MSW II: TITLE IV-E STUDENTS’ KNOWLEDGE OF BURNOUT, VICARIOUS TRAUMA, AND COMPASSION FATIGUE AT CALIFORNIA STATE UNIVERSITY, SACRAMENTO

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MSW II: TITLE IV-E STUDENTS' KNOWLEDGE OF BURNOUT, VICARIOUS TRAUMA, AND COMPASSION FATIGUE AT CALIFORNIA STATE UNIVERSITY, SACRAMENTO

A Project

by

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Division of Social Work
Abstract

of

MSW II: TITLE IV-E STUDENTS’ KNOWLEDGE OF BURNOUT, VICARIOUS TRAUMA, AND COMPASSION FATIGUE AT CALIFORNIA STATE UNIVERSITY, SACRAMENTO

by

Michelle Lynn Pelletier

The purpose of this study was to assess the level of knowledge MSW II Title IV-E students have of burnout, vicarious trauma, and compassion fatigue at California State University, Sacramento. This study was an exploratory, quantitative design. A convenience non-probability sample of (N=19) MSW II Title IV-E students was used to conduct the study. The study was presented in a pre-test and post-test format with a workshop provided on the topics before the post-test was administered. Results found that there was minimal knowledge of vicarious trauma and compassion fatigue among the participants, with good knowledge of burnout. From the findings in the study, one could state that more knowledge is needed to inform students about burnout, vicarious trauma, and compassion fatigue prior to entering the child welfare profession. A
The majority of the participants’ knowledge significantly increased after the implementation of the workshop indicating the benefits of the workshop.

_______________________, Committee Chair
David G. Demetral, Ph.D., LCSW

_______________________
Date
DEDICATION

I would like to dedicate this project to my wonderful parents who have always provided me with love, support, and encouragement. I am proud to be your daughter and thankful for the person you have shaped me into. I would also like to dedicate this project to my extraordinary sister, Tia. Thank you for always believing in me, motivating me, and for waking me up each time I fell asleep working on this project. In addition, I would like to dedicate this to my best friend, Jackie, who supported me and kept me on top of things. Finally and very importantly, I would like to dedicate this project to the love of my life, Alex. Thank you for being understanding during this long process and giving me the strength I needed. Your encouragement and love helped me complete this project.
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Chapter 1

THE PROBLEM

Introduction

Child welfare social workers are particularly vulnerable to the development of burnout, vicarious trauma, and compassion fatigue. The mission and intent of the public child welfare system is to provide safety, permanency, and well-being for all children that are encountered (Morazes, Benton, Clark & Susan, 2009; Yamatani, Engel & Spjeldnes, 2009). The child welfare system is the prime organization accountable for the preclusion, investigation, and interference in child abuse situations (Zosky, 2010). Workers are liable for carrying out child safety assessments and certifying the protection of children (Caringi & Hall, 2008). Child welfare social workers are susceptible to burnout, vicarious trauma, and compassion fatigue because of the intense exposure to traumatic material. If the workers are not protecting their health and well-being, they are incapable of providing the utmost effective quality of service to the most vulnerable population.

This researcher became interested in the knowledge base of burnout, vicarious trauma, and compassion fatigue due to involvement in California State University, Sacramento’s Title IV-E program. The program is funded by the federal government to help with the recruitment and retention of high quality social workers in child protective services, CPS (Barbee, Antle, Sullivan, Huebner, Fox & Hall, 2009; Morazes et. al, 2009). The students are awarded a stipend to study child welfare policy and practice in exchange for a year for year work obligation in CPS (Barbee et. al 2009; DePanfilis & Zlotnik, 2008). The goal of the program is to certify motivated, qualified, and dedicated
social work graduates will mend practice results and will stay employed in the field long term (Morazes et. al, 2009).

This researcher wanted to explore whether the participants in the CSU Sacramento Title IV-E program were aware of burnout, vicarious trauma, and compassion fatigue. In various discussions with Title IV-E students at CSU Sacramento this researcher found that while many students knew about burnout, there was a lack of knowledge about vicarious trauma and compassion fatigue. After conducting the literature review for this study, it was determined that the Title IV-E students would benefit most from the information obtained. It is vital for child welfare social workers to be made aware of the symptoms of burnout, vicarious trauma, and compassion fatigue. If the symptoms are unrecognized or unaddressed, they can pose potential emotional and physical distress. As the future workers for the most vulnerable system, making life and death decisions about the safety of children, it is crucial for sufficient knowledge of the risks involved in the profession, as well as prevention techniques and coping strategies.

**Background of the Problem**

Working in the child welfare system can be very rewarding. Though it is also a profession of great difficulty and high occupation demands (Boyas & Wind, 2010). Child welfare social workers have escalating caseloads, more than twofold the suggested (Anderson, 2000; Yamatani et. al, 2009; Zosky, 2010). There is a lack of resources and services available to assist the families (Faller, Grabarek & Ortega, 2010; Morazes et. al, 2010; Nelson-Gardell & Harris, 2003). Burnout, vicarious trauma, and compassion
fatigue are highly likely to be developed by child welfare social workers due to the work conditions and stipulations of the job.

Burnout is a position of physical, emotional, and psychological weakness due to the association in mentally difficult occupations, which results in depersonalization and reduced personal accomplishment (Bell, Kulkarni & Dalton, 2003; Conrad & Kellar-Guenther, 2006; Sprang Clark & Whitt-Woosley, 2007; Stalker, Mandell, Frensch, Harvey, & Wright, 2007). Due to the stress, child welfare social workers are not able to perform to their best abilities. It impedes the workers from completing their jobs to the highest standards.

Workers who experience burnout are exhausted, irritable, and indifferent. Burnout is immensely related to positions where stress is high and rewards are sparse (Simon, Pryce, Roff, & Klemmack, 2005). Children are placed in danger when the social workers lack mental and emotional presence. Without the full capability of the child welfare social workers, assessments may not be thorough. This can result in children being removed from the home when they shouldn’t be or children remaining in a dangerous environment. Either way, the children are subjected to unnecessary trauma that could have been prevented or stopped with interventions (Caringi et. al, 2008).

Child welfare social workers are exposed to trauma through the empathic engagement with the clients’ disturbing experiences (Bell et. al, 2003; Cunningham, 2004). Empathy is taught to social workers so that rapport can be built. However, the consequences of empathy used by child welfare social workers are not usually highlighted. Allowing children to recall the abuse they encountered can have detrimental
effects on the workers (Bride, Radey & Figley, 2007b; Simon et. al, 2005). The abuse that child welfare social workers are subjected to hear include physical abuse, sexual abuse, emotional abuse, abandonment, neglect, parental substance usage and domestic violence (Caringi et. al, 2008; Nelson-Gardeall et. al, 2003).

Child welfare social workers’ importance is tainted by vicarious trauma, as well as their connections, perceptions, spirituality practices, affect, recollections, interactions, and individuality (Bride, Jones & MacMaster 2007a; Bride et. al, 2007b; Simon et. al, 2005). This may cause significant negative adjustments in crucial beliefs and values that workers have about themselves, others, and the world in general. Child welfare social workers may develop the inability to trust and it may affect the level of concern while conducting child safety assessments (Cunningham, 2004).

Child welfare social workers are capable of building rapport with clients through the demonstration of empathy. Consequently, some workers may begin to feel fatigue from listening over and over again to painful incidences that occur to their clients. Compassion fatigue is the act of being exposed to trauma and feeling exhausted from caring (Berzoff et. al, 2010). The development of compassion fatigue occurs when the workers are no longer able to care due to the constant nature of the profession (Radley et. al, 2007). Compassion fatigue diminishes compassion satisfaction among child welfare social workers and deteriorates the aptitude to productively provide assistance to the clients (Bride et. al, 2007b).

Due to the overwhelming demands of the profession and the susceptibility to develop burnout, vicarious trauma, and compassion fatigue turnover is inevitable.
Turnover has inundated the child welfare system for over 40 years (Chen & Scannapieco, 2010; Faller et. al, 2010). Turnover has drastic effects on child welfare social workers due to having to cover the extra cases when a staff member departs (Anderson, 2000; Boyas et. al, 2010; Yamatani et. al, 2009). This causes more stress for the social workers and decreases the amount of time they can spend with their clients while conducting safety assessments. It takes seven to thirteen weeks to fill vacant positions. In addition, there are monetary expenditures when recruiting, hiring, and training new social workers (Conrad et. al, 2006; Westbrook, Ellis & Ellett, 2006).

While the effects of turnover on the social workers and the child welfare system are detrimental, the most vulnerable population affected by worker turnover is the children. Child welfare social workers are supposed to ensure safety, permanency, and well-being to the children in the system. However, if the children are continually assigned a new social worker because of turnover, there is a lack of trust and stability felt by the children (Strolin-Goltzman, Kollar & Trinkle, 2010). Turnover causes delays with the cases and may result in a loss of permanent placement for the children. Children who have been assigned to multiple child welfare social workers are less likely to reunify with their parents and more likely to spend longer periods in foster care than children who did not have multiple workers (Strolin-Goltzman et. al, 2010; Westbrook et. al, 2006).

When a new worker is assigned to a case, there may be a lack of understanding of the clients’ situations (Anderson, 2000). If rapport was built between the previous social worker, it will be harder for the children to open up to the new worker for fear that the worker will leave like the last (Yamatani et. al, 2009). The children may experience the
trauma of losing their family all over again when staff departure occurs. Children already develop unhealthy relationships with adults when they endure abuse and are removed from their home. Turnover adds to the flame because it disrupts the development of a healthy relationship with a caring individual (Strolin-Goltzman et. al, 2010). Children are gravely affected by the turnover of child welfare social workers. More knowledge needs to be made about burnout, vicarious trauma, and compassion fatigue to help prepare the workers for the profession and offer prevention techniques and coping mechanisms so that worker turnover can be reduced.

**Statement of the Research Problem**

Child welfare social workers are particularly susceptible to cultivating burnout, vicarious trauma, and compassion fatigue symptoms because of the empathetic processing and exposure to vivid, comprehensive descriptions of child abuse. Unacknowledged and untreated, these risks may manifest into physical, psychological, and emotional anguish. The research problem is that there is a lack of knowledge about burnout, vicarious trauma, and compassion fatigue. As a result, an exploratory study deemed to be the most appropriate research design to allow the researcher to investigate the understanding of CSUS students’ knowledge of the terms.

**Purpose of the study**

The purpose of this study was to assess the knowledge of burnout, vicarious trauma, and compassion fatigue among Second Year Master of Social Work Title IV-E Students at CSUS. The surveys questioned the social work students about their levels of knowledge of the terms. Vignettes were also used to determine if the students could
correctly identify the terms in practice. This study’s primary purpose will help increase the understanding of the level of knowledge being taught to Title IV-E students as they prepare a career in the child welfare profession.

Theoretical Framework

This study will reference the jobs-demand resource model and constructivist self development theory (CSDT) to highlight the effects on child welfare social workers. The jobs-demand resources model inspects how job characteristics and burnout contribute to differences in team performance (Jenaro, Flores & Arias, 2007). When employees encounter high expectations from work, application of higher levels of energy are used to meet the requirements of the agency. The exertion of extra energy may result in lower work performance and morale.

The model illustrates the penalties of disparity flanked by work demands and the lack of resources available to meet the requirements. Burnout is characterized into three key categories: cynicism, reduced feelings of personal accomplishment, and emotional exhaustion (Anderson, 2000; Bell et. al, 2003, Conrad et. al, 2006). Emotional exhaustion refers to a widespread severe incessant tiredness due to relentless contact with exigent occupation conditions. It is portrayed as an aspect of burnout and is exceedingly associated with agency stressors. In the child welfare profession this may include the high caseloads, low pay, turnover, occupational demands, and role conflicts (Faller et. al, 2010; Maslach, 2003; McGowan, Auerbach & Stolin-Goltzman, 2009).

