

CHAPTER ONE

Introduction

Workforce recruitment and retention is a national crisis in public child welfare agencies, with annual turnover rates conservatively estimated at between 30% and 44% (Conrad, 2005; General Accounting Office [GAO], 1995 & 2003; Gunderson & Osborne, 2001; Reagh, 1994). The average tenure of new workers is between six months and two years (Daley, 1979; Denton, Culver & Burroughs, 2001; Drake & Yadama, 1996; GAO, 2003; Harrison, 1980; Jayartne & Chess, 1984; National Association of Social Workers [NASW], 2003; Rycraft, 1994). In 1995, the General Accounting Office (GAO) found that 90% of states have difficulty in recruiting, hiring, and retaining public child welfare workers (NASW, 2003; Rossi, Lipsey, & Freeman, 2004). Due to this high turnover, veteran workers are defined as those who work longer than two years in a public child welfare agency (Anderson, 2000; Conrad, 2005).

Clearly, with high turnover, there are costs to workers, supervisors, administrators, and clients. As a result of this turnover, new workers must be recruited, hired, and trained (Daley, 1979). High turnover also places greater demands on workers and supervisors due to increased workloads, which may lead to low staff morale, burnout and even more workers leaving (Anderson, 2000; American Public Human Services Association [APHSA], 2005; Gunderson & Osborne, 2001; Pearlman & Saakvitne, 1995b; Russell, 1988; Yassen, 1995). Finally, uncovered caseloads create a discontinuity in services to children and their families (APHSA, 2005; Winefield & Barlow, 1995).

Over the last several decades, the child welfare workforce research focus has shifted. During the 1970's and 1980's many child welfare workforce studies focused on

turnover (Denton, et al., 2001; Harrison, 1980; Jayartne & Chess, 1984; Reagh, 1994; Rycraft, 1994). In the 1990s the research concentrated on worker retention (Anderson, 2000; Ellett, 2000; Reagh, 1994; Rycraft, 1994; Samantrai, 1992), and more recent studies have combined these two concerns (Barak, Nissley, & Levin, 2001; Denton, et al., 2001).

The reasons for turnover among the public child welfare workforce can be summarized under three major themes: 1) dissatisfaction with job; 2) excessive stress and burnout; and 3) a lack of support from supervisors and organizations (Annie E. Casey, 2003; APHSA, 2005; Barak, et al., 2001; Bernotavicz, 1997; Denton, et al., 2001; GAO, 2003; Gunderson & Osborne, 2001; Whitaker, Reich, Reid, Williams, & Woodside, 2004). Overwhelmingly studies identified a desire to protect children and a commitment to help others as the primary reasons workers are attracted to, and remain employed in public child welfare (Alwon & Reitz, 2000; Cicero-Reese & Black, 1998; Denton, et al., 2001; North Carolina Division of Social Services [NCDSS] Children's Services, 2001; Reagh, 1994). Workers have a sense of efficacy; they need to feel they are making a difference in the lives of children and families (Ellett, Ellett, Kelley, & Noble, 1996; Rycraft, 1994). Kaye and Jordan-Evans (2005) researched worker retention for over a decade and found, in addition to fair pay, workers want challenging, meaningful work; a chance to learn and grow; and a supportive work environment with co-workers and supervisors who recognize and respect them. These findings are crucial to engaging and retaining a competent workforce and support the focus of this research on organizational support from child welfare supervisors.

Public child welfare workers handle several dozen cases simultaneously, follow policies and procedures that monitor and protect the child, while at the same time dealing with hostile parents and distraught or numb children. The work is physically, cognitively, and emotionally taxing on the worker (APHSA, 2005). In addition to heavy workloads, poor salaries, and high caseloads, vicarious trauma is noted as a cause of high turnover (Figley, 1999; Pearlman & McCann, 1992; Pearlman & Saakvitne a & b, 1995; Salus, 2004). Yet little emphasis has been placed on helping the worker cope with the vicarious trauma that may occur as a result of their work (Denton, et al., 2001; Figley, 1995; Samantrai, 1990; Yassen, 1995). Vicarious traumatization (VT) is the term coined by McCann and Pearlman in 1990 to describe the transformation of the inner core of the helper (from hopeful to cynical and pessimistic) that can result from someone hearing about or seeing the results of other people's traumatic experiences (Dane, 2000; Denton, et al., 2001; Pearlman & Saakvitne, 1995a).

Public child welfare supervisors are expected to provide support to workers making difficult case decisions by interpreting policies and monitoring timelines so the case is able to progress through the system as required by federal law and state statutes (GAO, 2003). The supervisor provides guidance to the workers about the tasks that need to be accomplished to protect the child; they are also in a position to provide the emotional support to help the worker deal with their feelings and thoughts related to each case (GAO, 2003; Whitaker, et al., 2004).

Purpose

The purpose of this study is to develop and validate measures to evaluate the impact of supervisory support and the use of organizational and professional strategies to

mitigate the effects of VT and decrease child welfare workforce turnover. The measures were tested with Department of Social Service (DSS) workers in Virginia. Constructivist Self Development Theory (CSDT) is used to inform this study.

Support for Study

CSDT offers a framework for identifying, understanding, assessing, and intervening to mitigate the negative effects of VT on the worker and is used as a basis for this study. CSDT defines trauma as those experiences identified as traumatic by the person impacted instead of the event itself (Saakvitne, Tennen, & Affleck, 1998) and respects the meaning the survivor assigns to the event (Pearlman & Saakvitne, 1995a). According to CSDT, trauma can affect one or more of five areas of the self: frame of reference, self-capacities, psychological needs, ego resources, and perceptual and memory systems. Survivors of trauma adapt in several ways, ranging from devastation with permanent or temporary impairment to resiliency, growth and thriving after experiencing, witnessing, or learning about a traumatic event (Harvey, 1996; Pearlman & Saakvitne, 1995b). Adaptation to trauma involves interplay between life experiences, a specific traumatic event, and the developing self (Nelson-Gardell & Harris, 2003).

Saakvitne and Pearlman (1995a) recommend intervening at the organizational, professional, and personal ecological levels to help workers mitigate the negative effects of VT (Wandersman & Florin, 2003; Yassen, 1995). Protective factors include providing support for the worker at each of these ecological levels and implementing coping strategies that meet each person's individual needs and lifestyle (Pearlman & Saakvitne, 1995b). According to Bell, Kulkarni and Dalton "CSDT maintains a dual focus between past traumas and the client's current strengths and resources, focusing on solutions in the

present can feel empowering for clients and workers and reduce the risk of VT” (2003, p. 467). They recommend additional research to understand how and to what degree workers may be affected by VT and which workplace strategies are most salient in ameliorating the negative effects of VT. The current study incorporates these recommendations.

Research combining issues of workforce retention, VT, and supportive supervision is crucial for public child welfare. Supervisors who are defined as supportive by their supervisees are a primary resource in retaining workers in public child welfare and mitigating the negative effects of VT (Pearlman & Saakvitne, 1995a; Salus, 2004) and preventing burnout (Daley, 1979). Some research studies suggest VT negatively impacts workers’ ability to be effective and can lead to workers leaving the agency (Daley, 1979; Pearlman & Saakvitne, 1995b).

Organizational (specifically supervisory) support regarding the issue of VT, job satisfaction, and workers’ intention to leave or remain employed in public child welfare is not being measured. There are several instruments which assess the symptoms of VT and areas of the self affected by VT identified and defined by CSDT. New measures to assess the intervention strategies utilized within the organizational and professional ecological levels to mitigate VT and decrease workforce turnover are needed. The measures developed for this study are intended to meet this need. In order to build a foundation for developing these measures, a review of the literature related to child welfare workforce retention, VT, supportive supervision and CSDT is presented in Chapter 2. In chapter 3, the methods used to develop, validate, and determine reliability are described. The research findings are presented in Chapter 4, providing answers to each of the research

questions. Chapter 5 summarizes the findings of this study, provides recommendations for future research, and explores the practical application of these measures for research, policy, and practice.

CHAPTER TWO

Review of Literature

Each section in this chapter is couched in an historical context; major terms and concepts are identified and defined. The research studies conducted to date are summarized by exploring their purpose, samples, supporting theories, measurements, findings, and recommendations. To provide a context for the current study, the first section will summarize pertinent workforce retention and turnover literature. In section two, VT and its affects on worker retention are explored. The third section focuses on the importance of the supervisory role as instrumental in providing emotional support to frontline workers who are at risk of experiencing VT and leaving their jobs. Section four; will present CSDT as a frame for the development of the measures for this study.

Public Child Welfare Workforce Retention

A child welfare staffing crisis was identified by the Children's Bureau as early as 1960, with agencies experiencing difficulty recruiting and retaining competent and committed workers (Alwon & Reitz, 2000; Child Welfare League of America [CWLA], 2001; Department of Health and Social Services [DHSS] Children's Bureau, 2005; Zlotnick, 1996). In this section turnover issues, theories of worker burnout and job satisfaction, and research and measurements are summarized to establish the context for the current study.

Turnover issues.

Burnout and turnover among child welfare workers create a problem of crisis proportions, with turnover rates between 46% and 90% over a two year period being common (Bednar, 2003; Drake & Yadama, 1996). In Virginia, for example, between

January 2004 and March 2005, nearly 40% of local Departments of Social Service (DSS) lost at least one-quarter (25%) of their front-line staff and 40% of the state agencies had one-quarter or more of their service positions vacant as of March 2005 (Joint Legislative Audit and Review Commission [JLARC], 2005).

Turnover is a serious problem, yet 60% of turnover is preventable (Cyphers, 2001; CWLA, 2001; GAO, 2003; NASW, 2003). Preventable turnover is defined by the American Public Human Services Association as staff who leave the child welfare agency for reasons other than retirement, death, marriage, parenting, returning to school, or a spousal job move (APHSA, 2005). The most common reasons noted for rapid turnover include limited or inadequate supervision, insufficient training, high caseloads, overwhelming workloads (which include voluminous paperwork), a lack of autonomy and decision-making power, office politics, and a distrustful work environment (Alwon & Reitz, 2000; APHSA, 2005; Bernotavicz, 1997; GAO, 2003; Harrison, 1995; Samantrai, 1990; Vinokur-Kaplan, 1991; Whitaker, et al., 2004). Recently VT is being explored as another cause of workforce turnover in public child welfare (Bell, et al., 2003; Dane, 2000; Figley, 1995; Freidman, 2002; Meyers & Cornille, 2002; Nelson-Gardell & Harris, 2003; Nissly, et al., 2005; Pearlman & Saakvitne, 1995b). The worker experiencing VT or burnout either leaves the job or becomes ineffective, which can progress to maltreating clients (Bednar, 2003; Daley, 1979).

Theories of burnout and job satisfaction.

Burnout, job satisfaction, and worker retention are strongly correlated (Bednar, 2003; Silver, Poulin, & Manning, 1997). Due to this correlation many workforce studies use theories of burnout and job satisfaction to explain turnover and workforce retention

issues (Brody, 2000; Daley, 1979; Drake & Yadama, 1996; Ellet, 2000; Jayarante & Chess, 1984).

Much of the workforce literature focuses on burnout as a reason for job dissatisfaction and turnover. Burnout is defined as the emotional exhaustion experienced by workers, gradually eroding one's sense of personal accomplishment. It can lead to depersonalization of clients, as well as workers isolating themselves from their co-workers and other supports (Figley, 1999). Burnout refers to the stresses related to the work environment. These include time spent on paperwork, travel, and in court (Alwon & Reitz, 2000; Daley, 1979); long hours and on-call duty interfering with personal and family time (Annie E. Casey, 2003; APHSA, 2005; Harrison, 1995; Russell, 1988; Samantrai, 1992; Vinokur-Kaplan, 1991); and insufficient service resources for families and children (Alwon & Reitz, 2000; APHSA, 2005). High stress jobs with low rewards, or where minimal goals (necessary for job satisfaction) are unachievable contribute to burnout (Pearlman & Saakvitne, 1995b).

