, untangle complex communication channels, minimize restrictive operating rules or structures, mitigate bureaucracy and red tape, and minimize tedious paperwork and other forms of administrative annoyance as much as possible.
6. **Create meaning and significance in work** by frequently reviewing progress on individual and program-wide goals and objectives, connecting staff's work tasks to a broader organizational vision, and by providing frequent recognition and reward (both financial and verbal acknowledgement and praise). Address any competing values or perceptions of inequity present in the workplace that undermine meaning.

7. **Provide frequent training to supervisors and workers to help them recognize and respond to burnout and secondary traumatic stress** effectively in the workplace. Offer regular training aimed at strengthening self-identification as well as resilience building sessions aimed at building prevention-based skills in coping, self-compassion, mindfulness, emotional intelligence, and work-life balance. Supervisors should also receive proper training on how to identify burnout in staff and to be equipped with strategies for support and intervention.
8. **Make staff's professional development a priority** to maintain long-term engagement in their work. Frequent training should be provided to increase staff's capacity and skills and to contribute to their overall professional development goals. Managers should match the employee's work profile with their abilities and interests, aiming to reduce job redundancy, provide challenge, help them to develop specializations, and facilitate opportunities for career promotion.
9. **Make time-out easily available for workers** when they are experiencing burnout. Allow staff to temporarily withdraw and engage in less stressful work while other capable staff takes over. This could look many ways including a break during the workday, "mental health day", leave of absence, reduction to part-time hours, shared work teams, job rotation, lateral job changes, or transfers within the organization. Increase organizational flexibility, provide cross training, and set up job and role structure to facilitate work sharing and such transfers. This also functions to alleviate feelings of sole-responsibility in work as a preventative measure.
10. **Encourage staff to pursue individual psychotherapy** as needed, especially if they disclose their own mental health needs or unresolved trauma history. Make sure appropriate benefits are provided by the organization to facilitate referral to and coverage of mental health care through health insurance coverage and an Employee Assistance Program.