Vicarious trauma has a harmful effect on individuals emotionally and physically. The workers’ worldviews are distorted due to vicarious trauma. Individual’s
psychological growth cognitive schemas can be altered due to the effects of vicarious trauma (Bell et. al, 2003; Caringi et. al. 2008; Simon et. al, 2005). According to the CSDT, there are six cognitive schemas that create our psychological construction and the acuity of the world. The six schemas include independence, intimacy, esteem, safety, power, and trust (Nelson-Gardell et. al, 2003). The creation of new cognitive schemas is continually developed through the associations with life occurrences. The adaptation occurs in the biological, expressive, thoughts, manners, and interpersonal facets of life (Simon et. al, 2005).

Life experiences can modify cognitive schemas positively and negatively. The individual’s cognitive schemas establish the actions and reactions to the world, including the work environment (Bell et. al, 2003; Cunningham, 2005). The factors are also influenced by education, spirituality, support systems, coping methods, and being in secure, nontoxic environments. CSDT is the key to understanding the psychological risks to child welfare social workers that work with children who have been abused. Prolonged exposure to traumatic experiences threatens to disrupt the frame of reference and the beliefs the workers have about humanity.

**Hypotheses**

The question that this researcher is trying to answer is: “What is the level of knowledge of burnout, vicarious trauma, and compassion fatigue among MSW II Title IV-E Students at California State University, Sacramento?” The researcher predicted that a majority of the students would have average levels of burnout knowledge, but low levels of vicarious trauma and compassion fatigue awareness. This researcher predicted
that the students would have a difficult time differentiating between what concept is presented in the vignette portion of the surveys.

**Assumptions**

This research is based on two presumptions. The first is that Title IV-E students are at risk for developing burnout, vicarious trauma, and compassion fatigue as they enter the child welfare profession due to the traumatic nature of the job. Secondly, undetected and unaddressed, the symptoms can have damaging consequences for the workers, personally and professionally.

**Justification**

This study will help determine whether or not Title IV-E social work students have been receiving adequate education to prepare them for a career in the child welfare profession. This study will help determine if the social work students are prepared to work in the field and the consequences that may be faced. This study will provide insight to the problem through the examination of the knowledge the Title IV-E cohorts have of the terms. The results from this study may have implications for agency policies, trainings, and the development of tools and interventions to address burnout, vicarious trauma, and compassion fatigue among child welfare workers and to prepare those entering the field. This study will build upon prior research in this area to continue towards improving the profession of social work.

**Delimitations**

This study is not a complete analysis of burnout, vicarious trauma, and compassion fatigue for the entire cohorts of Title IV-E students. This study is
constrained to a particular campus of the California State University, with contribution limited to MSW II Title IV-E students. This study does not represent all Title IV-E programs throughout the United States. This research study is one point in time instead of a longitudinal study. The findings cannot be generalized due to the non-probability convenience sampling and a small sample size (n=19).
Chapter 2

REVIEW OF THE LITERATURE

Introduction

This literature review presents current findings within the arena of burnout, vicarious trauma, and compassion fatigue. Separated by appropriate headings, the research of stressors affecting child welfare social workers, burnout, vicarious trauma, compassion fatigue, and prevention and treatment will be provided.

Stressors Affecting Child Welfare Social Workers

The profession of child welfare can be gratifying. However, it is also an occupation of exceeding challenges and pressure (Boyas & Wind, 2010). Due to the intricacy of coping with the responsibilities associated with the profession, employment may be sought in other fields. Child welfare workers have high caseloads, often more than double the recommended quantity (Faller, Grabarek, & Ortega, 2010; Morazes, Benton, Clark, & Jacquet, 2010; Caringi & Rankin Hall, 2008; Sprang, Clark, & Whitt-Woosley, 2007; Zosky, 2010). The Child Welfare League of America (2008) standards for excellent services specify that child welfare workers should not surpass more than twelve to fifteen cases. However, the average number of cases in California in 2003 was twenty-four to thirty, with a reported thirty to sixty caseloads in 2009 (Yamatani, Engel, Spjeldness, 2009).

In addition to high caseloads, child welfare workers are required to document extensively on each case (Westbrooke, Ellis & Ellet, 2006). The paperwork and documentation occupies 50 percent of social workers’ time (Anderson, 2000; Yamatani...
et. al, 2009; Zosky, 2010). The workers are required to include everything that occurred during the visit, as well as file any necessary paperwork for the case. In many situations, the workers have to duplicate paperwork to fulfill legal mandates (Westbrooke et. al, 2006). The additional time spent in the office could be better spent with the families.

Due to the overwhelming demands of the profession, turnover is inevitable. Turnover is a concern that has beleaguered the child welfare system for over 40 years (Chen & Scannapieco, 2010; Faller et. al, 2010). As employees depart, there is a shift in the organization. With a lack of resources readily available, additional funding is necessary to recruit and train new employees (Conrad & Kellar-Guenther, 2006). The exodus of employees presents an overload in cases. In addition to their own caseload, workers must take on the responsibilities of the departing staff exceeding the recommended quantity of cases (Anderson, 2000; Boyas et. al, 2010; Yamatani et. al, 2009). Consequently, social workers will take longer to react to abuse and neglect allegations. It can leave children in potentially life threatening situations (Massie, 2009; Westbrooke et. al, 2006).

Workers are responsible for carrying out child safety assessments and ensuring the protection of children. Grave decisions are made by social workers that impact families and the safety of the children (Ellett, 2009). While in the home, child welfare social workers have to use assessments skills to determine whether a child is at risk for abuse or neglect. Misjudgments can be made if the social worker is not able to spend sufficient time to fully evaluate the family circumstances. A huge burden for social workers is knowing that critical findings can be missed and result in children being
injured or killed (Anderson, 2000). A New York audit of the child welfare system found that workers who have high caseloads contribute to inadequate investigations in the child abuse and neglect cases (Yamatani et. al, 2009). Uncertainty and ambiguity is present in child welfare social workers because they are not allotted the appropriate time to complete thorough investigations and assessments of the family systems.

Due to increasing caseloads, paperwork, and obligations of the workers, incomplete or inaccurate assessments may be conducted (Caringi et. al, 2008). A study conducted by the Child League of America found that 80% of child welfare social workers have higher caseloads than the standard twelve to fifteen (Yamatani et. al, 2009; Zosky, 2010). The increasing number of caseloads limit the amount of time social workers are available to spend with the families (DePanfilis, & Zlotnik, 2008; Morazes et. al, 2010). The number of families that need to be seen by social workers is increasing, while the required deadlines for documentation are impasse (Anderson, 2000).

In addition, there are unexpected occurrences that decrease the time to visit families. In the child welfare field, emergencies occur habitually, and take priority over non-emergency visits. There are high wait times in court that may prevent social workers from seeing their clients (B. Ordaz, Personal Communication, November 15, 2010). Furthermore, unanticipated case demands can interfere with the time spent with the families (Barbee, Antle, Sullivan, Huebner & Fox, 2009). Additional concerns may become apparent during a visit that wasn’t included in the report. This will increase the amount of time spent with that particular family, but decrease the availability of the social worker for the other families.
It was found that states whose workers constantly visited families, met the best performance standards, in a study conducted by the Children Bureau in 2002 (Yamatani et. al, 2009). When workers consistently visit the families and children on their caseloads, it allows the workers to be competent in the family system. The workers are able to complete thorough assessments based on the needs and safety factors of the family. The limited amount of time available to spend with families does not allow for adequate rapport building or complete investigations and assessments (DePanfilis et. al, 2008; Morazes et. al, 2010).

It is imperative for child welfare workers to build rapport with families to best serve their needs (Caringi et. al, 2008; Morazes et. al, 2010; Nelson-Gardell & Harris, 2003). However, it is difficult to do so when workers are subjected to playing a dual role. While workers have to gain the trust of the parents as the agent of change, there is the potential that the worker will remove the child (Caringi et. al, 2008; Zosky, 2010). This creates a sense of mistrust, resulting in not being able to successfully confide in the worker due to the fear of losing one’s child or failed reunification. The dual role diminishes a sense of autonomy for the worker (Boyas et. al, 2010; Stalker, Mandell, Frensch, Harvey, & Wright, 2007). Furthermore, with the continuing extent of staff turnover, families may feel it is irrelevant to build a relationship with a worker that may quit or be laid off in the near future. The families may have formed a positive relationship with the departing staff, making it difficult to trust a new worker.

Child welfare workers are subjected to repetition of material with their cases. A rotation of cases would reduce the stress on the workers. Instead, the workers experience
the same cases of investigating child abuse, neglect, and maltreatment (Nelson-Gardell et. al, 2003). Having more sundry cases with a greater range of client tribulations, as well as partaking in research, trainings, and outreach would arbitrate the effects of distressing exposure (Bell, Kulkarni, & Dalton, 2003). It is crucial for child welfare agencies to recognize the impact the situations have on the workers. Once recognition is made, the organization can work toward treating the job related stress.

Insufficient resources are vast stressors that affect child welfare workers (Anderson, 2000; Morazes et. al, 2010; Sprang et. al, 2007; Zosky, 2010). The goal of the worker is to assist families with either reunifying or maintaining the children in the home. Unfortunately, when there is a lack of services available, it is difficult to complete the essential steps for parental success (Caringi et. al, 2008). Not being able to make appropriate referrals and offer community resources to the families can often feel like a failure on behalf of the employee. A lack of services provides the workers with feelings of helplessness, in addition to the powerlessness of the system. There is a frustration of being tied by the red tape of bureaucracy (Caringi et. al, 2008; Faller et. al, 2010; Nelson-Gardell et. al, 2003).

The on-going budget cuts further diminish the amount of support available to families and, therefore, create more stress in the employees. Since July 2009, budget cuts in Sacramento County alone have eliminated a third of the Child Protective Services staff (Branan, 2010). While the agency has improved its reaction on immediate response reports, it is taking longer to respond to other abuse allegations. The children, who are categorized as non-emergency, may be subjected to a longer period of abuse or neglect
until a social worker is able to investigate the family. This may increase the amount of trauma that occurs to children. In addition, the social workers are less likely to make monthly visits to foster children (Branan, 2010). This decreases the amount of time the social workers have to respond to any issues that the children may be experiencing in the foster care system.

Child Protective Services intake workers have been directed not to open a referral for calls that don't meet the stringent classifications of abuse or neglect, in order to cope with the budget cuts (Kalb and Lundstrom, 2010). Emergency response workers used to investigate situations that didn’t sound good to rule out neglect and abuse. However, the new budget cuts have forced emergency response social workers to only investigate severe cases of abuse. Because low to moderate risk cases will be dismissed from the agency, these children will continue to be subjected to abuse. They will only warrant attention from the agency when the abuse or neglect escalates and becomes more severe. Consequently, additional trauma will be endured by the children (Loew, 2010; Yamashita, 2010).

The governor of California Arnold Schwarzenegger cut tens of millions of dollars from child welfare services to close a $20 billion deficit, which means heavier caseloads for county social workers. As a result, there are delays in social workers responding to child abuse reports (Sharma, 2010). A total of $133 million was taken away from the foster care system and Child Protective Services (Loew, 2010; Yamashita, 2010). Across California, funding was eliminated for more than 600 child welfare workers. The remaining child welfare workers have to carry the additional cases of the departing staff
due to the layoffs (Boyas, 2009; Ellett, 2010; Westbrooke et. al, 2006). The increase in the already high caseloads of the staff members means that social workers will take longer to respond to reports of abuse and neglect (Massie, 2009). It forces children to linger in potentially dangerous environments for longer periods of time due to the shortfall of staff to investigate.