Job satisfaction is an emotional state resulting from a positive appraisal of one's job situation which is associated with the characteristics and demands of one's work (Acker, 2004). Child welfare workers are often motivated by a sense of personal mission, accomplishment, and fulfillment (Annie E. Casey, 2003; Bednar, 2003; Cicero-Reese & Black, 1998). For these workers basic job support and recognition make a significant difference in job satisfaction (Alwon & Reitz, 2000; Annie E. Casey, 2003; APHSA, 2005; Dane, 2000; NASW, 2003; Reagh, 1994; Rycraft, 1994; Salus, 2004; Zlotnik, DePanfilis, Daining, & Lane, 2005). Given the current workforce crisis, determining what factors contribute to worker satisfaction is a necessity (Bednar, 2003). The current

study will identify factors related to job satisfaction among public child welfare workers in Virginia.

In summary, workforce retention continues to pose problems to agencies that are mandated to provide services to abusive and neglectful families and their children. Over time, vacancies can have a negative impact on the morale of staff and the quality of their work (Anderson, 2000; JLARC, 2005). The Annie E. Casey foundation study (2003) determined that stress and burnout (including VT) decreased when workplaces set realistic performance expectations and provided supportive supervision, professional development opportunities, flexible schedules, respite, and part-time or job-sharing options (Samantrai, 1992).

As a result of the findings from the Annie E. Casey study *The Unsolved Challenge of System Reform: The Condition of the Frontline Human Services Workforce* (2003), the Institute for the Advancement of Social Work Research (IASWR) and the University of Maryland were commissioned to undertake a systematic review of the child welfare recruitment and retention research studies (Zlotnik, et al., 2005). The results of their work are summarized below.

Research and measurements.

The IASWR review was undertaken to answer the question: “*What conditions and strategies influence the retention of staff in public child welfare?*” (Zlotnik, et al., 2005, p. 1). Twenty five articles and reports dating from 1974 to May 2004 were included in the systematic review; 52% of these were unpublished studies (Zlotnik, et al., 2005). A summary of their results and other studies is provided here.

Comparisons across studies in the IASWR review were difficult, due to an inconsistent definition of turnover and a lack of standardized measures used. The Maslach Burnout Inventory (MBI) was the standardized instrument used most frequently, yet it was only used in its entirety in three studies (Dickinson & Perry, 2002; Drake & Yadama, 1996; Reagh, 1994). Calahane and Sites (2004) adapted Glisson and Hemmelgarn's (2000) Children's Services Organizational Climate Survey and James and Sells (1981) Psychological Climate Questionnaire for their examination of organizational factors impacting retention (as cited in Zlotnik et al., 2005). "Nine of the studies used all or some qualitative methods, 19 of the quantitative studies were cross-sectional, three were retrospective, one was longitudinal, and six studies used comparison groups" (Zlotnik, et al., 2005, p. 3).

The 25 studies examined retention and turnover in several ways. Follow-up interviews with workers who left the agency were conducted in the Bernatovicz (1997), CWLA (1990), Harris, Middleton, Byrnes, Tollefson, Sahami, and Berry-Johnson (2000, cited in Zlotnik, et al., 2005), and Samantrai (1992) studies. Record reviews, comparing characteristics of those who left with those who remained were completed by Drake and Yadama (1996), Rosenthal, McDowell, and White (1998, cited in Zlotnik, et al., 2005), and Rosenthal and Waters (2004, cited in Zlotnick, et al., 2005). CWLA (2001) examined administrators' perceptions of preventable turnover in a APHSA study. Nine studies used "intent to leave" or "intent to remain" as a proxy for actual turnover (Ellett, 2000; Ellett, Ellett, & Rugutt, 2003; Garrison, 2000, cited in Zlotnik, 2005; Jayaratne & Chess, 1984; Kleinpeter, Pasztor & Telles-Rogers, 2003; Nissly, Mor Barak, & Levin, 2005; Reagh, 1994; Rycraft, 1994; Samantrai, 1992). Steel and Ovalle, (1984) conducted a meta-

analysis of research on the relationship between behavioral intentions and employee turnover. After reviewing 34 articles, they concluded “a total of 73,415 unpublished studies containing null results would be required to invalidate the present study’s conclusion that behavioral intentions and employee turnover are significantly related” (p. 681). These studies provide support for the use of intention to terminate employment within one year as a proxy for turnover in the current study.

One study in the IASWR drew samples from two states (Ellett, 2000) and three drew from a national sample (Cyphers, 2001; GAO, 2003; Jayarantne & Chess, 1984). Some studies focused on one level of staff, others included all levels of child welfare staff. The University of Arkansas at Little Rock study compared direct services workers and supervisors’ perceptions of turnover in counties with high turnover and counties with low turnover (2002, cited in Zlotnik, et al., 2005). The Radford University-School of Social Work (RU-SSW) study focused on two regions of Virginia, targeting frontline child welfare staff and supervisors (Denton, et al., 2001). The Social Work Education Consortium in New York State conducted a retention study over a three year period (2001-04) of counties experiencing high turnover (25% or higher) and low turnover. Like the current study, their focus was on organizational and supervisory factors, although they did not include emotional support or other items related to VT. A standardized instrument was not used in either the RU-SSW or the New York study, and similar to the majority of the retention/turnover studies reviewed by the IASWR (Zlotnick, et al., 2005) a measurement was developed to gather data directly related to the focus of the study. As a result of their analysis the IASWR recommended developing,

piloting, and validating measures that test recruitment and retention outcomes. The measures developed and validated for this study could meet this need.

The information from the studies summarized provides support for the questions included in the measures developed for this study. Additionally, the workforce literature identifies VT as a specific problem faced by public child welfare staff which affects worker retention and job satisfaction. The next section will provide a more in-depth look at VT.

Vicarious Traumatization

When public child welfare workers intervene with families on behalf of children through investigations and on-going services, they experience both direct and indirect trauma (Conrad, 2005; Horwitz, 1998). They hear and read about the traumatic events that children endure within their families. These events include serious physical injuries; torture; rape, incest, and other forms of sexual abuse; pervasive neglect; the witnessing of domestic violence; and sometimes even the death of a child. Additionally, as a result of their interventions, workers may be directly exposed to physical assaults (Bell, et al., 2003; Harrison, 1995). These include vandalism to their property (usually their vehicle); verbal abuse (including threats of assault); stalking; witnessing physical or verbal abuse of a child; the stress of removing children from their homes; and conversely, adhering to a court order to leave a child in an abusive or neglectful home environment (Conrad, 2005; Harrison, 1995; Horwitz, 1998). In fact, seventy percent of child welfare workers have been victims of violence or received threats of violence (American Federation of State, County, and Municipal Employees [AFSCME], 1998; NASW, 2003). Additionally, their work is negatively scrutinized by the media and community members who believe

they were too intrusive or did nothing (Alwon & Reitz, 2000; Conrad, 2005; Harrison, 1995; Horwitz, 1998; Landsman, 2001; Pecora, Whittaker, Maluccio, & Barth, 2000; Vinokur-Kaplan, 1991; Zlotnik, et al., 2005). Whether the trauma the worker is exposed to is direct or indirect, it can negatively affect them (Bell, et al., 2003).

In order for public child welfare workers to effectively intervene and help victims, they must open their hearts and minds to feeling what went on with the child and his/her family, in the past and presently (Figley, 2002). This openness is referred to as empathy. Empathy must be present for therapeutic change to occur (Figley, 2002; Pearlman, 2005). The process of empathizing helps workers understand the traumatized person's experience, but, in the process, the worker may be traumatized as well (Figley, 1995, 1999). VT is a result of empathically engaging with trauma victims' experiences (Nelson-Gardell & Harris, 2003; Pearlman & Saakvitne, 1995b; Rudolph, Stamm & Stamm, 1997; Ryan, 2000). Empathy with traumatized clients and exposure to trauma are the necessary ingredients for the development of VT (Figley, 1995).

VT is a natural consequence of trauma work, an inevitable occupational hazard (Bell, et al., 2003; Figley, 1995, 1999; Pearlman, 2005). The affects of VT are pervasive, cumulative and permanent (Clemans, 2004; McCann & Pearlman, 1990b; Pearlman, 2005). Pervasive in that it potentially affects all realms of life: organizational, professional, and personal; cumulative because each client's story can reinforce the worker's gradually changing schemas, and changes in one's world view are likely permanent, even if worked through completely (McCann & Pearlman, 1990b). According to Figley (1995)

trauma workers of all types are susceptible to VT for four reasons: a) empathy is a major resource for trauma workers to help the traumatized but can impact them negatively; b) many trauma workers have experienced trauma in their own lives causing them to overgeneralize their experience and methods of coping to the victim or overpromoting those methods; c) unresolved trauma of workers will be activated by reports of similar trauma in clients, and d) children's trauma is provocative to workers (pp. 15-16).

Child welfare workers are constantly exposed to children's traumatic experiences making them vulnerable to VT (Figley, 1995). In addition to these risks, female workers (Clemans, 2004; Cornille & Meyers, 1999; Dane, 2000; Kassam-Adams, 1999; Schauben & Frazier, 1995), as well as overcommitted and highly dedicated workers, are particularly susceptible to VT (Dane, 2000). Workers new to public child welfare (trauma) work who have a history of childhood trauma are also subject to VT (Clemans, 2004; Cornille & Meyers, 1999; Cunningham, 1997; Kassam-Adams, 1999; Nelson-Gardell & Harris, 2003; Saakvitne, et al., 1998). These risk factors are hypothesized as contributing to the development of VT, but the empirical research shows mixed results (Bride, 2004).

Workers experiencing VT are less able to be empathetic with clients. When a worker is unable to be present empathetically with the client they are not as effective and are at risk of making poor decisions and professional misjudgments, i.e. misdiagnosis, poor treatment planning, even abusing clients (Figley, 1995; Pearlman, 2005; Rudolph, et al., 1997). In the following section, VT and related concepts, symptoms of VT, and empirical research on VT are discussed.

VT and related concepts.

Literature on the effects of trauma on the worker is couched under several terms, including countertransference (Freud, 1959, cited in Figley, 1995), burnout (Maslach, 1982), secondary traumatization (Figley, 1995), secondary traumatic stress (Bride, 2004; Figley, 1995; Stamm, 1999), and compassion fatigue (Figley, 1995). Since many of these terms are used interchangeably in the literature, I will briefly describe the similarities and differences as they relate to the concept of VT.

Countertransference occurs when working with people with various problems, not specifically with people who have been traumatized (Stamm, 1999). Corey (1991) defines it as the process of seeing one's self in the client, of over-identifying with the client, and/or of the worker meeting his or her own needs through the client (Clemans, 2004; Figley, 1995, 1999; McCann & Pearlman, 1990a; Pearlman & Saakvitne, 1995b). Countertransference and VT are different, but interrelated. Countertransference can lead to VT by negatively altering a helpers' overall view of the world, self, and relationships with others (McCann & Pearlman, 1990a; Ryan, 2000). Countertransference is not useful in the helping relationship if the worker does not process or integrate their own experiences and reactions (Pearlman, 2005). Workers need a safe place to process their experiences. This can happen in supervision if the supervisor is knowledgeable about countertransference and willing to provide this support (Gardner, 1995; Pearlman & Saakvitne, 1995a). Personal therapy and/or peer support groups are also helpful in addressing countertransference (Catherall, 1999).

As discussed previously (see page 9), burnout is a gradual process that affects a workers' ability to empathize with clients. In contrast to burnout, the onset of VT is

almost immediate and overwhelming, creating a sense of helplessness, and confusion (Figley, 1995; Pearlman, 2005). Like burnout, the effects of VT are cumulative and erode the worker's support systems (Stamm, 1999). Yet, the negative effects of VT can be decreased when they are recognized and acknowledged (Figley, 1995; Pearlman, 2005; Stamm, 1999).

VT can be a precursor to burnout; it can make a worker more prone to burnout especially when it goes unrecognized and is not addressed (Bell, et al., 2003). Figley (2002) identifies VT as a form of burnout. Many of the signs and symptoms of VT are similar to those exhibited by a person experiencing burnout, but the cause of VT is different from burnout. Burnout refers to stress related to the work environment (see page 9 for specific examples) (Rudolph, et al., 1997), whereas VT is related to the content of the work environment, particularly exposure to a client's trauma history (Dane, 2000; McCann & Pearlman, 1990a). VT is grounded in trauma theory, specifically CSDT (Bell et al., 2003; McCann & Pearlman, 1990a). McCann and Pearlman (1990a) point out that burnout may be the final result of exposure to traumatic material that cannot be assimilated or worked through.

Secondary traumatization, secondary traumatic stress (STS), secondary traumatic stress disorder (STSD), and compassion fatigue (CF) are diagnosed according to a constellation of symptoms. These symptoms are nearly identical to post traumatic stress disorder (PTSD) except the exposure to a traumatizing event experienced by one person becomes a traumatizing event to the second person (Figley, 1999; Stamm, 2005). While VT incorporates these symptoms or responses, it primarily involves a changing frame of reference, including one's worldview, personal and professional identity, and spiritual

beliefs (Pearlman & Saakvitne, 1995b). Workers suffering from VT become more mistrustful and pessimistic in addition to experiencing stress and anxiety. In addition, the ability of individuals to adapt to VT is impacted by their unique belief and value system (Pearlman and Saakvitne, 1995b).

Although vicarious traumatization focuses on meaning and adaptation and is based on constructivist self development theory (McCann & Pearlman, 1990; Pearlman & Saakvite, 1995b), while secondary traumatic stress focuses on symptomatology delineated in the DSM-IV-TR (Diagnostic and Statistical Manual, 4th edition, text revised; American Psychiatric Association, 2000), as a practical matter, both terms refer to a single phenomenon (Bride, 2004, p.31). Due to its inclusive composition, I prefer the term VT, which I will use in this paper unless another term is specifically used in the literature cited.

Symptoms of VT.

The symptoms of VT are the same as those exhibited by a primary trauma victim but they are manifested to a lesser degree (Bride, 2004; Figley, 1995; Pearlman, 2005). The stress experienced due to direct or VT is pervasive, affecting all aspects of a person's being, including their physiological, behavioral, emotional, interpersonal, and cognitive functions (Clemans, 2004; McCann & Pearlman, 1990a). Much of the literature on VT explores the signs and symptoms of trauma (Birck, 2001; Cornille & Meyers, 1999; Knight, 1997; Roberts, Flannelly, Weaver, & Figley, 2003; Rudolph, et al., 1997). The following is a summary of the five categories of symptoms which may be exhibited by workers experiencing VT and the symptoms manifested in the work environment:

1) *Physiological* reactions include an increase in heart rate and blood pressure, tightening of the chest, shallow and more difficult breathing, decreased immunity, fatigue, physical depletion/exhaustion, psoriasis, muscular pain, and specific somatic problems such as headaches, gastro-intestinal disturbances, colds, and flu (Figley, 1995, 2002; Friedman, 2002; McCann & Pearlman, 1990a; Nelson-Gardell & Harris, 2003; Pearlman, 2005; Swindell & Pryce, 2003).

2) *Behavioral* symptoms may include insomnia and other sleep disturbances; aggressive and antisocial behavior; callousness, pessimism, defensiveness, cynicism, substance abuse, eating disturbances, low frustration levels (e.g. emotionally reactive to situations or short-tempered); crying unexpectedly, suicidal behavior, and impaired social functioning (Dane, 2000; Figley, 1995; Friedman, 2002; McCann & Pearlman, 1990a; Nelson-Gardell & Harris, 2003; Swindell & Pryce, 2003).

3) *Emotional* responses include fear and anxiety; alternating anger and depression; irritability, guilt, shame, agitation, and decreased self-esteem; feeling lonely, overwhelmed, helpless, or numb; generalized despair, and/or a loss of hope in society (Dane, 2000; Friedman, 2002; McCann & Pearlman 1990a; Nelson-Gardell & Harris 2003; Swindell & Pryce, 2003).

4) *Interpersonal* reactions include superficial communication; inability to focus; sexual problems (Maltz, 1992); intimate relationship problems, feeling victimized, or becoming victimizers (Friedman, 2002; McCann & Pearlman, 1990a); no time for oneself; increased sensitivity to violence, threat, or fear; avoidance of situations that remind the worker of the traumatic events described by clients (Swindell & Pryce, 2003); and an increased disconnection with loved ones (Dane, 2000; Figley, 1995).

5) *Cognitive* responses relate to how memories are expressed/relieved, which may be an attempt to master the traumatic event through imagery in the form of flashbacks, nightmares (McCann & Pearlman, 1990a; Pearlman, 2005) or rumination (Swindell & Pryce, 2003). Immediately after and during a traumatic event, thinking reverts to an earlier stage and workers may be unable to think through a situation, make decisions, or problem solve (Pearlman, 2005). Cognitively workers may exhibit “all or nothing” thinking; overgeneralize; focus on the negative and ignore the positive; magnify problems, or feel responsible for or guilty about problems that may not be their responsibility (Friedman, 2002).

Work related symptoms include job resignation, poor performance, absenteeism, tardiness, misuse of breaks, thefts, avoidance (e.g. arriving late, leaving early, non-completion or incompleteness of assignments, disappearing during work hours); over immersion in work; lower levels of job satisfaction; decreased sensitivity to clients’ needs; withdrawal from clients and co-workers; even dehumanizing and intellectualizing clients; being distracted away from work by images or thoughts of trauma; or isolating oneself due to feeling ashamed of strong reactions (Daley, 1979; Dane, 2000; Figley, 1995; Friedman, 2002; Rudolph, et al., 1997). These symptoms are similar for workers experiencing either VT or burnout.

Empirical research on VT.

In his review of the secondary and VT literature Bride (2004) found 17 articles representing 15 empirical studies conducted between 1985 and 2003. He identified three focus areas in this literature: symptoms of trauma, disrupted cognitive schemas, and general psychological distress. All studies reviewed detected traumatic stress symptoms

in the service providers, although the degree of symptomatology varied across studies.

Below is a summary of Bride's review and additional studies related to VT.

Disruptions in cognitive schemas were investigated in five of the studies reviewed by Bride (Birck, 2001; Brady, Guy, Poelstra, & Brokaw, 1999; Chrestman, 1999; Pearlman & Mac Ian, 1995; Schauben & Frazier, 1995), with three of the studies finding limited support for the hypothesis that trauma causes disrupted cognitive schemas (Birck, 2001; Pearlman & Mac Ian, 1995; Schauben & Frazier, 1995). Several of the studies (Cornille & Meyers, 1999; Follette, Polusny, & Milbeck, 1994; Ghahramanlou & Brodbeck, 2000; Kassam-Adams, 1999; Schauben & Frazier, 1995, Wee & Myers, 2002) explored the correlation between general psychological distress and trauma symptoms among helping professionals because of their work with traumatized individuals. Three of these studies found evidence of psychological distress among sexual assault counselors (Ghahramanlou & Brodbeck, 2000), child protective services workers (Cornille & Meyers, 1999), and community case managers (Meldrum, King, & Spooner, 2002).

Much of the VT literature focuses on trauma symptoms exhibited by various groups of professionals such as mental health professionals (Figley, 1985, 1988; Horowitz, 1976; Lifton, 1973; van der Kolk, 1987 all cited in McCann & Pearlman, 1990a), rape crisis counselors (Clemans, 2004; Schauben & Frazier, 1995), child sexual abuse therapists (Cunningham, 1997), researchers (Campbell, 2002), and law enforcement and forensic interviewers (Atkinson-Tovar, 2002; Foulette, et al., 1994). Dane (2000), Friedman (2002) and Nelson-Gardell & Harris (2003) studied child welfare workers and verified they experience VT as a result of their work; they recommend agencies develop supportive strategies to mitigate the negative effects of VT. In fact,

Bell and colleagues (2003) reported 38% of social workers experience moderate to high levels of VT (Cornille & Meyers, 1999; Dalton, 2001).

Research on helpers working with specific populations has contributed to the knowledge about the secondary effects of trauma as well. The populations studied include: Nazi Holocaust victims (Danieli, 1988), combat veterans (Munroe, 1990, cited in Cunningham, 1997), sexually traumatized clients (Figley, 1993, Gabriel, 1994 both cited in Knight, 1997; Kaasam-Adams, 1995; McCann & Pearlman, 1990b; Pearlman & Saakvitne, 1995b); and perpetrators and victims of domestic violence (Gillian, 2000 cited in Nelson-Gardell & Harris, 2003). Most recently VT research has been associated with people working with the survivors of the 9/11 tragedy (Boscarino, Figley, & Adams, 2004; Boss, Beaulieu, Wieling, Turner, & LaCruz, 2003; Eidelson, D'Alessio, & Eidelson, 2003; Fox, 2003; Geller, Madsen, & Ohrenstein, 2004; Kaul, 2002; Miller, 2002; Roberts, et al., 2003).

Many of the studies Bride (2004) reviewed focused on risk factors such as age, gender, ethnicity, income, level of education and discipline, exposure levels, occupational role, work with childhood trauma survivors, and a personal history of trauma. Most studies failed to demonstrate an empirical relationship between age (Arvay & Uhlemann, 1996; Birck, 2001; Ghahramanlou & Brodbeck, 2000; Kassam-Adams, 1999; Meldrum, et al., 2002; Nelson-Gardell & Harris, 2003; Pearlman & Mac Ian, 1995), gender (Cornille & Meyers, 1999; Kassam-Adams, 1999; Meldrum et al., 2002; Nelson-Gardell & Harris, 2003), ethnicity (Knight, 1997), income (Pearlman and Mac Ian, 1995), and symptom level. Similarly, level of education and professional discipline were not related to VT symptoms (Meldrum, et al., 2002; Nelson-Gardell & Harris, 2003; Steed &

Bicknell, 2001; Wee & Myers, 2002). One exception to this is Dalton's (2001) study of social workers in Texas, which found workers with MSW degrees had lower levels of secondary traumatic stress than those with baccalaureate degrees (Bell, et al., 2003).

Exposure to trauma is cited as a primary risk factor for developing VT (Bell et al., 2003). The length of time a person has worked with trauma survivors, the portion of one's caseload that is traumatized, and the portion of time spent working with traumatized clients daily/weekly were used to operationalize exposure. Mixed findings were reported regarding exposure and general psychological distress or trauma symptoms (Kassam-Adams, 1999; Ortlepp & Friedman, 2002; Steed & Bicknell, 2001). Meyers and Cornille (2002) found more severe symptoms among child protective services workers than other helpers. Some studies found an increase in symptoms among professionals who work with survivors of sexual trauma (Kassam-Adams, 1999; Pearlman & Saakvitne, 1995a; Schauben & Frazier, 1995). Three studies (Arvay & Uhlemann, 1996; Brady, et al., 1999; Chrestman, 1999) found the percentage of trauma victims served correlated with an increase in the level of symptoms. Brady and colleagues (1999) found all three measures of exposure contributed to symptoms among mental health professionals. Other studies (Foulette et al., 1994; Steed & Bicknell, 2001; Schauben & Frazier, 1995; Pearlman & Mac Ian, 1995) did not find a relationship between exposure and cognitive distortions (Bride, 2004).

In the two studies that assessed whether working with child victims of trauma increases a worker's vulnerability to VT, the findings did not support this hypothesis (Brady, et al., 1999; Meldrum, et al., 2002). However, several studies (Figley, 1995; Foulette, et al., 1994; McCann & Pearlman, 1990a; Ortlepp & Friedman, 2001; Pearlman

& Mac Ian, 1995; Pearlman & Saakvitne, 1995b) did support a relationship between a personal history of trauma and VT symptoms. In the Pearlman and Mac Ian study (1995) trauma therapists with a personal history of trauma were more likely to experience clients' trauma material as intrusive. Kassam-Adams (1999) found that only a childhood trauma history in the helper was strongly associated with VT symptoms. Nelson-Gardell and Harris (2003) conducted a study of child welfare workers and found a history of childhood emotional and sexual abuse had the strongest relationship with VT symptoms.