In addition to the lack of capability due to the economy, workers feel a sense of powerlessness because of the scrutiny subjected by the public. Child welfare workers are perceived as being powerful due to having the ability to remove children from their homes. However, the workers feel vulnerable to the aspects of their job (Nelson-Gardell et. al, 2003). Workers have to deal with the media frenzy (Boyas et. al, 2010). The perception of child welfare workers is often associated with the term baby snatchers. The public’s perceptions of child welfare workers are commonly stigmatized and held to nearly impossible standards congruently (Anderson, 2000; Zosky, 2010).

The public demands child welfare workers to solve critical tribulations without ample resources (Zosky, 2010). Child welfare social workers are not expected to make any mistakes or they are held accountable for what occurs to the children. It is stated in an article by Hoover (2010) that Sacramento County is only trying to shelter the agency and their dishonest policies and actions. The author reports that child welfare workers remove children too quickly from their homes due to a potential threat of abuse. However, if the children are left in the home, then the workers will be blamed for any harm. This was seen in the case of Sacramento County child, Jahmaurae Allen. He was
killed by his mother’s boyfriend while the mother took one of her children to the hospital due to an illness (Johnson, 2008).

Although the boyfriend was arrested and will be charged in the homicide, the social worker was held responsible for the death of the child and was placed on administrated leave. The social worker reportedly had 24 new cases in addition to her current caseload and may have felt overwhelmed (Johnson, 2008). As a result, she wasn’t able to fully investigate the allegations. Hoover (2010) questioned the judgment of child welfare workers when they remove children from their homes. Wexler (2010) highlights many of the points that Hoover does stating that Sacramento is the capitol of removing children from their homes. He emphasizes that children are hastily removed from their home and cause unnecessary trauma to the children. However, in this situation, the child was left in the home and the social worker was blamed for the child’s death.

In an article by Kalb and Lundstrom (2010), Sacramento County CPS is criticized for its policy on family preservation. The county is placed under scrutiny for allowing families to remain together when risk of abuse or neglect is low. In the case of 4 year old Amariana Crenshaw, CPS came under inquiry when the child was killed in her foster home. The child was found in the foster mother’s rental home burned to death. The foster mother and three other siblings were reportedly in the home, but the child laid alone in the living room (Wexler, 2010).

CPS was criticized for removing the child from her biological parents and placing her in a foster home. The biological mother was a drug addict who continually failed
drug tests, parenting classes, and treatment. The biological father was imprisoned on drug charges at the time of removal (Wexler, 2010). Although the parents failed their services and parental rights were terminated, the blame was placed on the social worker as if the social worker killed the child herself. The judgment of the social worker was questioned due to an incident that the social worker did not foresee.

In many situations, quick decisions need to be made to remove the children or keep the children in the home. This can cause value and moral dilemmas between the preservation of vital key attachments for children, while guaranteeing their wellbeing in the home (Boyas et. al, 2010). There is a sense of ambiguity that comes with the decisions made by child welfare workers. This can be seen when workers are sometimes forced to return children to potentially dangerous homes due to insufficient evidence (Zosky, 2010). Without substantiated information, social workers cannot remove children. There is also uncertainty involved when children are unnecessarily removed from homes as protection for the social workers, due to the potential of abuse or neglect (Ellett, 2009). Some social workers may go against their values of family preservation and remove children from their homes due to the fear that if they keep the children in the homes, abuse can possibly occur. Child welfare social workers have to face challenges that their decisions may have on the agency and the families.

Positive public perception is desired, but organizational social support is the key to reducing stress among workers (Anderson, 2000; Morazes et. al, 2010; Nelson-Gardell et. al, 2003; Sprang et. al, 2007). The work place environment is a potential arena to provide support to the effects of the job (Bell et. al, 2003). There is a lack of privacy for
child welfare workers. They work in cubicles and do not have sufficient space (B. Ordaz, Personal Communication, November 15, 2010). The lack of privacy makes it difficult to create a nurturing environment in the child welfare agencies. In addition, lively posters and inspirational quotes could be posted on the walls to make the environment more inviting, instead of rules and regulations.

Creation of a welcoming work area may provide workers with the positive energy needed to get them through the stress of the work conditions. Separate break rooms are often lacking in child welfare systems (Bell et. al, 2003). This is a simple, yet effective method, to provide downtime for workers to process what occurred throughout the day. Social relationships, the building blocks of an organization, are imperative among co-workers to reduce the stress at work (Anderson, 2000; Boyas et. al, 2010; Stalker et. el, 2007). Through personal collaboration, individuals can work together to complete goals and outcomes, accomplishing more than working in seclusion.

Communication among workers is essential for success within an agency, maintaining regulation and keeping staff conversant of central organization concerns and shifts. It provides all the imperative and essential information required to execute their occupational tasks (Boyas et. al, 2010; Caringi et. al, 2008). The social support of a colleague, debriefing traumatic experiences encountered with families, helps to cope with the stressors of the job (Anderson, 2000; Bell et. al, 2003). However, in many child welfare settings there isn’t an emphasis on the support of co-workers (Boyas et. al, 2010; Morazes et. al, 2010). Although autonomy is related to job satisfaction and success, isolation can play a huge role in stress and job dissatisfaction (Barbee et. al, 2009).
The feelings of isolation can create trauma to child welfare social workers because they don’t feel like they have anybody to turn to (Zosky, 2010). Consequently, many individuals may have a difficult time coping with their stress related to the job. Social workers may begin to feel useless, unqualified, incapable, and remote from their colleagues and clients (Bell et. al, 2003). There is a need for the development of team building activities to gain trust among colleagues and build mutual aid (Anderson, 2000; Barbee et. al, 2009). The solidarity of support among colleagues can allow social workers to address the effects of isolation and take care of themselves (Anderson, 2000; Bell et. al, 2003). The workers are able to reach an understanding of the stressors of the profession and provide support to one another.

Besides the support of colleagues, supervisor support is imperative toward coping with the stressors of the profession. The quality of supervision is highly correlated to the success within the child welfare system (Faller et. al, 2010; Morazes et. al, 2010; Sprang et. al, 2007). Poor relationships with supervisors affect motivation of workers, resulting in a shift in the services provided to the families. Supervisor support allows workers to discuss the complications of their cases and receive encouragement in the workers’ abilities and skills. A supportive supervisor encourages vacations and generates prospects for social workers to alter caseloads and work activities. Time off for illnesses, participation in edification, and time for self care is also encouraged (Bell et. al, 2003).

**Burnout**

Burnout is a state of physical, emotional, and mental fatigue caused by continuing
involvement in psychologically challenging positions resulting in depersonalization and reduced personal accomplishment (Bell et. al, 2003; Conrad et. al, 2006; Sprang et. al, 2007; Yamatani et. al, 2009; Zosky, 2010). The result is not being able to perform at one’s standards due to abiding stress. Burnout can transpire as a product of working with any population. However, organization and environment factors play a greater part in the development of the concept (Stalker et. al, 2007). Workers who endure burnout undergo physical, emotional, behavior, work-related and interpersonal symptoms (Nelson-Gardell et. al, 2003). This includes but is not limited to exhaustion, petulance, unresponsiveness, and reduced job routine. Burnout is vastly connected to organization dysfunction, where stress is elevated and rewards are scarce (Simon, Pryce, Roff, & Klemmack, 2005).

Burnout is not associated with counter-transference or reactions to traumatic material encountered through interaction with families (Bell et. al, 2003; Simon et. al, 2005; Sprang et. al, 2007). Counter-transference is an effect of empathic responses to clients’ stories. Instead burnout is exhaustion due to the overwhelming characteristics of the organization, including high caseloads and institutional stress (Boyas et. al, 2010; Nelson-Gardell et. al, 2009; Simon et. al, 2005; Stalker et. al, 2007). Burnout has been defined by Jenaro, Flores and Arias (2007) as a counter to incessant career pressure that is composed of pessimistic stances and manner toward colleagues and one’s occupation task.

The demanding obligations of child welfare social workers increase the chances that burnout is developed (Anderson, 2000; Boyas et. al, 2010; Yamatani et. al, 2009). Child Protective Services is the main organization accountable for the impediment,
examination, and interference in child abuse and neglect (Zosky, 2010). Social workers are required to make critical decisions about whether children are at risk in their homes within short time frames, using insufficient resources (Anderson, 2000; Faller et al., 2010; Morazes et al., 2010; Sprang et al., 2007). Burnout is attributed to excessively high caseloads, unsupportive public, aggressive clients, a lack of worker control, and collapse of organizational community (Conrad et al., 2006). This is especially seen in child welfare social workers, which makes them more susceptible to the development of burnout.

The inception of burnout is depicted as occurring slowly and gradually. It is linked to actions that transpire over extended time and stems from the long term involvement in psychologically demanding circumstances (Caringi et al., 2008). Not only does burnout reduce the level of job contentment, it also impedes workers from completing their jobs to standards (Bell et al., 2003; Nelson-Gardell et al., 2003; Stalker et al., 2007; Yamatani et al., 2009; Zosky, 2010). Without full mental presence of child welfare workers, children are put in danger. There is a risk that an inaccurate assessment will be conducted (Caringi et al., 2008). This may result in the removal of a child who should remain in the home or non-removal due to incomplete assessment. This can cause traumatic experiences for the child removed or it could result in a child maintaining in a potentially dangerous home.

Burnout has many effects on workers, especially in the child welfare profession (Bell et al., 2003; Conrad et al., 2006; Sprang et al., 2007; Stalker et al., 2007; Yamatani et al., 2009). Physically, workers may feel exhausted and not able to keep up with the tasks of
the job. Sleep disturbances may occur; headaches and digestive problems may be present (Nelson-Gardell et al., 2003; Zosky, 2010). Emotional reactions to burnout include feeling irritable, indifferent, a sense of personal detachment, and depression (Bell et al., 2003; Conrad et al., 2006). Workers that are suffering from burnout may feel dispirited, become cynical toward clients, and encompass a loss of one’s mission. Some workers may forget why they entered the helping profession due to stress, leading to burnout.

High caseloads are a huge factor in association with burnout (Bell et al., 2003; Nelson-Gardell et al., 2003; Zosky, 2010). Workers are unable to meet the demands of their clients due to the limited amount of time and scarce resources available. The Child Welfare League of America (2010) recommends that child welfare case workers have a caseload of twelve to fifteen children. However, the average number of cases in California in 2009 was thirty to sixty (Yamatani, 2009). The escalation of cases given to each worker reduces the amount of time available to assist families. Caseworkers have a responsibility not only to meet with the families to conduct an accurate assessment, but also to link them with appropriate resources in the community. However, the more families assigned to a worker, the less attention that can be given to each individual family.

The jobs-demand resources model have been used to describe burnout and to examine how occupation characteristics and burnout contribute to elucidating variation in objective team performance (Jenaro, Flores, & Arias, 2007). When employees are faced with a high demand for a job related task, they will exert extra sources of energy to meet the needs of the organization. This results in low work performance due to diminished
energy (Jenaro et. al, 2007). The model shows the consequences of an imbalance between the demands made on an individual and the resources available to deal with those demands. Burnout is characterized into three key categories: emotional exhaustion, cynicism, and reduced feelings of personal accomplishment (Anderson, 2000; Bell et. al, 2003; Conrad et. al, 2006; Maslach, 2003). Emotional exhaustion refers to a universal sense of intense continual weariness, caused by incessant exposure to challenging work circumstances. It is depicted as the stress facet of burnout and is highly linked with organizational stressors such as high caseloads, occupational demands, and role conflicts (Faller et. al, 2010; McGowan, Auerbach & Strolin-Goltzman, 2009; Morazes et. al, 2010; Sprang et. al, 2007). Emotional exhaustion is emerging to be the essential feature and most obvious manifestation of the burnout process (Jenaro et. al, 2007).