Bride (2004) identified two studies that assessed protective factors: personal coping strategies and support systems. Schauben and Frazier (1995) found trauma therapists with a healthy social support system reported fewer trauma symptoms. The coping strategies employed which correlated with lower symptom levels included "active coping, seeking emotional and instrumental support, planning, and humor" (Bride, 2004, p 41). On the other hand, Foulette, Polusny, and Milbeck (1994) studied the relationship between increased symptomatology and negative coping strategies, such as drug or alcohol use, aggressive behaviors, and withdrawal. The negative coping strategies were found to be correlated with increased trauma symptoms but it is unclear which came first, the effects of trauma or the negative coping strategy (Bride, 2004). Instruments used in the empirical research studies are summarized in the CSDT section of this review.

Other researchers built a conceptual and theoretical knowledge base for understanding VT (Clemans, 2004; Figley, 2002; Maltz, 1992; McCann & Pearlman, 1990a, 1992; Ryan, 2000; Saakvitne, et al., 1998; Scott, 1998; Swindell & Pryce, 2003;). Clemans (2004) refers to the person-in-environment perspective, which originated from the ecological theories of Bronfenbrenner and Garbarino. This perspective is offered as a

context for the worker in an agency within a larger society, as well as internal and external relationships that must be developed and maintained in order to prevent and modify the effects of VT. Stamm (1999) expands on this theory, identifying the workplace as a health diminishing or promoting environment, which (if positive) can serve as a recovery environment (Bell et al., 2003). Yassen (1995) describes an ecological prevention plan, which closely parallels Pearlman & Saakvitne's intervention in the three realms of life affected by VT. Yassen divides the plan into two components: individual and environmental, with the individual component sub-divided into the personal and professional. Pearlman and Saakvitne (1995a) identify organizational, professional, and personal realms for intervention within the constructivist self development theory.

Astin (1997) grounded his autobiographical study in information processing theory, identifying symptoms of VT and the challenges they pose to cognitive schemas about the world and others. His work uses concepts encompassed in CSDT which is used in the majority of the VT literature (Black & Pearlman, 1997; Cunningham, 1997; Dane, 2000; McCann & Pearlman, 1992; Nelson-Gardell & Harris, 2003; Pearlman & Saakvitne, 1995a; Ryan, 2000; Saakvitne, et al., 1998). CSDT acknowledges that not all victims experience the same responses to trauma and that some fare better psychologically than others (McCann & Pearlman, 1992). CSDT provides the framework to support the assessment of VT and intervention strategies to mitigate VT. A description of CSDT will be provided following the discussion of the role of the supervisor in mitigating the negative effects of VT and increasing job satisfaction.

Supportive Supervision

In Pearlman and Saakvitne's (1995a) study of 188 trauma therapists, only 64% reported receiving supervision, and of those who received supervision, 82% found it useful. Dunning (1994) adds, supervisory support can decrease organizational stress significantly. Not only is supervision helpful in mitigating VT and stress, but workers realize they want to work for agencies that are worker-centered, empowering them to use good judgment, offering educational opportunities, and providing supportive supervision (Gunderson & Osborne, 2001). Workers need to know they are valued and supported in their efforts to make a difference in the lives of children and families (Alwon & Reitz, 2000; Collins-Carmago, Phillips, and Shackleford, 2005). Child welfare workers report higher rates of family reunification and worker functioning in organizations that provide some decision-making autonomy and supervisory support (Annie E. Casey, 2003). Organizations need to endorse a supervisory model that increases opportunities to share difficult experiences, problem solve, and learn (Conrad, 2005). Supportive supervisors build trust and gain respect from their workers (Anderson, 2005; Brody, 2000).

Harrison (1995) defined a supportive supervisor as one who tells workers where they stand, hears their viewpoint, is available when needed, praises the work, and states clear expectations. Sarnat (1992, cited in Pearlman and Saakvitne, 1995a) describes emotionally (affective) supportive supervision as a relational process whose focus depends on the needs of the worker, the supervisor's resources, and the interpersonal styles of both. Supportive supervision is both instrumental (task) and affective.

“The importance of supervision in developing professional socialization, improving staff morale, increasing job satisfaction, and decreasing job turnover is well

documented in administration, management, and social work literature” (Rycraft, 1994, p. 78). Similar to the literature on child welfare worker retention and VT, there is little empirical research on child welfare supervision (Poetner & Rapp, 1983; Strand & Badger, 2005; Tsui, 1997; York & Denton, 1990). Most of the supervisory literature is conceptual, focusing on the role of the supervisor, types of supervision, and supervisory styles and characteristics. In child welfare literature, many studies illustrate that the role of supervisor is clearly linked to staff turnover and worker performance, retention, stress and burnout (including VT), and client outcomes (Collins-Carmago, et al., 2005, Nissly, et al., 2005). Industrial psychology research also recognizes the importance of supportive supervision as a mitigator of workforce stress (Dunning, 1994). Although, like child welfare workforce and social work research, it has not examined the impact the work environment, peers, or supervisors has on trauma recovery. In this section, I will focus on the importance of supervision, characteristics of an effective supervisor, models of supervision, supervisor roles (including the supervisor’s role in preventing burnout and VT), effective supervisory practices, and research and measurements.

Importance of supervision.

Even when workers are frustrated with their jobs, they often rate their relationship with supervisors as one of the most satisfying factors of their work, giving supervisors very high ratings for their effectiveness, personal skills, and ability to help workers collaborate (APHSAs, 2005; Cicero-Reese & Black, 1998; Dickenson & Perry, 2005; GAO, 2003; Landsman, 2001; Rycraft, 1994; Samantrai, 1990, 1992; York & Denton, 1990). In the *Child Welfare Workforce Survey: State Agency Findings* (APHSAs, 2005), state administrators rated good supervision (with a supervisor who cares about the worker

as a person) as the number one factor contributing to the decision of child welfare workers to remain employed. These points support this study's focus on the importance of the supervisor's role in mitigating the negative effects of VT. This study will measure the relationship between supportive supervision and job satisfaction and workers' intentions to remain employed or leave.

Quality supervision influences workers' decisions to continue employment (GAO, 2003; Landsman, 2001; Nissly, et al., 2005; Rycraft, 1994). Supervisors are recognized as being instrumental in staff development, but this role is only successful to the extent that they orient and support the workers they oversee (Alwon & Reitz, 2000). They often report not having the resources or time to address the training needs of new employees. Child welfare workers also indicate that their supervisors are often too busy to provide the level of supervision needed. Supervisors' inaccessibility negatively impacts staff effectiveness and morale (GAO, 2003; Whitaker, et al., 2004). Without adequate supervision, workers lack direction in their efforts and may become lost in the demands and responsibilities common to child welfare practice (Salus, 2004).

Models of supervision.

Rycraft (1994) found workers seek supervision for different reasons and in different ways, yet use of supervision is based on a need for consultation and guidance (Pecora, et al., 2000). Collins-Carmago and colleagues (2005) hypothesize that effective supervision is relational, rather than authoritarian (Pearlman & Saakvitne, 1995a). However, DSS agencies have historically operated from a bureaucratic, hierarchal (authoritarian) model of supervision where the supervisor takes a superior role overseeing the work of other less skilled individuals (Gunderson & Osborne, 2001; North Carolina

Division of Social Services & the Family and Children's Resource Programs [NCDSS & FCRF], 2003; Pearlman & Saakvitne, 1995a; Poetner & Rapp, 1983). This model does not support or empower workers to become confident in their own decision-making ability and assessment skills nor does it offer opportunities for advancement or education, strategies that lead to worker retention (Gunderson & Osborne, 2001; Pecora, et al., 2000). When an agency operates from an authoritarian model, workers often report their interactions with supervisors are punitive rather than educational or supportive. An authoritarian structure is associated with job dissatisfaction, burnout, and turnover (Gunderson & Osborne, 2001; Tsui, 1997). The Annie E. Casey Foundation (2003) recommends adjusting the role of supervisors and managers to break the cycle of over-regulation that inhibits worker autonomy and creates job dissatisfaction leading to turnover.

Supervisors can play a pivotal role in organizational change, which can be instrumental in transforming the child welfare system from a deficit (punitive) to a strengths (supportive) based capacity-building model (Briar-Lawson, 2005). Using McKnight's (1997) work as a foundation, a capacity-building model of supervision can be described as promoting caring and mutual support, and implementing a rapid response to problems. Supervisors take time to get to know each individual in their unit so that they are able to recognize and utilize their unique strengths. They also help the worker construct a plan to address any areas of concern that they need to develop or change, using evaluation as an on-going mutual process (Brody, 2000; NCDSS & FCRP, 2003). They empower the worker to make decisions and take responsibility for their decisions and actions (Pecora, et al., 2000). Collective decision-making is encouraged, where

workers, supervisors, administrators, and clients work together to discuss, develop and carry out a plan (Mancini, Martin, & Bowen, 2003). Leadership is flexible in this model and supervisors, although the defined leader within the DSS system, encourage workers to develop leadership skills by taking leadership roles within various contexts. Sometimes leadership emerges informally among workers and supervisors respect and build on this occurrence (Chaskin, Brown, Venkatesh, & Vidal, 2001; Mancini et al., 2003).

When workers receive this support within the agency, they are better able to assist families. In fact, moving to a capacity model helps to

ensure that child welfare workers are meeting the needs of children and families, making the appropriate critical decisions for the future of families and children and providing necessary support to workers facing the pressures of the intensity of the work on a daily basis. Stability of the workforce is essential, as the professional relationships formed by the child welfare workforce with the children and families form the cornerstone for the transformative work needed in order for a child to be reunified with his or her family or for a decision to be made that reunification is not possible (APHSA, 2005, p. 14).

Characteristics of effective supervision.

Accessibility, knowledge, leadership, common sense, a sense of humor, and support are desirable personality traits and skills for a supervisor to possess (NCDSS, 2001). To hire people with such qualities, screening processes must be utilized that allow for the selection of those people who possess the skills needed to successfully take on the responsibilities of supervision (Rycraft, 1994). Many times workers are promoted to supervisor only to find themselves ill suited for the tasks and responsibilities of the job

(Zlotnik, et al., 2005). Therefore, appointment of supervisory staff requires a well-defined selection process along with ongoing training and a clear definition of supervisory expectations. Without these delineations, the agency fails to provide the guidance and support needed for frontline workers to continue employment (Rycraft, 1994).

Brody (2000) identifies several elements of good supervision. He focuses on the importance of providing examples and role modeling best practices, communicating respect to staff and colleagues, and identifying and praising best practice patterns in the organization. Taking time to get to know staff by meeting both formally and informally on a regular basis (Pecora, et al., 2000), being responsive to staff concerns, and asking staff if they are satisfied with their jobs and what gives them a sense of accomplishment are supportive practices (Kaye & Jordan-Evans, 2005; Pearlman & Saakvitne, 1995a). Giving clear instructions, with timeframes and criteria that will be considered in evaluating success foster trust (York & Denton, 1990). Endorsing a collaborative spirit—“when things go well we share the credit, when problems occur, we work together to resolve them” (Brody, 2000, p. 204)—is essential. Actively seeking ideas and suggestions from staff to improve productivity and engaging workers in collaborative problem solving is helpful in creating a sense of team.

Supervisors have to balance being supportive listeners to workers while they vent their traumatic experiences, without crossing the boundary and becoming the worker’s therapist (Brody, 2000; Pearlman & Saakvitne, 1995a). Good listening skills and empathy are important as long as the focus is on improving services to clients. If a worker’s personal problems are interfering with their performance and disruptive to other

employees, the supervisor must take action, such as referring the employee to an employee assistance program or therapist.

Role of supervisor.

As with workers, supervisors must gain satisfaction from their job. In Kadushin's studies (1974) of social work supervisors, three strong sources of satisfaction were identified: 1) helping the worker grow and develop in professional competence, 2) inspiring workers to deliver efficient and effective services to families and children, and 3) sharing knowledge and skills. The American Humane Association (AHA, 1987) concurred with these findings, stating that providing a learning experience for new employees is a rewarding aspect of the supervisors' varied job responsibilities. Kadushin (1974) delineates three supervisory functions: administrative, supportive, and educational (Erera & Lazar, 1994). The measures developed for this study assess these three functions.

Supervisors play multiple roles in supporting workers. They must be good listeners and provide emotional support, as well as know policies and procedures, develop and maintain good community relations, understand the tasks that must be accomplished to help families, and advocate for workers' needs with upper administrators (Annie E. Casey, 2003; Brody, 2000; NCDSS & FCRP, 2003; Poetner & Rapp, 1983; Salus, 2004). Effective supervisors act as advocates for staff to remove organizational, resource, or other barriers to effective work. They also educate upper-level administrators regarding program and resource needs (Brody, 2000; Pecora, et.al, 2000; Salus, 2004). Supervisors can build on the workers' strengths and reasons for accepting the job, i.e. their desire and commitment to help children and families, and can advocate for flexible

work schedules (Alwon & Reitz, 2000). They can also help workers feel valued and appreciated through recognition of the worker's strengths and interests (Brody, 2000; NCDSS & FCRP, 2003).

Supervisors can create formal and informal opportunities for workers to socialize and build relationships that offer growth and learning opportunities (Mancini, et al., 2003). Some supervisors provide this kind of support but additional support may be needed given the steady increase in numbers and the immense complexity of child abuse and neglect cases which take an emotional toll on the worker (Figley, 1995).

Supervisory literature identifies several typical roles and responsibilities of supervisors but emotional/affective supervision is not often mentioned as one. In the VT literature this role is identified as essential. Clinical supervision, as affective supervision is often called, helps the worker explore issues of countertransference and the feelings evoked by their work (Pearlman & Saakvitne, 1995a). Concentrating on the content of the work, specifically what the worker hears or sees and how that affects their ability to work effectively can be extremely helpful to child welfare workers (Pearlman & Saakvitne, 1995a; Salus, 2004). For supervisors to provide the supports workers need, the recommended worker to supervisor ratio is five to seven workers to each supervisor, depending on the worker's education and skill level (GAO, 2003). The current study assesses the various types of support supervisors provide and the workers' satisfaction with the supervisory and organizational support.

Preventing VT and burnout.

Individual and organizational factors are implicated in child welfare burnout, with bureaucratic processes, particularly unsupportive and insufficient supervision, leading to

burnout and departure (Anderson, 2000; Telles-Rogers, 2003). Social support, especially the support of one's supervisor and colleagues, offers the strongest prevention for VT and burnout among child welfare workers (Daly, 1979; Drake & Yadama, 1996; Dunning, 1994). Over time, without a supportive work environment, workers become overwhelmed by work and disappointed by their inability to change the system. They are caught in a struggle between promoting the well-being of clients and following policies that tend to "stifle empowerment and well-being" (Figley, 1999, p.16). Workers become frustrated with their lack of autonomy and decision-making power (Alwon & Reitz, 2000).

Daly (1979) suggests supervisors can employ several prevention approaches to decrease turnover and alleviate, or at least lessen, the causes and impact of burnout and VT (Pearlman, 2005; Pearlman & Saakvitne, 1995a). These approaches involve the use of sanctioned "time outs", supervisory supports, peer group support systems, and regular rotation of work assignments. One form of "time-outs" can include workers scheduling time to attend relevant training, which allows the worker time away from the office (Harrison, 1995). Training that helps mitigate/alleviate the effects of VT includes learning stress reduction and coping strategies such as deep breathing, meditation, yoga, or physical exercise (Norcross, 2000; Pearlman, 1999, 2005). Additionally, the supervisor can recommend "time outs" in the form of a vacation or a mental health day (Daly, 1979; Harrison, 1995).

Workers are not always aware when they begin to exhibit the signs and symptoms of VT or burnout. Supervisors are in a position to point these out to the worker (Pearlman & Saakvitne, 1995a). They must approach the worker in a non-threatening manner to avoid alienating them or producing feelings of guilt or the need to justify or defend their

behaviors (Brody, 2000, Gardner, 1995). They may initiate a discussion with the worker regarding their observations and concerns, allowing the worker time to express pent-up feelings (Pecora, et.al, 2000). During these sessions, supervisors must demonstrate empathy for the worker by understanding the problem, helping the worker gain insight into the nature and source of their problems (Brody, 2000, Gardner, 1995; Salus, 2004), and discussing how VT and burnout (Daly, 1979; Drake & Yadama, 1996; Pearlman & Saakvitne, 1995a) may affect the quality of the workers' performance.

Providing emotionally supportive supervision is often unfamiliar and frightening to the child welfare supervisor and may require additional training and support. If a supervisor does not talk with workers about VT or encourage employees to discuss their thoughts and feelings regarding the trauma they witness, experience, and hear about, the worker may feel isolated and unsupported, eventually leaving the agency altogether (Bednar, 2003; Figley, 1995; Nissly, et al., 2005; Pearlman & Saakvitne, 1995b; Schakelford, personal communication November 2005). The worker needs a safe place to process their cases and to discuss the difficulties and emotions that arise from their work, without being ostracized or feeling ashamed (Drake & Yadama, 1996; Dunning, 1994; Gardner, 1995).

Supervisors may suffer from many of the workforce issues workers are experiencing (Alwon & Reitz, 2000) such as VT (Pearlman & Saakvitne, 1995a). Supervisors experiencing VT may find it difficult to engage empathically with a worker, much as workers experiencing VT are unable to effectively assist clients (Figley, 1999; Pearlman & Saakvitne, 1995a). Dunning (1994) points out supervisors often manifest strong reactions to workers' need for support, such as contempt, minimizing, and blame.

These reactions impair recovery and lead to worker dissatisfaction and ultimately departure. The measures developed for this study assess the emotional support workers receive from their supervisor and agency.

Child welfare agencies have a responsibility to safeguard workers' mental health (Dunning, 1994; Reagh, 1994). Worker mental health can be improved by fostering and maintaining a sense of personal accomplishment in each worker as a part of the agency culture (Drake & Yadama, 1996). Programs seeking to reduce VT among employees may be able to achieve this goal through enhancing subjective feelings of success and achievement among workers. Supervisors could accomplish this goal by helping workers realize small gains their clients make, formally recognizing work accomplishments, and discussing the emotionally devastating content of the stories workers hear daily. Reminding workers of their commitment and conviction to helping children and families is a motivator that can be helpful in mitigating the effects of VT as well (Saakvitne & Pearlman, 1996). Bednar suggests the "creation of healthy and safe channels for expressing anger merit attention, and may be an important contributor to organizational health and job retention" (2003, p. 9). The current measures assess agency culture regarding willingness and encouragement for workers to express strong emotions such as anger and fear.

Effective supervisory practices.

Collins-Carmago, Phillips, and Shackelford (2005), identified a number of supervisory practices particularly important to workforce development and effective child welfare practice. The ones most relevant to the current study are promoting worker self-reflection (Bednar, 2003; Brody, 2000) and establishing an organizational culture in

which learning, supportive supervision, and consultation are encouraged and embraced. The supervisors in the Collins-Carmago and colleagues study (2005) rated the following aspects of supervision most important to the provision of effective services: on the job training, modeling good practice, case consultation, case decision-making, providing on-going feedback, policy clarification, and addressing worker safety—which includes identifying and mitigating VT. Sometimes when workers begin to feel safe, unexpressed feelings may begin to emerge.

When workers become safe, the expectation may be that their functioning will improve and that trauma effects will subside. Often, however, safety allows a person the opportunity to experience and reflect on a traumatizing event that previously had been pushed aside. Thus, safety can initially result in an increase in psychological turmoil and pain, leaving many feeling temporarily worse after safety has first been established. Thus a period of talking about thoughts, memories and feelings, a period of being upset, follows safety in the healing process. The need for supports may be greater after safety has been established than before. Supervisors, colleagues, family members, and friends can provide the support and validation that comes with talking about trauma events and effects. This support may not occur because others believe the safe social worker is settled with the experience, or because the content of the traumatizing events, often involving brutality perpetuated against children, may be beyond the capacity of a worker's support network to discuss. This period of being upset, however, is essential to integration of the trauma experience. The people creating a supportive environment must acknowledge the need to experience these feelings and be

capable of listening to the brutality which is a part of the social worker's experience (Horwitz, 1998, p. 370).

It is important for supervisors to understand this process, in order to provide the support necessary for workers to progress through their experience. Active supervisory efforts are necessary to ensure workers that their diminished capacity to work independently is a temporary condition (Horwitz, 1998). Regularly scheduled supervisory conferences/meetings may be a convenient non-threatening way to offer this support to workers. Workers surveyed by the National Association of Social Workers (Whitater, et al., 2004) felt it is important for supervisors to provide regularly scheduled, and as needed, individual or group supervision sessions with workers. This guarantees the worker sanctioned time to meet with the supervisor to get their needs met (Gardner, 1995; NCDSS & FCRP, 2003).

Case consultation, where skill development is fostered, should be a key component of these supervisory meetings (NCDSS & FCRP, 2003; Samantrai, 1992). These meetings offer opportunities for supervisors to check in with workers about how their cases are progressing, as well as how the situations the worker is witnessing and hearing about are affecting them emotionally (Dunning, 1994; Pecora, et.al, 2000). Supervisors can also provide additional support to workers by encouraging them to meet as a group. Peer support is a successful tool used to counter VT (Catherall, 1999; Denton, et al., 2001; Pearlman, 2005). In addition, unit staff meetings and informal discussions are powerful ways to help decrease workers feelings of isolation (Daly, 1979; Horwitz, 1998). Child welfare workers need opportunities to discharge the emotions that can build up in a day of work (Bednar, 2003). It is important for supervisors to recognize and

routinely provide workers opportunities to deal with job related stressful emotions (Anderson, 2000). In Kadushin's classic study (1974) workers meet with their supervisors one to one and half hours weekly and some felt they needed more time with their supervisors. The current study will assess whether supervisors are meeting with workers in a one-on-one face-to-face format lasting 30 minutes or longer on a regular basis. The content of these meetings is also assessed by measures developed for this study.

Research and measurements.

There is an abundance of practice literature on supervision, where "it is recognized as the major factor in determining the quality of services to clients, the level of professional development of social workers, and of the job satisfaction of social workers" (Tsui, 1997, p. 40). However, similar to child welfare workforce retention and turnover, and VT there is a dearth of empirical research literature on human/social services supervision. Tsui (1997) conducted a meta analysis of the empirical research on social work supervision between 1970 and 1995. A total of 30 articles in referred journals and books were identified in this review, with the majority (14) published in the 1990s. The studies in Tsui's review were categorized as basic descriptive, supervisory issues, and client outcomes.

Tsui (1997) noted that it is difficult to study staff supervision when it is embedded in an organizational context. The hierarchical power relationship between supervisor and supervisee creates a challenge in gathering information about supervisory performance within the organizational setting. Tsui attributes part of the lack of empirical research on staff supervision to this difficulty. Similar to nine of the studies in Tsui's review (Gray,

1990; Greenspan, et al., 1991; Pilcher, 1984; Rauktis & Koeske, 1994), the current study will evaluate supervisees' perceptions of their supervisors.

Tsui refers to three primary studies: Kadushin (1974), Munson (1975), and Shulman, Robinson, & Luckj (1981). Kadushin conducted two national studies in the United States, one in 1973 and another in 1989. His studies identified three functions of supervision: administrative, educational, and supportive, comparing actual and ideal performance (Erera & Lazar, 1994). Munson's study focused on the use of structural, authority, and teaching models of supervision and evaluated how gender affects these models. Shulman and colleagues (1981) studied the context and skills of social work supervision. Many of the subsequent studies built on the work of these researchers.