Escalating caseloads and work demands are linked to burnout in workers. However the idea of dual roles is often overlooked when discussing the concept. Child welfare workers have the challenging job to not only build rapport with clients, but also have the ability to remove children from the home (Caringi et. al, 2008; Zosky, 2010;). This can provide additional stress to the worker because the family may not be able to fully trust the worker. While emotional exhaustion is the most extensively documented element of burnout, it isn’t sufficient enough to captivate the concept of burnout. The lack of knowledge on the other dimensions results in a loss of the intricate experience of burnout (Maslach, 2003; McGowan et. al, 2008). Cynicism is defined as an unsympathetic, reserve, and pessimistic manner toward the occupation, colleagues, or population the agency serves. It is the interpersonal dimension of burnout, closely linked
to feelings of depersonalization, which is an isolated reaction to diverse features of the job (Conrad et. al, 2006; McGowan et. al, 2008; Stalker et. al, 2007).

The last dimension of burnout is a reduced sense of personal accomplishment within workers (Maslach, 2003; Morazes et. al, 2010; Sprang et. al, 2007). Inefficacy entails feelings of inadequacy, deficit of accomplishments, and ineptitude at work. It can be depicted by loss of passion, exhilaration, and a sense of mission (Conrad et. al, 2006). The sense of inefficacy is also contributed to a lack of resources available to assist clients (Caringi et. al, 2008; Collins & Long, 2003; Faller et. al, 2010). When workers are not able to meet the needs of their families, disappointment may be present. In response to this feeling, a worker may feel as if they failed their families or have not been successful in the helping profession. Self efficacy can influence one’s decisions, resiliency to adversity or vulnerability to stress (Chen et. al, 2010). Elevated ranks of exhaustion and cynicism, and feelings of minimal efficacy have been systematic of burnout in studies (Maslach, 2003; Collins et. al, 2003).

Organization and supervisor support is a huge element in preventing burnout in the child welfare profession (Boyas et. al, 2010; Zosky, 2010). Poor supervision, along with the lack of organization support prompts workers to leave the field. Child protective workers have the same emotional needs to debrief that other helping fields have, such as nurses, firefighters, and disaster workers (Anderson, 2000). With the availability of supervisors, workers have a greater chance of coming to terms with the conditions of the work. It allows for opportunities to deal to with the stressful emotions. Also the involvement of supervisors may provoke advocating for smaller caseloads. If supervisors
are aware of the amount of stress and the severity of the cases, they may become more involved with ways to decrease the stress, therefore mitigating burnout.

Job satisfaction is a huge factor that mitigates burnout (Bell et. al, 2003; Conrad et. al, 2006; Stalker et. al, 2007). Many professionals enter the child welfare profession to help people because they have a passion for the field. While many are affected by organizational stressors that may cause burnout, it is found that workers with higher levels of job satisfaction experience less burnout (Stalker et. al, 2007). Organizational factors that may contribute to higher levels of emotional exhaustion include workload, role conflict, roles ambiguity, variables related to agency change and lack of job challenge. Personal accomplishment with clients was correlated to high job satisfaction and helped workers to cope with the organizational factors (Boyas et. al, 2010).

**Vicarious Trauma**

Child welfare social workers are exposed to trauma vicariously through the suffering of their clients (Berzoff & Kita, 2010; Cunningham, 2004; Sprang et. al, 2007). Social workers are taught to use empathy as a tool to build rapport and to understand their clients’ circumstances. However, listening to the distress that clients have encountered and allowing them to relive the events may present a peril of harmful emotional consequences for the worker (Bride, Radey, & Figley, 2007b; Simon et. al, 2005). Vicarious trauma, also known as secondary traumatic stress, is highly parallel to post-traumatic stress disorder (Bride, Jones, & MacMaster, 2007a; Bride et. al, 2007b; Nelson-Gardell et.al, 2003). Post-traumatic stress disorder (PTSD) was included in the Diagnostic and Statistical Manual of Mental Disorders for the first time in 1980. It was
stated that one could be shocked equally by being a victim to harm or witnessing the anguish of others who are (Figley, 2002).

People who experience secondary trauma endure the same symptoms as PTSD through association, instead of first hand (Bride et. al, 2007b; Nelson-Gardell et.al, 2003; Simon et. al, 2005; Sprang et. al, 2007; Figley, 2002). It has become progressively evident that the effects of distressing incidents broaden beyond the directly affected. Secondary traumatic stress is used to describe the interaction of an individual who is continually exposed to trauma survivors, which includes human service professionals. The individual possibly will experience a significant emotional interference. This can result in becoming an indirect victim of the disturbance. Vicarious trauma is beginning to be perceived as a work-related hazard of offering services to traumatized people (Bride et. al, 2007a).

Child welfare social workers experience a high range of vicarious trauma when compared to other professions because they have to listen to the abuse perpetuated on a child. The social workers must share the emotional burden of the children in order to determine if there is sufficient evidence and to facilitate the healing process (Bride et. al, 2007b). This includes listening to children and families about occurrence of bodily abuse, sexual abuse, desertion, extreme neglect, violence and the severe situation of poverty (Caringi et. al, 2008). Organizational factors previously mentioned also play a role in experiencing vicarious trauma. Child welfare workers are subjected to the investigation of abuse and neglect on children, as well as high caseloads, low pay, limited resources, turnover, lack of organization and social support (Faller et. al, 2010; Morazes
et. al, 2010; Nelson-Gardell et.al, 2003; Sprang et. al, 2007; Zosky, 2010). The organizational stressors in conjunction with individual stress and the severe episodes associated with the occupation prospectively place child welfare workers at jeopardy for vicarious trauma.

Figley (2007) describes secondary traumatic stress as the innate and resultant actions and sensations resulting from the knowledge of a distressing incident endured by another individual or the stress occurring due to wanting to aid the afflicted person. Symptoms of vicarious trauma include escalated levels of stress, unwanted and upsetting visions of traumatic material amid sessions, tribulations with sleep, and apprehension (Cunningham, 2004). The traumatic stress experienced due to exposure can harm the entire central nervous system. There is also a disruption in blood pressure, breathing, heart rate, as well as every other biological function, including the brain (Caringi et. al, 2008).

Vicarious trauma negatively affects individuals physically, as well as mentally. The effects of vicarious trauma alter the worker’s perception of humanity. It also presents physiological reactions comparable to those of the primary trauma victims (Nelson-Gardell et.al, 2003). All of the effects endured by child welfare workers can significantly change the individual. It can disrupt an individual’s psychological growth cognitive schemas (Bell et. al, 2003; Caringi et. al, 2008). According to the Constructivist Self Development Theory (CSDT), there are six cognitive schemas that construct our mental framework and the perception of the world. The six schemas include safety, trust, esteem, independence, power, and intimacy (Nelson-Gardell et. al,
2003). Individuals are continually creating new cognitive schemas through the interaction in psychological adaptation pertaining to life experiences. The adaptation occurs in the biological, expressive, thoughts, manners, and interpersonal facets of life (Simon et. al, 2005). Life experiences can alter cognitive schemas in either positive or negative manners, which determine the actions and reactions to the world, including the work environment (Bell et. al, 2003; Cunningham, 2004). The factors are also influenced by edification, theology, social networks, coping mechanisms, and being in stable, harmless surroundings. The inner and outer resources attained by the individual can either endorse or restrain adjustments to stress and disturbing experiences (Bride et. al, 2007a; Simon et. al, 2005).

Vicarious trauma can disturb a person’s significance, association, individuality, perception, affect, forbearance, mental necessities, belief system, sensory memory, imagery and relationships (Bride et. al, 2007a; Bride et. al, 2007b; Simon et. al, 2005). This is vital to the child welfare worker because there may be an alteration in important morals and principles that the individual holds about them, other people, and the world. This may cause a huge shift in the manner the individual conducts assessments pertaining to child abuse. The result could possibly end in the unnecessary removal of a child or the maintenance of a child in danger (Bell et. al, 2003). It could also result in a challenge of the workers’ belief systems. Child welfare workers may be unable to trust, which affects the level of concern they have when conducting assessments, and reduces the view of humankind (Cunningham, 2004).
Younger workers are more susceptible to vicarious trauma than experienced professionals in the field of child welfare (Bride et. al, 2007a). This may be due to the coping mechanisms veteran social workers develop in the profession. Coping tactics are feelings or strategies that workers utilize to control the exterior and interior strains of the stressful profession (Anderson, 2000). Available resources to the micro, macro, and mezzo level contribute to coping efficiency. The lack of mechanisms available to help cope with the profession is highly correlated to occupational stress (Cunningham, 2004). Because students are beginning in the field of social work, their lack of exposure to traumatizing incidents decreases their chances of possessing appropriate coping techniques. Also, the level of exposure is more important than the length of exposure to traumatic events (Bride et. al, 2007a).

A study conducted in New York on child welfare social workers found that there are four factors that contribute to the development of vicarious trauma. These include prior personal history of worker trauma, coping style, organizational factors, and workers’ perception of their stress (Caringi et. al, 2008). It was also found in a southeastern study in the United States, that occurrence of child abuse or neglect increases a child welfare workers’ risk of vicarious trauma (Nelson-Gardell et. al, 2003). Research suggests that the workers may not have come to terms with their own experiences of trauma and, therefore, will not be able to handle the distressing nature of other children’s. The findings also signify that a mixture of more than one form of youth maltreatment presents the utmost threat for vicarious trauma, where emotional abuse and neglect seem to be the issues associated with the most risk. It was also found in a study
that child welfare workers experience greater psychological distress than the general population due to the tasks of the occupation (Bride et. al, 2007a).

**Compassion Fatigue**

Child welfare workers are constantly faced with the struggle to function in the presence of emotionally challenging circumstances (Caringi et. al, 2008). Many individuals enter the helping profession to provide unconditional aid and support to those in need. Social workers are led by a sense of empathy for people and an unselfish aspiration to advance community and individual conditions (Radley & Figley, 2007). Social workers innately experience compassion because of the nature of the profession to be caring and empathetic. The world is seen from the perception of the distressed in order to better understand the clients’ circumstances. Many workers are encouraged by the overwhelming contentment resulting from helping others, which is known as compassion satisfaction (Bride et. al, 2007b). Compassion is awareness of the distress of another individual combined with the desire to mitigate their affliction. This can be achieved using different methods, including balancing pessimistic rudiments while focusing on philanthropy, empathy, buoyancy, achievement, and flourishing (Radley et. al, 2007). Flourishing encompasses the elation of aiding others and accomplishing fulfillment with an occupation.

Displaying empathy is essential to building rapport with clients. However in the act, child welfare social workers are exposing themselves to the very same incidents that are causing trauma to the clients (Conrad et. al, 2006). Consequently, some child welfare social workers may begin to feel exhausted from listening day in and day out to
distressing occurrences in the lives of their clients. Compassion fatigue is a condition ensuing from identifying with people who have experienced traumatic circumstances (McKenzie Deighton, Gurris, & Traue, 2007). Compassion fatigue develops when a worker’s heart gives up after continually giving to clients in the profession (Radley et. al, 2007). It is an act of being too tired to care anymore, having nothing left to give, and feeling empty. Compassion fatigue is a result from overexposure to client suffering and feeling exhausted from caring, which is collectively and occurs over a long period of time (Berzoff & Kita, 2010). Workers experiencing compassion fatigue are mystified by their diminished vigor and force. They are no longer able to do things that they previously were able to (Wright, 2004).