The studies most relevant to the current study include Himle, Jayaratne, and Thyness (1989), Newsome and Pillari (1991), Rauktis and Koeske (1994), and York and Denton (1990). Himle and colleagues' research supported their hypothesis "that instrumental and informational support provided by the supervisor may reduce psychological stress, and in turn relieve burnout and job dissatisfaction, of frontline social workers" (Tsui, 1997, p.44). Newsome and Pillari (1991) discovered "a positive correlation between job satisfaction and the overall quality of supervisory relationship" (Tsui, 1997, p. 45). Rauktis and Koeske (1994) concluded, "that supportive supervision appears to have a direct and positive association with job satisfaction" (Tsui, 1997, p. 45). Nissly and colleagues' (2005) study supports these findings. They found "workers with higher levels of stress were more likely to think about leaving, while those receiving greater social support were less likely" (Nissly, et al., 2005, p. 79). York and Denton (1990) investigated supervisees' perceptions of their supervisor's performance and

leadership behaviors. A supervisor's ability to communicate what workers need to know was rated by supervisees as the most important skill for supervisors. The findings of these studies support the need for providing supportive supervision in order to improve morale and job satisfaction.

Many of the studies Tsui (1997) reviewed were exploratory, with unclear hypotheses, utilizing a vague definition of supervision. None of these studies built a theory or conceptual framework from their findings. Most (18) of the studies used some form of random sampling. Mailed self-administered Likert scaled questionnaires comprised the primary form of data collection; only four of the studies used other methods. Four instruments were referred to in the studies in Tsui's (1997) review. These included: Supervisor Functions Inventory (Erera & Lazar, 1994), Munson's instrument (Eisikovits, Meier, Guttman, Shurka, & Levinstein, 1985), Agreement Scale for Leadership developed by Brenner and Bromer in 1981 (York & Denton, 1990), and the Supervisory Skills Inventory (Dendinger & Kohn, 1989). Tsui concluded that empirical research on social work supervision is in its "embryonic stage" (p.49). Tsui (1997) encouraged researchers and practicing supervisors to jointly develop formal theories which are empirically based and practically grounded.

Strand and Badger (2005) accepted Tsui's challenge by developing and testing a clinical consultation model with child welfare supervisors in New York City over a three year period. The model paired social work faculty from six Schools of Social Work with MSW-level supervisors in each of the five boroughs. This model offers a tool for professional development regarding decision-making in the provision of direct services for children and families in the child welfare system. A mixed methods design was

employed to develop and test this model, which included a pre and post-test assessment measure, a consumer satisfaction questionnaire and follow up at 3 and 15 months post program implementation. Based on Tsui's review and Strand and Badger's study, it is clear additional empirical research is needed in the area of child welfare supervision.

In summary, individual and organizational factors are implicated in child welfare worker turnover, with bureaucratic processes, especially inadequate supervision leading to VT, burnout and departure (APHSA, 2000; Bednar, 2003), playing a key role.

Anderson's (2000) study suggests a greater use of supportive supervision as a coping strategy for prevention and alleviation of burnout and VT is needed (Bell, et al., 2003; Pearlman & Saavitne, 1995a). The challenge to child welfare administrators is to provide a work environment that focuses on team-building (Daly, 1979), worker safety, and competency training to help supervisors learn to address VT (Alwon & Reitz, 2000). Pearlman and McCann (1990a) developed CSDT to identify and assess the impact trauma work can have on workers. Supervisors can use this theory as a foundation to assess the impact and intervene with workers individually and within the agency structure to increase job satisfaction and decrease the effect of VT.

Constructivist Self Development Theory

VT is a complex process, requiring a flexible theory that respects commonalities and differences among individuals within their cultural and social group contexts, taking into account issues of privilege, oppression, and discrimination (Harvey, 1996; Pearlman, 1999, 2005). CSDT offers this flexibility. McCann and Pearlman (1990b) are credited with developing CSDT to explain and assess the impact trauma has on the victim and worker through direct and indirect exposure. In addition, CSDT suggests intervening at

three ecological levels to decrease the negative effects of VT. CSDT helps workers understand the complex dimensions of the self impacted by trauma and was used as a framework to develop the measures for the current study. The measures assess what strategies supervisors, organizations, and individual workers are employing to mitigate the effects of VT.

CSDT is a developmental, interpersonal theory that explains the impact trauma has on a person's psychological development, adaptation, and identity (Nelson-Gardell & Harris, 2003; Saakvitne, et al., 1998). According to Pearlman and Saakvitne (1995a) trauma impacts one or more aspects of the person's total being. They identify symptoms as adaptations to trauma, with each person manifesting a unique constellation of responses (see pages 19-20 for more details).

CSDT blends constructivist, self-psychology, object relations, social-cognitive, and developmental theories (McCann & Pearlman, 1992). Based on a constructivist view of trauma, people's unique histories shape and define how they adapt to trauma experiences and the way the event is experienced is based on two major factors: the person's temperament and the context in which the event occurs (McCann & Pearlman, 1990a). If an individual identifies an event as traumatic then it will affect at least one of five areas of the self. Within the developmental context, mature and experienced trauma workers have more coping techniques to draw on than do younger less experienced workers. In fact, age and experience are inversely correlated with the development of VT (Bell, et al., 2003; Pearlman & Mac Ian, 1995). However, if a worker had a traumatic experience, early in their lives, the new trauma may bring up the old trauma and they may

re-experience and reinterpret the event from the earlier developmental perspective (Saakvitne, et al., 1998; Swindell & Pryce, 2003).

Pearlman & Saakvitne (1995a; Saakvitne & Pearlman, 1996) identify three realms or ecological levels affected by trauma: organizational, professional, and personal. CSDT offers a framework for systematic assessment and intervention at each of these levels. In this study, one focus is on assessment, addressing whether and how VT is affecting the DSS worker professionally. Additionally the measures developed for this study will assess what workers and agencies, specifically supervisors, are doing to mitigate the negative effects of VT. Assessment, intervention, and measurements are discussed within the CSDT section of the literature review.

Assessment.

Several authors (McCann & Pearlman, 1992; Nelson-Gardell & Harris, 2003; Saakvitne, et al., 1998; Swindell & Pryce, 2003) describe how trauma victims, including workers, view themselves and the world based on their own capabilities, psychological needs, ego resources, and cognitive schemas. CSDT identifies five areas of the self affected by trauma described by Saakvitne, Tennen, & Affleck (1998):

- 1) *Frame of reference* shapes one's sense of identity or beliefs about who one is; it involves the worker evaluating their worldview (why things happen as they do, why people react as they do, etc.) and spiritual beliefs (what gives life meaning) (Pearlman, 2005; Pearlman & Saakvitne, 1995a; Ryan, 2000). After a traumatic event is shared, a worker may question their frame of reference, evaluating whether their current values and beliefs still make sense and work for them.

- 2) *Self capacities* are defined as how one recognizes, tolerates, embraces, and expresses their emotions/feelings about the trauma so that he/she is able to maintain a positive sense of self and healthy relationships. A worker assesses his/her ability to tolerate and regulate strong affect without self-fragmentating and acting out; by calming oneself through the process of self-soothing; and by moderating self-loathing in the face of criticism or guilt (Swindell & Pryce, 2003). Emotions need to be acknowledged and released in a way that does not harm the worker or those around them—in this case clients and the worker’s formal and informal support systems. It includes the ability to allow the victim to express strong emotional reactions (Black & Pearlman, 1997; Cunningham, 1997).
- 3) *Central psychological needs* motivate behavior, are shaped by experiences, and are necessary to develop a sense of self and others. They are reflected in one’s sense of: a) *trust or dependence*, the ability to rely on the accuracy of one’s perceptions and feelings and use this information to guide life choices; the need to believe the word or promise of another and to depend upon others to meet one’s needs; b) *safety*, the need to feel safe and reasonably invulnerable to harm; c) *control or independence*, the need to control one’s own behaviors and rewards; this includes recognizing the internal or external locus of control of one’s own emotions, thoughts, and behaviors; Stamm (1999) and McCann & Pearlman (1990a) include *power* here, as in the need to direct or exert control over oneself or others; d) *esteem*, that one holds oneself in positive regard, values oneself, feels valued by others, to have one’s self-

worth validated and value others; e) *intimacy*, the degree a person is connected to his/her experience and sense of self, the ability to know one's inner experience and value time spent alone, as well as the need to feel connected to others through individual relationships and feeling connected to a larger community.

- 4) *Ego-resources* are necessary for the mind to protect the worker from overwhelming thoughts and emotions and to help them make decisions, self-reflect and meet their psychological needs while continuing to relate to others in a healthy way. These include intelligence, introspection, will power, initiative, the ability to strive for personal growth, and an awareness of one's psychological needs. They provide the ability to view oneself and others from multiple perspectives, foresee consequences, establish mature relations with others, be aware of and establish personal boundaries between oneself and others, and make self-protective judgments (Swindell & Pryce, 2003).
Workers may use negative defense mechanisms such as denial, flooding, hypervigilance, intellectualizing, distancing, isolation, sick humor, dissociation, compartmentalizing, or numbing to protect themselves from their overwhelming emotions (Dunning, 1994; Horwitz, 1998). These defenses do not allow the worker to fully engage empathetically with the client. During supervision, a worker can be asked to discuss the feelings and emotions that activated their use of negative defense mechanisms.
- 5) *Perceptual and memory systems* include the ability of the biological and psychological systems to make sense of and incorporate traumatic event(s)

(Saakvitne, et al., 1998; Dane, 2000). Trauma impacts the physiological, behavioral, emotional, interpersonal, and cognitive responses of the worker (see pages 19-20 for detailed descriptions) (Rudolf, et al., 1997). One pitfall for workers includes taking in the victims' memories and consciously or unconsciously altering their own memories to incorporate all or part of the victims' experiences as their own (McCann & Pearlman, 1990a). Workers may incorporate (through nightmares or flashbacks) the client's memories, which threaten their most salient psychological need, for safety, trust, etc., especially when the worker does not have the opportunity to talk about his or her feelings about the traumatic experiences (McCann & Pearlman, 1990a).

These five areas can influence an individual's personal and professional life as well as the organization where they are employed. In order to plan an intervention one must first assess whether any of the five areas of the self, identified by CSDT are affected by trauma and what strategies are being utilized within the professional, organizational, and personal ecological levels to mitigate the effects of VT. According to Pearlman and Saakvitne (1995b) the strongest assessment tool is a worker's ability to reflect on her/his own experiences and to hear what important others tell them about their functioning. In the work setting, supervisors are in a position to provide this type of feedback.

Intervention.

CSDT offers many points to intervene and for a worker to learn to take care of her/himself (transform) in order to empathically re-connect with themselves, their clients, and others. The goal is to restore a sense of meaning and hope to clients and workers (Pearlman, 2005). Based on their review of the VT literature Bell and colleagues (2003)

suggest prevention and intervention strategies in the areas of education, workload, self-care, work environment, group support, organizational culture, and supervision. These recommendations are captured within the organizational, professional, and personal intervention strategies recommended by Pearlman and Saakvitne (1995a) and described below. The strategies discussed in this section are based primarily on the recommendations of Bell and colleagues (2003), Dunning (1994), Pearlman and Saakvitne (1995 a), and Saakvitne and Pearlman (1996) and unless otherwise noted are credited to these authors. Some of these strategies were mentioned throughout this literature review, but in this section, they are restated in terms of intervention strategies that can ameliorate the negative effects of VT and increase job satisfaction and workers' intentions to remain employed in their current position.

Organizational strategies.

The organizational culture sets the stage for how workers experience and process trauma. Organizational strategies require an acknowledgement of the difficulty of the work and a commitment to address potential harm to clients and workers. An organization that “normalizes” the effects of trauma work provides a supportive environment that gives workers permission to take care of themselves professionally and personally. A supportive organization is one that incorporates the professional strategies discussed earlier, by creating opportunities for workers to vary their caseload and work activities, take time off for illness and mental health, participate in continuing education, and make time for other self-care activities. When organizations make self-care part of their mission statement, it highlights their understanding that VT affects client care (Bell, et al., 2003).

Resources and time for replenishment and self-care must be provided. Part of the regularly scheduled staff meetings and retreats can be used to learn about, discuss, and provide the support needed to address VT. Adequate pay, medical coverage that includes mental health benefits and time off (leave) are necessary supports to mitigate VT (Rosenbloom, Pratt, & Pearlman, 1995). Having a diverse caseload is also associated with decreased VT (Chrestman, 1999) developing a system that distributes cases among a number of workers who possess the necessary skills is helpful (Bell et al., 2003; NASW, 2003; Regehr & Cadell, 1999).

Organizations can insure workers have adequate supervision and consultation, which keeps trauma from occurring in isolation and provides support to safely express the feelings trauma work brings up in workers. Administrators (specifically supervisors) can process VT on two levels: with individuals and with staff as a whole. They can provide a forum for validation, reality testing, and problem solving.

“Supervisors may recommend the worker explore professional, organizational, and personal strategies for self-care and self-protection” (Pearlman & Saakvitne, 1995a, p. 365). They are responsible for creating an atmosphere where workers feel safe expressing fears, concerns, and inadequacies (Bell, et al., 2003). They can offer assistance in identifying the salient areas of the self affected by VT (see pages 44-47 for more details) and help the worker develop a plan to ameliorate the negative effects. The supervisor can review this plan with the worker periodically and assist them in evaluating the success of their self-care strategies. Supervisors must also monitor staff vacation time and encourage staff with too much accrued time to take time off.

In addition to providing emotional support, “supervisors can also teach staff about VT in a way that is supportive, respectful, and sensitive to its effects” (Bell, et al., 2003, p. 468). Trauma-specific education decreases the negative effects of VT and supervisors can provide a framework for identifying, understanding, and responding to trauma (Dunning, 1994). Agencies have a duty to inform applicants of the potential risks of trauma work and to assess new workers’ resilience; this process can begin in the job interview (Pearlman & Saakvitne, 1995b; Urquiza, Wyatt, & Goodlin-Jones, 1997 cited in Bell et al., 2003). Since, new and inexperienced workers are likely to experience the impact of trauma; they must be educated about the risks and effects associated with trauma (Chrestman, 1999; Neumann & Gamble, 1995). Preparation for the consequences of trauma work protects individuals from the effects of stress and VT (Dunning, 1994). In order to institute this type of support within the organization supervisors may have to educate authorities that do not understand trauma work and its effects on the worker (Salus, 2004). The current study will assess the workers perception of the supervisors’ various roles.

In settings where workers are exposed to violence, a safe, comfortable and private work environment is crucial (Pearlman & Saakvitne, 1995b; Yassen, 1995). Protecting workers’ safety should be a primary concern of agency administration (Dunning, 1994), since being threatened by a client or a member of a client’s family is strongly correlated with VT and turnover. Agencies may consider developing a buddy system for coworkers such that if a client threatens a worker, another worker can summon the police. Workers could be provided with cell phones to have quick access to help.

Attending to physical space conveys safety and respect for workers and clients. Workers need private spaces where confidential information can be discussed with clients and with colleagues separate from clients. They also need places for rest at the job site, such as a break room that is separate from clients (Yassen, 1995). The rest area can be used to address the self-care needs of staff by providing a coffee maker, soft music, and comfortable furniture. The work environment should be comfortable and pleasant in appearance; this gives the message of hope and esteem.

The importance of social support within the organization is emphasized in both the burnout and VT literature (Catherall, 1999; Dunning, 1994; Munroe, Shay, Fisher, Makary, Rappoport, & Zimering, 1995; Rosenbloom et al., 1995). Opportunities to debrief informally and process traumatic material with supervisors and peers are imperative in developing and maintaining a healthy organization (Horwitz, 1998; Regehr & Cadell, 1999; Urquiza et al., 1997 cited in Bell et al., 2003). Formalized debriefing models, such as Critical Incident Debriefing, are useful in processing specific traumatic events but may be less helpful in managing repetitive or chronic traumatic material (Bell, et al., 2003; Horwitz, 1998). Support takes various forms, such as coworkers' helping with paperwork or emergency backup. Group cohesion and support can be enhanced by celebrating birthdays and other social activities, as well as through team-building activities and staff retreats.

Peer support groups are discussed within the literature as another way to decrease the negative effects of VT. They can be helpful "because peers can often clarify colleagues' insights, listen for and correct cognitive distortions, offer perspective/reframing, and relate to the emotional state of the worker" (Catherall, 1995 cited in Bell

et al., 2003, p. 467). There are several forms for group support, such as consultation, treatment teams, case conferences, or clinical seminars; these can be peer or professionally led. Group support is an addition to (not a substitute for) self-care or clinical supervision. It is important to evaluate the pros and cons of forming a peer support group (Bell, et al., 2003; Catherall, 1999).

Additionally, organizations can provide opportunities for structured stress management and physical activities. For example, organizing a walking or meditation group during the lunch hour or after work can contribute to staff wellness at no cost. Organizations that make an investment in their employees by implementing these strategies model an “attitude of respect” (Pearlman & Saakvitne, 1995b, p. 170) for the difficulty of trauma work.

Professional strategies.

Professional strategies are within the individual worker’s control and are related to one’s professional identity. Since, “personal knowledge of oppression, abuse, violence, and injustice can be a difficult and isolating aspect of work” (Bell, et al., 2003, p. 469), it is imperative for a worker to notice and acknowledge VT, and limit their exposure to traumatic material. Without this awareness, it is common for feelings and reactions generated by trauma to leave the worker feeling overwhelmed, unskilled, and even powerless (Bell, et al., 2003). As a result, some workers become ineffective, hyperaggressive, cynical, and emotionally numb or leave the profession (Bell, et al., 2003; Dunning, 1994; Pearlman & Saakvitne, 1995b).

Creating balance and limiting exposure to trauma in work life can be achieved by balancing caseloads with trauma and non-trauma clients, or at least seeing different types

of trauma cases, and limiting the number of clients seen consecutively. Varying the professional tasks attended to throughout the day, including meeting with colleagues and taking time for oneself (e.g. taking breaks to go to the bathroom, eat lunch, nap, walk or participate in some physical activity) are valuable strategies. Workers operate from their brain and forget to move, laugh, listen to their bodies, and pay attention to their heart; incorporating physical activity helps balance this cognitive overload. It is also important for workers to take vacations, and time off when they are not feeling well or need a break. Incorporating diverse activities throughout the day can keep the traumatic material in perspective and assist in preventing the development of a traumatic worldview (Bell et al., 2003; Pearlman & Saakvitne, 1995a).

The Institute for the Advancement of Social Work Research (IASWR) identifies a worker's level of education as a personal characteristic that promotes retention (Bell, et al., 2003; Dalton, 2001; Zlotnik, et al., 2005). Turnover is consistently higher in states that do not require a college degree and consistently lower in states that require a master's degree in social work (MSW) (CWLA, 2001; Russell, 1988; Zlotnik, et al., 2005). The Child Welfare League of America (CWLA) reports more than 80% of child welfare workers who stay at their jobs beyond two years have completed at least one social work degree (Cicero-Reese & Black, 1998; CWLA, 2001; GAO, 2003; Rycraft, 1994; Whitaker, et al., 2004). Continuing education efforts, like reading professional literature, attending workshops, trainings, and conferences, and seeking consultation on difficult cases can help the worker understand how trauma affects people and offer support for this difficult work. Participating in social change activities such as providing

community education and outreach or working to influence policy can be energizing and reduce the effects of VT (Dunning, 1994; Regehr & Cadell, 1999).

Additionally, developing a workspace that has personally meaningful items can create a sense of safety and comfort (Jayaratne & Chess, 1984). Developing and nurturing collegial relationships, by discussing cases with colleagues that workers trust, whom they can be vulnerable with, and who will offer validation and a safe place to talk about the feelings work elicits may decrease isolation and increases support.

Strategies such as these provide a sense of hope and empowerment, which neutralizes some of the negative effects of trauma work (Bell, et al., 2003). These professional strategies are only effective if the worker loves and values their work, and finds it rewarding (Saakvitne & Pearlman, 1996).

Personal strategies.

According to Saakvitne and Pearlman (1996), it is important to have a personal life and make it a priority. Many workers make work the center of their lives; this is a poor model for clients and deprives the worker of a balanced life. Workers must create opportunities to experience different roles from their professional personae. They need time to play, rest, and be carefree. All parts of one's personal life need to be attended to: spiritual, physical, emotional, relational, psychological, creative, and sensual. Traveling, vacations, hobbies, movies, socializing, exercising, pleasure reading, listening to music, spending time in nature are all strategies that allow workers to get away from work. Personal resources include psychotherapy, a spiritual community, massage therapy, yoga, acupuncture, and exercise classes. It is important to spend time with family and friends, and children who have not been neglected or abused. Children are a resource for play and

perspective, which is particularly important in child welfare where seeing abuse and neglect daily can skew one's perspective of hope. Participating in political activism and community building are positive and productive strategies some workers use to channel their outrage about the atrocities they see and hear about daily (Pearlman, 2005; Pearlman & Saakvitne, 1995a; Saakvitne & Pearlman, 1996).

To summarize, VT is modifiable if workers acknowledge it and do something with that awareness. A worker needs to be able to see their client and themselves as a whole person versus just the negative aspects. Child welfare supervisors are in a position to facilitate a healing process within the organizational and professional realms, if they are willing and taught to do so using the assessment and intervention strategies described in CSDT. Stamm (1999) points out, there is a consensus among trauma workers and researchers—"a) do not do this work alone and b) monitor your responses to the work through your own careful attendance to your process and through supervision by your trusted colleagues" (p. xxxv). Pearlman (1999, 2005) stresses the importance of developing an organizational structure that allows workers time to share feelings and talk about their work, provide emotionally supportive supervision, and use conferences and seminars to educate workers and supervisors about these issues.

Strategies which require funding, such as decreasing workloads, or providing emotionally supportive consultation or insurance with extensive mental health benefits, may be costly to the organization: however, failure to make these investments are costly to the agency in terms of staff turnover and low morale. Simply identifying VT as a normal occupational hazard and providing supportive supervision may help workers feel supported and give them permission to seek personal strategies for the stress they

experience, but may not be enough. The organizational, professional, and personal strategies discussed can lead to a healthier environment for workers and clients and result in a higher and more consistent quality of service. The measures developed for this study will assess whether supervisors and organizations are implementing the recommended strategies to mitigate VT. The measurements/assessment instruments developed to date focus on some professional and personal aspects of VT, but not the organizational aspects— specifically the role of the supervisor in providing emotional support to mitigate the negative effects of VT, including related attrition.

Measurements.

In a review of 17 published articles and 3 dissertations, the scales used most often to measure the effects of trauma on helping professionals included: Traumatic Stress Institute (TSI) Belief Scale (11), Impact of Event Scale (IES) (9), Compassion Fatigue Self-Test (6), and the Secondary Traumatic Stress Scale (STSS) (3). Although other scales were used in these studies, they were used in only one or two studies. Each study reviewed used a combination of measurements to test their hypotheses. The scales used in three or more studies are briefly described, as well as their purpose and the populations studied.

The TSI (Traumatic Stress Institute) Belief Scale is an 80-item Likert scaled questionnaire that measures disrupted cognitive schemas related to the five psychological needs identified in CSDT: safety, trust, esteem, control, and intimacy. This survey is administered to measure or identify changes in beliefs about self and others over time so it must be administered at various time intervals. Pearlman, Mac Ian, Johnson, and Mas are credited with developing this instrument in 1992 (Traumatic Stress Institute/Center

for Adult & Adolescent Psychotherapy [TSI/CAAP] website). In their study, it proved valuable in discriminating between survivors of childhood sexual abuse and survivors of other types of trauma. Revision L (1992) is the version used most often. The scale has reliably discriminated between those with a history of trauma and those without (Pearlman & Mac Ian, 1995; Schauben & Frazier, 1995), between Master level Social Workers (MSW) working with sexually abused clients and those working with cancer patients (Cunningham, 1997), and between clinical and non-clinical samples (Black & Pearlman, 1997). It has proven to be a reliable measure of psychological needs and a disrupted worldview. Several researchers employed this scale in their studies of masters level clinical therapists (Adams, Matto, & Harrington, 2001), nursing home staff employed at long term nursing homes (Glidewell, 2000), 433 undergraduates from an introduction to psychology class at a large northeastern University (Ponce, Williams, & Allen, 2004), and psychotherapists from Virginia and Maryland (Kassam-Adams, 1995). Pearlman revised the TSI Belief Scale in 2003. It is now an 84-item Likert scale, called the Trauma Attachment Belief Scale (TABS) (TSI/CAAP website).