Child welfare workers experiencing compassion fatigue may exhibit cognitive, emotional and behavior symptoms as a result of their ongoing interaction in the caring profession. Cognitively, workers may exhibit a lack of attention, decline in self-worth, feelings of indifference, pessimism, depersonalization, and feelings to deconstruct self or others (Berzoff el. al 2010). Workers may be familiar with emotions of powerlessness, shame, fury, trepidation, survivor guilt, melancholy, and depletion. The behaviors that may be demonstrated in effect of compassion fatigue include becoming impatient, aggravated, distressed, irritable, experience sleep turmoil, and hyper vigilance (Conrad et. al, 2006). In addition, child welfare workers encompassing compassion fatigue may consequently hold the client responsible or may become absent from the work due to the numbing of utter intense suffering.
Furthermore workers may blame themselves for not being sufficient and feeling inadequate. This may result in withdraw from workers and becoming remote. In addition, the self esteem of the workers is compromised as they begin to doubt their skills and knowledge (Berzoff et. al, 2010; Figley, 2002). All of the symptoms result in not being present with the client and providing appropriate services needed for success. Mistakes may be made regularly and result in a huge issue within the child welfare system. Working with children indicates there is a life at stake. It is vital to be present not only physically and mentally, but also emotionally to conduct the best assessments and interventions needed for child safety and well being.

Compassion satisfaction is accomplishment associated with observing the decrease in agony of clients and partaking in the shift from a victim to a survivor (Radley et. al, 2007). Believing that one is making a difference in the lives of others contributes to satisfaction within the child welfare work field, despite the high caseloads and emotional exhaustion of the profession (Stalker et. al, 2007). It’s about the level of satisfaction one finds in helping others and the degree of feeling successful in their career (Conrad et. al, 2006). Many child welfare professionals do not enter the field for the money or glory; instead the focus is on a sense of mission or commitment to the purpose of child welfare.

Compassion satisfaction is the quantity of contentment reached through one’s field of work. Although one may be experiencing an unsatisfactory current work experience, a level of accomplishment and satisfaction may still be present to help motivate continuation of the occupation (McGowan et. al, 2009). Compassion
satisfaction describes the affirmative outcomes that individuals develop from working with traumatized populations (Conrad et. al, 2006). In a study conducted by Vinokur-Kaplan, five factors were identified as positively associated with job satisfaction among child welfare workers (Zosky, 2010). The factors included working with clients, working with colleagues, feelings of accomplishment, satisfying work conditions, and salary.

It is possible to feel compassion satisfaction and compassion fatigue simultaneously. However, it is likely that the presence of compassion fatigue will disable the ability to feel compassion satisfaction (Bride et. al, 2007b). Compassion fatigue not only reduces compassion satisfaction, but it also weakens the capability to successfully aid those needing support and services (Bride et. al, 2007b). There is a lack of energy from the worker, who is not able to be mentally present with the client (Berzoff et. al, 2010). It’s a reaction to the feelings of being helpless when caring is not sufficient enough to stop the suffering that is witnessed. Workers become tired of caring and have to sacrifice compassion in order to protect oneself from anguish. There is a need to be prepared to ask for help when feelings of compassion fatigue are present (Sprang et. al, 2007; Wright, 2004).

Prevention and Treatment

In order to prevent burnout, vicarious trauma, and compassion fatigue from overwhelming the many professionals of the child welfare system, further knowledge of the concepts are necessary. Workers are not able to categorize their symptoms if they don’t know what the terms mean (Simon et. al, 2005; Radley et. al, 2007; Conrad et. al, 2006). Once knowledge of the terms is made available, workers can recognize the
symptoms as they occur and seek immediate assistance. Training should begin in schools as students are entering the social work field (Bell et. al, 2003). As noted previously, younger workers are more susceptible to vicarious trauma and compassion fatigue due to their inexperience. Social work literature does not concentrate on the consequences that social work students may encounter due to the distressing material in the field (Cunningham, 2004). It is often noted that social workers need to practice self care, but there isn’t a social work class that teaches self care. More energy is needed in the social work curriculum to teach students how to deal with the stressors of the profession.

Coursework and vignettes differ greatly from the realistic tasks of the actual profession. It is simple to say what you would do in a situation given in class and being able to research the appropriate theory. However, while working in the field, quick decisions need to be made. There are many stressors that come along with the occupation and there is a need for realistic preparation and anticipation of child welfare work. This can help to decrease the high burnout and turnover rates by being truthful about the career. It is imperative not to sugarcoat the profession of child welfare. There is a need to be real about what exactly occurs in the line of work, such as high caseloads, stress, media scrutiny, and low pay (Morazes et. al, 2010). Preparation for the career will allow students to determine if child welfare is a goodness of fit with their skills and abilities, possibly resulting in turnover reduction (Zosky, 2010).

In addition, there is a need for additional courses for child welfare students. Students who are enrolled in the Title IV-E program are given the opportunity to gain further knowledge about the child welfare system. Title IV-E is a cohort of students
whose program curriculum is planned around precise competencies including significant values, knowledge, and skills for child welfare workers. To fulfill the requirement of the stipend received, students are required to a work obligation in public child welfare after completion of their master degree in social work (Morazes et. al, 2010). However, there are social work students that may not have applied for the program or been accepted, but still plan to enter the child welfare field after graduation. There needs to be further educational opportunities for these students so that they are also prepared for the work involved in child welfare (Barbee et. al, 2009). In addition, court and legal classes pertaining to public agency are needed due to the complexity of the child welfare system. With the supporting education, it allows students to be more successful in the profession.

Trainings are imperative for professions already in the field of child welfare who did not receive education curriculum on burnout, vicarious trauma, and compassion fatigue (Cunningham, 2004; Zosky, 2010). Social workers already in the field are vulnerable to the terms due to their continuing exposure. Trainings will provide workers with sufficient information to recognize signs in themselves, as well as colleagues (Wright, 2004; Osofsky, 2009). With the support of one another, workers can get the assistance they need to prevent turnover in the field and maintain compassion satisfaction. Another way to prevent the occurrences of the symptoms is for a shift in the hiring process (Morazes et. al, 2010). Supervisors should be honest about the stressors included and what the job entails. This will enable screening out the social workers who are committed to the field.
Unfortunately, child welfare social workers who have been in the field for a while may already be experiencing burnout, vicarious trauma, and/or compassion fatigue. Burnout is a position of physical, emotional, and mental exhaustion due to ongoing participation in demanding occupations resulting in depersonalization and reduced personal accomplishment (Nelson-Gardell et. al, 2003; Sprang et. al, 2007; Stalker et. al, 2007). This exhaustion is related to organizational factors within the agency and not with traumatic events experienced. In order to treat burnout, there needs to be transformations within the organization (Yamatani et. al, Zosky, 2010). The caseloads of child welfare workers have sky rocketed over the years. There is a need to decrease the caseloads by hiring new workers. Child welfare workers are feeling overwhelmed with their caseloads and are not able to provide sufficient services and resources to their clients. Also in order to treat burnout in workers, diverse cases need to be distributed (Bell et. al, 2003; Boyas et. al, 2010; Conrad et. al, 2006). Workers are exhausted from doing the same routine each day and not given a chance to broaden their caseloads.

Acknowledgement and support in workers experiencing burnout is vital to helping them overcome it (Anderson, 2000; Zosky, 2010). However, it should be noted that burnout is harder to treat than compassion fatigue and vicarious trauma due to burnout being a cumulative feeling of the overwhelming environmental factors (Nelson-Gardell et. al, 2003). Adequate supervision is an imperative factor to decreasing burnout. Child welfare workers need to have their feelings considered and be given adequate support. It is the responsibility of the agencies to encourage vacations, time off for illnesses, and self-care (Bell et. al, 2003). In order for there to be a change in the number of people
experiencing burnout in the child welfare system, changes need to be made within the organizations to provide healthier and more appropriate environments for the workers.

Child welfare social workers encounter trauma vicariously through the distress of the populations they serve (Berzoff & Kita, 2010; Cunningham, 2004; Nelson-Gardell et. al, 2003; Sprang et. al, 2007). Vicarious trauma, which is also termed as secondary traumatic stress, is vastly comparable to post-traumatic stress disorder (Bride, Jones, & MacMaster, 2007a; Bride et. al, 2007b; Figley, 2002). In order to treat vicarious trauma in child welfare workers there is a need for support systems and coping skills (Bell et. al, 2003; Caringi et. al, 2008). Witnessing the trauma of clients or hearing about the distressing encounters can traumatize the worker exposed to it.

Adequate support from supervisors is needed to help guide the workers, while providing validation to their feelings and skills (Chen et. al, 2010; Simon et. al, 2005). It is also important for workers not to feel isolated. Through the communication of other workers in the field, they can assist each other with coping mechanisms and allow one another to see they are not alone in their feelings (Boyas et. al, 2010; Bride et. al, 2007a). Self care is an essential concept to grasp in order to overcome vicarious trauma (Bell et. al, 2003; Caringi et. al, 2008; Nelson-Gardell et. al, 2003). In order to fully assist clients, workers need to be mentally, physically and emotionally well. Without the full presence of self, workers will not be able to provide the adequate services needed for success.

Compassion fatigue is a state resulting from working with people who have experienced traumatic experiences. Feelings of compassion fatigue include being tired of caring, not being able to give anymore to clients, and feeling empty (Mckenzie et. al,
The best way to treat compassion fatigue is to prevent it from occurring (Bride et. al, 2007b; Wright, 2004). This can be done through trainings and educational courses. Once workers are aware of the symptoms, they can recognize them in themselves or others. If compassion fatigue is already present in workers, appropriate treatment is through physical, intellectual, and social resources (Radley et. al, 2007). Physically, child welfare social workers need to take care of themselves (Berzoff et. al, 2010). Workers need to be well rested and satisfied in their lives outside of work to provide better care to their clients. Intellectually, workers need to have a positive perspective about their career. Workers should exemplify feelings of gratefulness, express appreciation and liking to their job (Radley et. al, 2007). Social resources are incredibly important in dealing with compassion fatigue. Workers often want to alienate themselves when feeling empty. However the collaboration among colleagues in the work agency can assist in feelings of compassion fatigue. Peers can lend support, advice, and offer coping mechanisms. It is very important to recognize and treat burnout, vicarious trauma, and compassion fatigue to diminish the turnover rate in the child welfare profession.
Chapter 3

METHODS

Design

The approach taken for this study was exploratory with the utilization of a quantitative design. The goal of the research was to study and evaluate the level of knowledge California State University, Sacramento MSW II Title IV-E students have of burnout, vicarious trauma, and compassion fatigue. The data was collected at one point in time using self-administered pre-test surveys. A workshop was given on the topics during the next class session and a post-test survey was distributed. Emphasis was placed on the participants’ perceptions of their knowledge of the terms. Questions were also used to evaluate the participants’ understanding by the use of vignettes. An exploratory design was most appropriate to gather the information needed due to lack of knowledge on the topics (Royse, 2008). The exploratory design was sought to expand the professional social work knowledge base by studying the knowledge Title IV-E students have of burnout, vicarious trauma, and compassion fatigue as they enter the child welfare field.

Variables

The research question is: “What is the level of knowledge of burnout, vicarious trauma, and compassion fatigue among MSW II Title IV-E Students at California State University, Sacramento?” The independent variables in the research include the gender and the age of the participants, which can be found in figures 1 and 2 in chapter 4. The dependent variables are the outcomes of the surveys found in figures 3 through 25.
Participants

The study focused on a particular population consisting of students in the Social Work Program at California State University, Sacramento. The participants were second year graduate students in the Social Work two year program. The researcher used non-probability convenience sampling of the Title IV-E students enrolled in Social Work 204C-section 2 advanced practice class (Antonius, 2002; Royse, 2008). The method used to select the participants for the study sample was due to the availability of the participants and because the research is directed toward the knowledge of the students in the Title IV-E MSW II Program. The sample size of the participants was nineteen. The size was chosen due to the number of students enrolled in the second year Title IV-E program.

Instrumentation

The instrument that was used to measure the variables was a self-administered survey developed by the researcher. The survey questions the age and gender of the participants. The focus of the surveys was the participants’ knowledge of burnout, vicarious trauma, and compassion fatigue. The participants were only able to choose one answer for each of the questions presented. The first set of questions were designed to rate the perceived knowledge of (1) compassion fatigue, (2) compassion satisfaction, (3) burnout, (4) vicarious trauma, (5) secondary traumatic stress, (6) organizational stress, (7) self care, (8) post traumatic stress disorder, (9) counter transference, (10) transference, (11) symptoms of vicarious trauma, (12) symptoms of burnout, and (13) symptoms of compassion fatigue. The participants were given a choice from: don’t know anything
about, know a little about, have sufficient knowledge of, know pretty good, and know very well. The second set of questions consisted of ten vignettes created by the researcher, with six different answers to choose from to identify the term being demonstrated. The second set of the questions were made up to determine the level of knowledge and understanding the participants had of the terms. The usage of vignettes allowed the participants to use their knowledge in practice.

**Data Gathering Procedures**

The researcher contacted the Title IV-E Project Coordinator in the Division of Social Work at California State University Sacramento, by email, to obtain permission to distribute the surveys to MSW II Title IV-E students. The researcher also contacted the professor of Social Work 204C-section 2, advanced practice class for permission to complete the data collection during two separate class sessions. The researcher explained the research project and passed out the consent to participate forms (see Appendix A).

The students were told participation was voluntary and were asked to complete the consent form if desired. The researcher collected the consent forms after the students signed it and placed it in a secure envelope. The participants were given the pre-test surveys (Appendix B) and were asked to complete the surveys before the next class session. In exactly one week, at the next class session, the pre-test surveys were collected and placed into a secure envelope. The researcher conducted a workshop on the topics burnout, vicarious trauma, and compassion fatigue (see Appendix C for workshop curriculum). At the conclusion of the workshop, a post-test survey (Appendix D) was
given to the participants, which was returned immediately to the researcher and placed in a secure envelope.

The SPSS program was used to analyze the data from the surveys. The surveys were checked for errors and missing data. Then the information was labeled and coded in the software. The data was analyzed using frequency distributions to determine the level of knowledge the participants had. The researcher created the graphs used in chapter 4 in Microsoft office 2010 to illustrate the pre-test and post-test results.

Protection of Human Subjects

Request for Review by the Committee for the Protection of Human Subjects was submitted and approved by the California State University, Sacramento, prior to data being collected. There was no risk found to the participants in the study. The right to privacy and safety was protected as no personal information regarding the identity of the participants was collected with the data. The signed consent forms and completed surveys were kept confidential and stored separate. The human subject’s approval number is 10-11-015.
Chapter 4

FINDINGS

Introduction

The researcher was able to obtain access to Title IV-E second year Master’s level students at California State University, Sacramento, in the Division of Social Work. A sample of the survey is presented in Appendix D. In this survey, there was a sample size of 19, with 100% participation from the second year Masters of Social Work Title IV-E students. Eligibility for this survey was limited to Title IV-E students who were registered in the final year of the Social Work Master’s Two Year Program.

The survey included 2 questions about the participants’ demographics, 13 questions about the participants’ current knowledge of Vicarious Trauma, Burnout, and Compassion Fatigue, as well as 10 vignette questions used to assess the participants’ knowledge and application of the terms. The survey was provided in pre-test form, a workshop was given on the topics, and post-test forms were distributed. The findings of this study are presented in the following graphs.
Demographic Data

The first demographic question was the age of the participants. The responses were categorized into 4 year increments: 20-23, 24-27, 28-31, 32-35, and 36-39. The category with the most participants was the 24-27 year olds with 7 students, which is 36.8% of the total participants. The second largest category of participants was the 32-35 year olds with 5 students, which is 26.3% of the total participants. The third largest category was the 28-31 year olds with 4 students, which is 21.1% of the total participants. The fourth largest category was the 20-23 year olds with 2 students, which is 10.5% of the total participants. The smallest category of participants was the 36-39 year olds with 1 student, which was 5.3% of the total participants.
Figure 2. Gender of Participants

The second demographic question was the gender of the participants. Of the 19 participants, 17 were female (89%) and 2 were male (11%).

Narrative Analysis of Data: Knowledge of Terms

Figures 3 through 14 consisted of the participants’ knowledge of the following thirteen terms: (1) compassion fatigue (2) compassion satisfaction (3) burnout (4) vicarious trauma (5) secondary traumatic stress (6) organizational stress (7) self care (8) post traumatic stress disorder (9) counter transference (10) transference (11) vicarious trauma symptoms (12) burnout symptoms (13) compassion fatigue symptoms. The responses were categorized as: don’t know anything about, know a little about, have sufficient knowledge of, know pretty good, and know very well. Figures 3 through 14 illustrate the responses from the participants in the pre-test and post-test form. The post-test was distributed after a workshop was given to the participants.
Of the nineteen participants, five had no knowledge of compassion fatigue (26.3%) in the pre-test. Eight participants reported to know a little about the topic, making up 42.1%. Three of the participants stated sufficient knowledge of the term, making up 15.8%. An additional 15.8% of participants declared knowing compassion fatigue pretty good. No participants reported knowing the term very well. It was accounted in the post-test that many of the participants’ knowledge significantly increased on the topic. In the post-test, five participants reported sufficient knowledge (26.3%), nine participants stated knowing the topic pretty good (47.4%) and five participants said they know the topic very well (26.3%).
Figure 4. Knowledge of Compassion Satisfaction

A large percentage reported not knowing anything about compassion satisfaction (42.1%), which were 8 of the total participants. Whereas five participants stated they knew a little bit about the topic, making up 26.3%. Four of the participants (21.1%) stated to have sufficient knowledge of compassion satisfaction. 10.5% reported knowing the term pretty good, which were two participants. In the post-test, 1 participant reported no knowledge of compassion satisfaction (5.3%), two stated to know a little about the term (10.5%), five sufficiently know the topic (26.3%), five participants accounted to know compassion satisfaction pretty good (26.3%), and 6 participants reported knowing compassion satisfaction very well (31.6%). The knowledge reported of compassion satisfaction significantly increased from the 42.1% that reported no knowledge in the pre-test.
Zero participants reported no knowledge of burnout in the pre-test and post-test. Three participants stated knowing a little about the topic (15.8%). Two of the total participants said they had sufficient knowledge (10.5%). The majority of participants reported having high knowledge of burnout. 31.6% stated pretty good knowledge, making up six participants and eight of the participants reported to know the topic very well (42.1%). In the post-test, eleven participants reported knowing the topic very well (57.9%). Six of the participants stated knowing burnout pretty good (31.6%). Two participants reported sufficient knowledge of burnout (10.5%).

**Figure 5. Knowledge of Burnout**
Figure 6. Knowledge of Vicarious Trauma

A large amount of the participants reported little knowledge of vicarious trauma with six participants stating no knowledge (31.6%) and three participants reporting to know a little about vicarious trauma (15.8%). Five participants declared they had sufficient knowledge of the term (26.3%), three participants accounted to knowing the topic pretty good (15.8%), and two participants stated knowing vicarious trauma very well (10.5%). In the post-test, there was a significant difference in the reported level of knowledge. Zero participants stated no knowledge or knowing a little about vicarious trauma. Four participants reported having sufficient knowledge of vicarious trauma (21.1%), eight participants stated pretty good knowledge (42.1%) and seven participants declared knowing vicarious trauma very well (36.8%).
In the pre-test, two participants reported not knowing anything about secondary traumatic stress (10.5%). Four participants, who made up 21.1%, stated knowing a little about the term. Three participants declared having sufficient knowledge of secondary traumatic stress (15.8%). Six participants stated knowing the topic pretty good (21.1%). Four participants reported knowing secondary traumatic stress very well, which made up 21.1%. In the post-test there was a significant change with zero participants reporting not knowing the topic and having little knowledge of the secondary traumatic stress. Four participants stated having sufficient knowledge of the term (21.1%). Eight participants reported knowing the topic pretty good (42.1%). Seven participants declared that they know the secondary traumatic stress very well (36.8%).

Figure 7. Knowledge of Secondary Traumatic Stress
Figure 8. Knowledge of Organizational Stress

It was reported in the pre-test by four participants that they did not have any knowledge about organizational stress (21.1%). Six participants stated little knowledge (31.6%). Three participants claimed sufficient knowledge of the term (15.8%). Five participants declared pretty good knowledge of organizational stress (26.3%). One participant stated to know the term very well (5.3%). There was a significant change in the post-test with zero participants reporting no knowledge compared to 21.1% in the pre-test. Two participants said they knew a little bit about the topic (10.5%). Six participants stated having sufficient knowledge of organizational stress (31.6%). Five participants reported knowing the term pretty good (26.3%). Six participants stated knowing organizational stress very well (31.6%), which was a significant difference from the 5.3% who reported to know the topic very well in the pre-test.
In the pre-test and post-test, zero participants reported no knowledge and knowing a little about self care. In the pre-test, three participants stated sufficient knowledge (15.8%) with 1 participant reporting sufficient knowledge in the post-test (5.3%). In the pre-test it was stated by five participants that they had pretty good knowledge of self care (26.3%), with three participants reporting pretty good knowledge in the post-test (15.8%). It was stated by eleven participants in the pre-test that they knew self care very well (57.9%). In the post-test, it was reported that fifteen participants knew self care very well (78.9%).
Figure 10. Knowledge of Post Traumatic Stress Disorder

In the pre-test it was reported that one participant had no knowledge of post traumatic stress disorder (5.3%), six participants stated sufficient knowledge (31.6%), five participants declared knowing the topic pretty good (26.3%), and seven participants accounted to know post traumatic stress disorder very well (36.8%). In the post-test it was stated by four participants that they have sufficient knowledge of post traumatic stress disorder (21.1%), five participants reported knowing the term pretty good (26.3%), and ten participants declared knowing post traumatic stress very well (52.6%).
Figure 11. Knowledge of Counter Transference

It was reported in the pre-test and post-test that zero participants stated no knowledge of counter transference. In the pre-test, two participants reported knowing a little about the term (10.5%), with no participants accounting to know a little about counter transference in the post-test. In the pre-test six participants declared having sufficient knowledge of counter transference (31.6%), with three participants reporting sufficient knowledge in the post-test (15.8%). In the pre-test four participants stated knowing the term pretty good (21.1%). There was an increase in the post-test with ten participants reporting knowing counter transference pretty good (52.6%). It was stated by seven participants in the pre-test that they knew the term very well (36.8%). In the post-test six participants reported to know counter transference very well (31.6%), with a 5.2% decrease from the respondents in the pre-test.
Figure 12. Knowledge of Transference

Two of the participants reported no knowledge of transference in the pre-test (10.5%), with zero percent in the post-test. One participant stated knowing a little about transference in both the pre-test and the post-test (5.3%). In the pre-test it was reported by five participants (26.3%) and four participants (21.1%) in the post-test sufficient knowledge of transference. Four participants stated pretty good knowledge of the term in the pre-test (21.1%), with seven participants reporting pretty good knowledge in the post-test (36.8%). Seven participants stated knowing transference very well (36.8%) in both the pre-test and the post-test.
Figure 13. Knowledge of Vicarious Trauma Symptoms

A large amount of participants, eight out of nineteen, reported not knowing vicarious trauma symptoms in the pre-test (42.1%). There was a significant change in the post-test with zero participants stating no knowledge. In the pre-test, four participants declared knowing a little about vicarious trauma symptoms (21.1%) with no participant reports in the post-test. In the pre-test, two participants declared sufficient knowledge (10.5%) with four participant reports in the post-test (21.1%). Five participants stated knowing vicarious trauma symptoms pretty good in the pre-test (26.3%) and nine participants (47.4%) in the post-test. There was a significant increase of knowing the topic very well with no participant reports in the pre-test, and six participant reports in the post-test (31.6%).
Figure 14. Knowledge of Burnout Symptoms

In the pre-test, one participant reported no knowledge of burnout symptoms (5.3%), with five participants stating to know a little about the topic (26.3%). Zero participants reported sufficient knowledge of burnout symptoms. Eleven participants reported knowing the topic pretty good (57.9%), with two participants stating to know burnout symptoms very well (10.5%). In the post-test zero participant reports were made on no knowledge and knowing a little about burnout symptoms. Two participants stated sufficient knowledge of the topic (10.5%), eight participants declared knowing burnout symptoms pretty good (42.1%). There was a significant change in the post-test with nine participant reports of knowing burnout symptoms very well (47.4%) compared with 10.5% in the post-test.
Figure 15. Knowledge of Compassion Fatigue Symptoms

In the pre-test, there were high reports of lack of knowledge of compassion fatigue symptoms, with eight participants reporting no knowledge (42.1%) and five participants stating little knowledge (26.3%). Two participants declared sufficient knowledge (10.5%). Four participants reported knowing the compassion fatigue symptoms pretty good (21.1%). There were zero reports of knowing the term very well. In the post-test there were zero reports of no knowledge or little knowledge about compassion fatigue symptoms. There were four statements of sufficient knowledge (21.1%). Seven participants declared knowing compassion fatigue symptoms pretty good (36.8%) and eight participants knowing the topic pretty well (42.1%). This was a significant change from the respondents in the pre-test.
Narrative Analysis of Vignettes

Figures 16 through 25 illustrate the questions and answers to the vignettes. The questions were used to determine the participants’ level of knowledge of the terms. The question is stated above the figure, with the correct answer placed next to the figure number. The pre-test results are dark grey and the post-test results are light grey to allow the reader a better description of the participants’ answers.

Question 1: A social worker has been listening to a 5 year old girl describe how her mother physically abused her. The social worker begins to take the feelings on as her own. She is experiencing:

Figure 16. Vicarious Trauma

In the pre-test, only 3 participants correctly identified vicarious trauma. There was a significant change with eleven participants answered properly in the post-test. As
seen in figure 16, counter transference and transference were highly selected in the pre-test, but the answers were significantly reduced in the post-test. In the pre-test seven participants answered counter transference with one participant answering counter transference in the post-test. In the pre-test, eight participants declared the correct answer as transference, with three participants in the post-test.

Question 2: A social worker is overwhelmed by the rules and regulations of the agency he works at. He is tired from his career. He is experiencing:

![Figure 17. Burnout](image)

In the pre-test sixteen participants correctly answered burnout, while one participant each identified the answer as compassion fatigue, vicarious trauma, and post traumatic stress disorder. In the post-test, all participants correctly identified burnout.
Question 3: A social worker takes time out of her day to do something for herself. She is demonstrating:

Figure 18. Self Care

In the pre-test, as well as the post-test 100% of the participants reported self care as the correct answer. This indicates high knowledge of self care among the participants.
Question 4: A social worker has been working with a child who has experienced sexual abuse. After their meetings together, the social worker feels estranged from others. He is experiencing:

![Bar Chart](image)

**Figure 19. Vicarious Trauma**

In the pre-test eleven participants correctly identified vicarious trauma as the term being demonstrated. In the post-test there was an increase of one participant properly recognizing the term. There appears to be confusion about vicarious trauma with compassion fatigue and counter transference, as seen in question in figures 16 & 19.
Question 5: A social worker feels helpless and that she can no longer care for her clients. She doesn’t have the desire to help anymore. She is experiencing:

![Bar chart showing](image)

**Figure 20. Compassion Fatigue**

In the pre-test seven participants appropriately answered compassion fatigue. However, there were six participants that stated the answer was burnout. In the post-test, there was a significant difference with fourteen participants correctly identifying compassion fatigue. However, there were still five participants that declared the correct answer as burnout. From the results, there appears to be confusion between compassion fatigue and burnout among the participants.
Question 6: A social worker in CPS feels that the work he does is beneficial. He is happy with the services he provides his clients. He is experiencing:

*Figure 21. Compassion Satisfaction*

In the pre-test seventeen participants answered compassion satisfaction, with two participants stating the answer as self care. In the post-test the same results were seen, showing no change after the workshop.
Question 7: A client associates with the social worker and projects unconscious feelings onto the worker. She is experiencing:

*Figure 22. Transference*

In the pre-test, eleven participants were able to correctly identify transference. However, there appears to be confusion with counter transference, as six participants declared the concept was being demonstrated. In the post-test an increase of one participant correctly answered transference, with a decrease of two participants stating counter transference. However, one participant thought it was secondary traumatic stress after the implantation of the workshop.
Question 8: A social worker is exhausted from work in the office. The cubicles are too small and there is a lack of privacy. The social worker has a difficult time being alert for his clients. He is experiencing:

![Bar chart showing burnout, compassion fatigue, and other stressors](image)

*Figure 23. Burnout*

In the pre-test thirteen participants recognized burnout, while other participants identified the answer as compassion fatigue (3), vicarious trauma (2), and secondary traumatic stress (1). In the post-test fourteen participants correctly answered burnout. Only one participant stated vicarious trauma, while secondary traumatic stress and compassion fatigue reports remained the same. This shows little change after the workshop was given.
Question 9: A social worker begins to project her feelings from the past onto a client. She is experiencing:

![Bar Chart]

**Figure 24.** Counter Transference

There is confusion between the terms counter transference and transference, as noted in figure 24. Pre-test, eleven participants identified counter transference, while six participants categorized it as transference. In the post-test fifteen participants correctly stated counter transference, while two participants confused it with transference. One participant declared it as burnout and another participant stated secondary traumatic stress. Figure 24 shows that more information is needed about counter transference and transference.
Question 10: A social worker is tired of concerning about his clients. He has been listening to his clients tell their story over and over again. Instead of wanting to help them, he is completely exhausted from their encounters. The social worker is experiencing:

\[\text{Counter Transference}
\text{Transference}
\text{Compassion Satisfaction}
\text{Compassion Fatigue}
\text{Secondary Traumatic Stress}
\text{Burnout}\]

\[\text{Post-test}
\text{Pre-test}\]

\text{Figure 25. Compassion Fatigue}

In the pre-test there were nine participants that correctly recognized compassion fatigue, while four participants stated secondary traumatic stress and six participants declared burnout. In the post-test, eighteen participants appropriately identified compassion fatigue, with one participant answering burnout. This shows a significant change after the workshop.

\text{Summary}

This chapter summarized the findings from the nineteen pre-test and post-test surveys administered to the MSW II Title IV-E students at California State University.
Sacramento. The research design explored the knowledge of burnout, vicarious trauma, and compassion fatigue. The study collected demographic information, the perceived knowledge of the terms, and the ability to correctly identify the terms in a vignette setting. The information was gathered from the participants in a quantitative method.
Chapter 5

DISCUSSION

Conclusions

The purpose of this study was to assess the knowledge of burnout, vicarious trauma, and compassion of California State University, Sacramento MSW II Title IV-E students. This study was an attempt to evaluate the level of preparedness the students have as they enter the field of child welfare. With the intensity of the child welfare profession, it was imperative to conduct the study to determine if the students entering the field are competent of the risks and consequences that may be faced. This researcher utilized the opportunity to access the specific population by presenting the research topic to the Social Work 204C-section 2 Advanced Practice class comprised of only second year MSW Title IV-E students. Verbal information regarding the research was provided to the students, as well as the consent form to participate.

A pre-test survey, developed by this researcher, was distributed during the class session, which encompassed questions regarding the age and gender of the participants. In addition, the participants were asked to rank their knowledge of burnout, vicarious trauma, and compassion fatigue. Vignettes were created in the survey to assess the participants’ knowledge of the terms and ability to apply the terms in practice. In exactly one week, at the next class session, the participants returned the surveys and a workshop was given by this researcher on the topics. At the conclusion of the workshop, the post-test surveys were administered to the participants. The surveys were immediately returned after completion.
This study explored the knowledge of burnout, vicarious trauma, and compassion fatigue among the participants. The study was comprised of 19 participants, with 17 females and 2 males. There was 100% participation from MSW II Title IV-E students. The results of the study should not be generalized due to the small sample size and the non-probability convenience sampling. The study represents a snapshot in time. A longitudinal approach is recommended to further analyze the knowledge among child welfare workers of burnout, vicarious trauma, and compassion fatigue.

This study examined the following research question: “What is the level of knowledge of burnout, vicarious trauma, and compassion fatigue among MSW II Title IV-E Students at California State University, Sacramento?” This researcher hypothesized that a majority of the students would have average levels of burnout knowledge, but would have low knowledge of vicarious trauma and compassion fatigue. This researcher also predicted that the participants would encounter difficulties with appropriately applying the terms in the vignette portion of the surveys.

The majority of the participants’ knowledge was increased after the implementation of the workshop. For the purpose of this summary of the pre-test and post-test surveys regarding the knowledge of the topics, this researcher will group the responses into two categories. Lack of knowledge will include response of no knowledge and knowing a little about the topic. The knowledgeable category will be comprised of participant responses of sufficient knowledge, knowing the topic pretty good and very well.
There was a significant change in the knowledge of compassion fatigue after the implementation of the workshop. There was a report of 68.4% lacking knowledge of compassion fatigue in the pre-test. In the post test, the lack of knowledge category was stated as zero percentage and there was 100% reported knowledge among the participants. There were 68.4% with a lack of knowledge about compassion satisfaction in the pre-test. In the post-test, there was an increase of knowledge by 52.6%. Burnout was a topic well known by the participants, as predicted by this researcher in the hypothesis. There was a report of 15.8% that lacked knowledge and 84.2% with knowledge in the pre-test. In the post-test there was 100% reported knowledge of burnout. There was a significant increase in the knowledge of vicarious trauma in the post-test with 100% reported knowledge. While in the pre-test, there were a high percentage of participants that stated no knowledge (31.6%).

There were 31.6% of participants with a lack of knowledge about secondary traumatic stress in the pre-test. However, after the implementation of the workshop, 100% of participants reported knowledge of the term. There was a high lack of knowledge about organizational stress in the pre-test with 52.7%. There was a significant change in the post-test with 89.5% reports of knowledge. Self care is a topic that is well known among the participants of the study. There was not a significant increase as 100% reported knowledge both in the pre-test and post-test. There was not a significant change in the knowledge of post traumatic stress disorder either with 94.7% knowledge in the pre-test and 100% knowledge in the post-test. Counter transference knowledge was reported as 89.5% in the pre-test and 100% in the post-test. However, the categories are
significantly different with 31.5% increase in the participants knowing the topic pretty good. There was also a 5.2% decrease from the pre-test to the post-test regarding knowing counter transference very well. This indicates some confusion with the term and a lower level of knowledge after the workshop.

Transference showed improved levels of knowing the topic pretty good with an increase of 15.7%. There was a huge difference in the knowledge of vicarious trauma symptoms with 63.2% reporting a lack of knowledge about the symptoms in the pre-test and 100% reports of varied knowledge in the post-test. There was growth of knowledge regarding burnout symptoms in the very well category by 36.9% in the post-test. The knowledge of compassion fatigue symptoms had the greatest significant change in the survey with 78.9% reporting no knowledge in the pre-test and 100% reporting varied knowledge in the post-test. There is an indication that the participants gained higher knowledge of compassion fatigue symptoms after the workshop was given.

The implementation of the workshop helped participants correctly identify the term being demonstrated in the vignettes. In question 1, the pre-test showed only three participants were able to correctly identify vicarious trauma. However, in the post-test eleven participants were correct. This indicates a huge significant change that was not expected to be found by this researcher in the post-test. It was predicted by this researcher that participants would have good knowledge of burnout, which was indicated in question 2 with sixteen participants correctly classifying the term before the intervention. In the post-test all participants were able to identify burnout. Self care is
known very well by the participants and is signified in question 3 with 100% of participants answering correctly in the pre-test and the post-test.

In question 4, there was only an increase of one participant properly recognizing vicarious trauma. This indicates a lack of knowledge and understanding of the term even with the intervention. More knowledge needs to be provided to the participants about vicarious trauma. There was a significant increase of seven participants being able to distinguish compassion fatigue in question 5. There was no difference in the responses from question 6 with seventeen participants appropriately stating compassion satisfaction. However, in both the pre-test and the post-test two participants thought the answer was self care. Question 7 represents confusion between counter transference and transference. Although there was an increase of one participant in the post-test being able to categorize transference, there was still a large amount of participants that thought the answer was counter transference. More information needs to be provided to distinguish the two concepts from one another.

Burnout was not as easily identified in question 8 as it was in question 2. However, there were still fourteen participants of the nineteen that were able to classify burnout. In question 9, there was a three participant increase in the correct answer, but transference was still confused with counter transference as seen in question 7. There was a significant change in compassion fatigue recognition in question 10 with nine participants properly detecting it in the pre-test and eighteen participants correctly classifying it in the post-test. There were different variations of improvement and
significant changes in the pre-test and post-test. As seen in the figures in Chapter 4, the majority of participants increased their knowledge after the workshop was presented.

**Recommendations**

Social work students who are interested in attaining a job in the child welfare profession need to be made aware of the consequences and risks that may be encountered. At California State University, Sacramento there are two required Title IV-E courses that are designed to teach students about the child welfare system and policy. Social work 213-Public Child Welfare Practice incorporates the ideas and abilities taught in Advanced Practice, Advanced Policy, and Research courses of the MSW program. The knowledge is applied to public child welfare agencies. Social work 258-Advanced Policy: Children and Families studies the past of child and family services, presents theories and approaches to policy analysis, and emphasizes exploration of federal, state, and local policies applicable to children and families.

However, two different courses do not seem sufficient enough to address the potential risks that may occur while working in the child welfare profession. The advanced policy class on children and families does not even address the child welfare system in terms of the workers. The class instead focuses on policy and how to advocate changes for the population served. More education needs to be provided to the interested students through trainings and additional course electives. Consequently because the Title IV-E program requires participants to enroll in SWRK 213 and 258, it does not allow non-Title IV-E students access to the classes. Only one class session each is provided per semester. Because Title IV-E students have priority in enrolling in the
class, other students are only able to participate if there is availability. This does not allow non-Title IV-E students the opportunity to learn further about the child welfare field if they are interested in pursuing a career in it.

The lack of educational opportunities for students in the Social Work program should be addressed to offer more holistic information that can be utilized by all students interested in a child welfare career. Conferences and workshops could be offered and presented by professions and current child welfare workers on the topics. To get a better prospective of the problem, realistic information should be provided. In addition, there should be a specific Social Work course added to the curriculum to address burnout, vicarious trauma, compassion fatigue, and self care. Because turnover is a constant problem in the child welfare profession, it is imperative for more knowledge to be provided before students enter the field. Students graduating from the Title IV-E program will come in direct contact with the stressors and trauma related to the child welfare profession. Preparing the students for a career will hopefully help diminish the turnover rate and occurrence of burnout, vicarious trauma, and compassion fatigue.

This researcher would have liked to focus more information on the actual content gained by the participants. Recommendation of changes would include questions on the survey inquiring where the knowledge was obtained, rate of the child welfare curriculum at CSU Sacramento, and if participants would be interested in additional electives to address the issues. A proposal for further research in this area is to investigate these issues with the current social workers in child welfare agencies in a longitudinal study. This researcher examined the problems from a prevention perspective to educate the
students going into the field of child welfare. However, with further exploration at the agency levels, more knowledge can be attained about the knowledge the current child welfare social workers have of burnout, vicarious trauma, and compassion fatigue. This would allow for further policy changes to address the issues in the agencies, provide more self-care opportunities to the employees, and better application to the clients.
APPENDIX A

Consent to Participate
Informed Consent to Participate in a Research Study

Title: MSW II Title IV-E Students: Knowledge of Burnout, Vicarious Trauma, and Compassion Fatigue

Researcher: Michelle L. Pelletier, MSW Candidate

Purpose: This project partially fulfills the academic requirements for the MSW degree at California State University, Sacramento. Approximately 16 social work students from the Title IV-E Program will be included in the project. The purpose is to learn about MSW II Title IV-E students’ knowledge of burnout, vicarious trauma, and compassion fatigue as they enter the child welfare profession. The researcher will provide awareness of what the topics are, knowledge of the symptoms and how to deal with it when observed.

Procedures: If participation is agreed, subjects will be asked to complete the consent form and a pre-test survey. Questions asked will be related to the knowledge of the terms burnout, vicarious trauma, and compassion fatigue. A workshop will be conducted by the researcher to inform participants about the definitions, symptoms, and effects at the next class meeting. A final survey will be distributed to participants to assess the new level of knowledge of the terms. The entire process may require up to an hour of time.

Risks: The researcher believes there to be no risk to the participants.

Benefits: Through the workshop and surveys, participants may gain additional insight into burnout, vicarious trauma, and compassion fatigue. However, not all students may personally benefit from participating in this research. It is hoped that the results of the study will be beneficial for curriculum in preparing Title IV-E students for a profession in public child welfare.

Rights to Refuse/Confidentiality: Participation in this research is entirely voluntary. If participation in this study is agreed, subjects may decline to answer any questions and may discontinue participation at any point without risk or consequences. Responses on the surveys will be confidential. Only the researcher and thesis advisor will have access to the surveys, which will be destroyed no later than May 2011.

Compensation: There is no cost or compensation to participants.

If there is interest about the final project or if further questions arise, please contact Michelle Pelletier by email at tera_anapa_nui@yahoo.com. The researcher’s faculty advisor, Dr. David Demetral, may also be reached by email at d.demetral@comcast.net.
Your participation in this research is entirely voluntary. Your signature below indicates that you have read this page and agree to participate in the research.

________________________________ ____________________
Signature of Participant ________________________________ Date
APPENDIX B

Pre-Test Survey
**Pre-test:** Knowledge of Burnout, Vicarious Trauma, and Compassion Fatigue

<table>
<thead>
<tr>
<th>Knowledge Inventory</th>
<th>Please rate your current knowledge:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1=Don’t know anything about</td>
</tr>
<tr>
<td></td>
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<tr>
<td></td>
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</tr>
<tr>
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<td>5=Know very well</td>
</tr>
<tr>
<td>1 Compassion Fatigue</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>2 Compassion Satisfaction</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>3 Burnout</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>4 Vicarious Trauma</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>5 Secondary Traumatic Stress</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>6 Organizational Stress</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>7 Self Care</td>
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<tr>
<td>8 Post traumatic Stress Disorder</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>9 Counter transference</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>10 Transference</td>
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</tr>
<tr>
<td>11 Symptoms of Vicarious Trauma</td>
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</tr>
<tr>
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</tr>
<tr>
<td>13 Symptoms of Compassion Fatigue</td>
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</tr>
</tbody>
</table>

Please answer the following questions:

1. A social worker has been listening to a 5 year old girl describe how her mother physically abused her. The social worker begins to take the feelings on as her own. She is experiencing:
   a. counter transference
   b. post traumatic stress disorder
   c. vicarious trauma
   d. transference
   e. compassion fatigue
   f. organizational stress

2. A social worker is overwhelmed by the rules and regulations of the agency he works at. He is tired from his career. He is experiencing:
   a. compassion fatigue
   b. vicarious trauma
   c. secondary traumatic stress
   d. post traumatic stress
   e. burnout
   f. transference

3. A social worker takes time out of her day to do something for herself. She is demonstrating:
   a. burnout
   b. compassion fatigue
   c. transference
   d. counter transference
   e. self care
   f. organizational stress

4. A social worker has been working with a child who has experienced sexual abuse. After their meetings together, the social worker feels estranged from others. He is experiencing:
   a. compassion fatigue
   b. counter transference
c. burnout                    d. vicarious trauma
e. post traumatic stress     f. compassion satisfaction

5. A social worker feels helpless and that she can no longer care for her clients. She doesn’t have
desire to help anymore. She is experiencing:

a. burnout                    b. compassion fatigue
c. organizational stress     d. counter transference
e. vicarious trauma           f. secondary traumatic stress

6. A social worker in CPS feels that the work he does is beneficial. He is happy with the services
he provides his clients. He is experiencing:

a. compassion fatigue        b. burnout
  c. compassion satisfaction  d. self care
e. organizational stress     f. transference

7. A client associates with the social worker and project unconscious feelings onto the worker.
She is experiencing:

a. burnout                    b. compassion fatigue
c. vicarious trauma           d. secondary traumatic stress
e. counter transference       f. transference

8. A social worker is exhausted from work in the office. The cubicles are too small and there is
lack of privacy. The social worker has a difficult time being alert for his clients. He is
experiencing:

a. compassion fatigue        b. burnout
  c. compassion satisfaction  d. counter transference
e. vicarious trauma           f. secondary traumatic stress

9. A social worker begins to project her feelings from the past onto a client. She is experiencing:

a. burnout                    b. compassion fatigue
c. vicarious trauma           d. secondary traumatic stress
e. counter transference       f. transference

10. A social worker is tired of concerning about his clients. He has been listening to his clients
tell their story over and over again. Instead of wanting to help them, he is completely exhausted
from their encounters. The social worker is experiencing:

a. burnout                    b. secondary traumatic stress
c. compassion fatigue        d. compassion satisfaction
e. transference               f. counter transference
APPENDIX C

Workshop Curriculum
Outline of Workshop Presentation

Introduction

- “Cost of Caring” Youtube video (slideshow of people that have been thorough trauma retrieved at http://www.youtube.com/watch?v=Pg7bVsXutsE)
- Discussion question: How did the video make you feel?
- The purpose of the workshop
- The main points that will be covered

Main Points:

1. Burnout
   - What does burnout mean to child welfare workers?
   - Signs and symptoms of burnout
   - Techniques to prevent burnout
   - Coping strategies
2. Vicarious trauma
   - What does vicarious trauma look like?
   - How to recognize the indications of it
   - Preventive practices
   - How to help others and yourself
3. Compassion fatigue
   - What is compassion fatigue?
   - How to identify experiencing compassion fatigue
   - How does it differ from vicarious trauma and burnout?
   - What are the warning signals involved

Conclusion:

Self care

- Importance of self care
- The positive effects within the helping professional
- Different methods of self care
- Summarize the main points covered
- Closing point: How becoming aware of burnout, vicarious trauma, and compassion fatigue can positively affect the clients served

Note: The information presented in the workshop to MSW II Title IV-E students will be derived from the research conducted in the literature review.
APPENDIX D

Post-Test Survey
Post-test: Knowledge of Burnout, Vicarious Trauma, and Compassion Fatigue

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