The Impact of Event Scale (IES) was developed by Horwitz, Wilner, and Alvarez (1979) to assess the extent one is being affected by intrusive thoughts and imagery, or actively avoiding such intrusions. It has been used to discriminate those with a personal history of trauma from those without one. The scale consists of 15 items representing comments commonly made by people after a stressful event. Respondents are asked to rate each item on a four-point scale based on how often each has occurred in the last 7 days. Due to its sensitivity to change, it has been used to detect change in therapy clients over time. This scale was used by Kassam-Adams (1995, 1999), Cunningham (1997),

Pearlman and Mac Ian (1995) and Munroe (1990 cited in Kassam-Adams, 1999) to measure intrusion and avoidance responses associated with stressful events (refer to the TSI Belief Scale above for the populations studied). Ghahramanlou and Brodbeck (2000) also used this scale in their study of sexual assault counselors. In 1997 Weiss and Marmar revised the scale to include hyper-arousal symptoms. The revised scale is a 22-item scale that mirrors the DSM-IV (Diagnostic Statistical Manual, 4th edition; APA, 2000) criteria for PTSD (Post Traumatic Stress Disorder). The original scale was developed prior to the inclusion of the PTSD diagnosis in the DSM. The revised scale was used by Cornille and Meyers (1999), and Meyers and Cornille (2002) in their studies of CPS workers, and Steed and Bicknell (2001) in their study of therapists who work with sex offenders.

The Compassion Fatigue test (CFST or CSF, Figley, 1995; Figley & Stamm, 1996, cited in Stamm, 2005) was developed to help therapists distinguish burnout from secondary traumatic stress and has been used in assessing compassion fatigue or secondary/VT. The original scale consisted of 66 items, which was shortened to a 30-item scale in 2002. Using a 10 point Likert scale (1=rarely/never to 10=very often), respondents are asked to rate each item as it relates to their “work/life situation”.

Birck (2001) studied interpreters and administrators who work with trauma survivors, Ortlepp and Freidman (2001, 2002) studied nonprofessional trauma counselors, Wee and Myers (2002) studied disaster mental health workers who responded to the Oklahoma City bombing, and Nelson-Gardell and Harris (2003) studied child welfare workers; each used the CFST as a measurement. Steed and Bicknell (2001) also used this scale in their study of therapists who work with sex offenders. Due to subscale psychometric problems the scale was revised a third time (Figley & Stamm, 1996;

Jenkins & Baird, 2002; Larsen, Stamm, & Davis, 2002 all cited in Stamm, 2005). The Professional Quality of Life Scale (ProQoL) is the third revision of the CSF (Stamm, 2005). This revision addresses difficulties the previous scale had separating burnout and secondary/VT. The new scale consists of three subscales: Compassion Satisfaction, Burnout, and Compassion Fatigue.

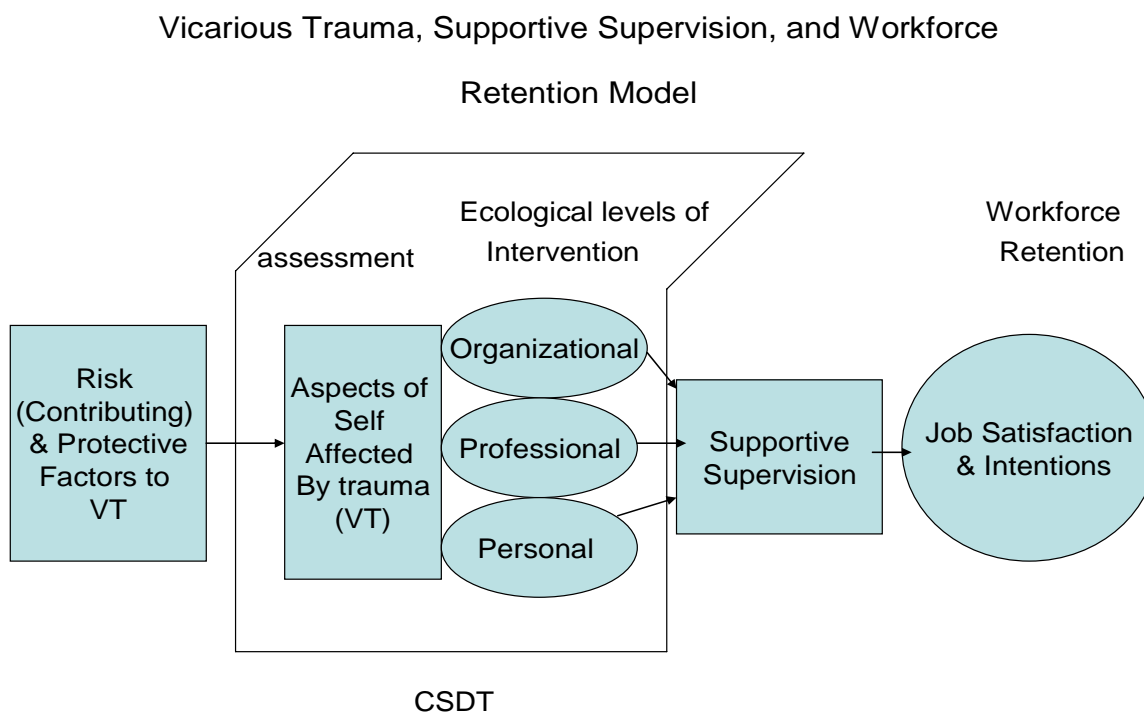
The Secondary Traumatic Stress Scale (STSS) is a 17-item self report instrument developed by Bride (1999) to measure the frequency of intrusion, avoidance, and arousal symptoms associated with exposure to trauma through work with traumatized clients. Like the IES-R, this scale parallels the PTSD symptoms identified in the DSM-IV. Bride, Robinson, Yegidis, and Figley (2004) validated this scale with a sample of 287 licensed social workers from a southern state. Since then, Bride (in press) used the scale to measure the prevalence of traumatic stress among social workers. Ting, Jacobson, Sanders, Bride, and Harrington (in press) used this scale with a national sample of 275 mental health social workers who indicated exposure to trauma. This scale is incorporated as one measure in the current study. None of the instruments reviewed measure the organizational, professional, and personal strategies used to mitigate VT.

Summary

Child welfare workforce turnover is a national crisis requiring immediate attention. Even with this crisis, organizations have continued to focus on recruitment but have failed to focus on retention efforts. Although research studies have explored job satisfaction and burnout, and more recently VT, few studies have explored what strategies organizations have implemented to decrease preventable turnover and increase job satisfaction among child welfare workers. Research stresses the importance of the

role of the supervisor in workforce retention and in ameliorating VT. There is little empirical research on these phenomena: turnover or retention, VT, supportive supervision, and CSDT. This review supports the need to develop measures to evaluate organizational and professional strategies, specifically the role of a supportive supervisor, in mitigating VT and decreasing workforce turnover. The following model depicts the connection of the phenomena described in this chapter (Figure 1).

Figure 1



CHAPTER THREE

Methods

The literature reviewed in the previous chapter describes the state of research in the areas of child welfare workforce turnover, VT, supportive supervision, and CSDT. Although researchers investigating worker turnover have reported the importance of a supportive supervisor in retaining workers and ameliorating VT, empirical research supporting this claim is missing. Based on my review of the literature, a measure to investigate organizational and professional strategies, specifically supportive supervision, used to mitigate the effects of VT and decrease child welfare turnover does not exist. The purpose of this study is to develop and validate measures to evaluate the impact of supervisory support and the use of organizational and professional strategies to mitigate the effects of VT and decrease workforce turnover. Identifying organizational and supervisory characteristics associated with job satisfaction and decreased levels of VT can be helpful to human service agencies in retaining a competent and committed workforce. These measures were tested with a group of DSS employees in Virginia.

CSDT is used to inform this exploratory cross-sectional study. DeVellis (2003), Dillman (2000), and Fink (2006) delineate steps for developing, validating, and determining the reliability of measurement instruments. Their works are used as a guide for the development and validation of the Supervisory and Organizational Support (SOS) instrument. In this chapter, the research questions, procedures used to develop the measurement, administration of the measure, and data analyses are described.

Research questions

To determine the validity and reliability of the SOS Measures for this study, the following research questions are addressed:

- 1) Does the instrument have demonstrated content validity?
- 2) Does the instrument have demonstrated construct validity as developed through factor analysis techniques?
- 3) Does the instrument demonstrate reliability?
- 4) To what extent do the instrument and its' subscales correlate with measures of theoretically related and unrelated variables?

Measurement Development

The SOS survey is divided into four sections: supervision; organizational and professional aspects; personal and professional reactions; and demographic information (see copy of original measurement in appendix B). The focus of the current study is Section I: Supervision and Section II: Organizational and Professional Aspects sections.

Draft of initial item pool.

Once the need for the measurements was established through my review of the literature and consultation with my committee chair the next step in developing the measurements was to identify the supervisory and organizational strategies used to mitigate the negative effects of VT and decrease workforce turnover. To accomplish this step a set of candidate items was generated (DeVellis, 2003) from the literature reviewed, existing survey instruments, discussions with local DSS directors, supervisors and workers, and social work students in field placements at DSS, as well as my personal experience as a social work educator and child welfare worker.

In addition to having an appropriate number of items in the pool, it is equally important to have items that are well written (DeVellis, 2003; Fink, 2006). It is important when writing the items to be sensitive to the language used, making sure it is straightforward and easy for the participants to understand (Balian, 1994). Several existing questionnaires were reviewed for wording and content; this process generated numerous versions of the same questions, and ways to gather the same information (Balian, 1994; DeVellis, 2003). For example when considering the two statements: ‘My supervisor is the reason I stay on the job’ and ‘My supervisor is an important reason I stay on the job’, I choose the second since there maybe multiple reasons a worker stays on the job, but as identified by DSS administrators in the APHSA study, supervisors are often identified as one.

In the scale development process it is important for the developer to consider including questions that detect flaws or problems, such as the respondent’s need to provide socially desirable responses (DeVellis, 2003; Mancini & McKeel, 1986). One way to accomplish this goal is to include negatively worded and reversed scored items in the questionnaire, but these can be confusing to respondents (DeVellis, 2003). Of the twenty-three items in the first two sections of the SOS instrument that were reverse coded, two of these items are negatively worded. Table 1 lists the reverse coded items.

Table 1

Reverse coded Items in SOS Survey

Item #	Item stem
7	My supervisor makes decisions and I do what I am told. **
17	...scrutinizes my work for completeness and accuracy. **
19	...gives workers who are caught up more work.
20	...constantly asks workers who are caught up to help other workers who never get their work done on time.
30	...asks me to report what my colleagues are doing and saying.
31	...discusses colleagues work performance or 'issues' with me.
39	...is negative about workers who express their emotions.
45	...says expressing emotions, especially crying, is a sign of weakness.
52	...is easily frustrated by my need to discuss my feelings.
54	...expects me to only discuss my cases with him/her and not my colleagues.
55	...tells me "I will get used to it" when I talk about a difficult case.
80	I consider my caseload too high. **
91	I do not have a commitment to help others. *(**)
95	I do not feel appreciated by my agency. *
103	I often feel angry at work. **
104	I often suffer from physical ailments, such as headaches, backaches, or intestinal problems. **
105	I express sarcasm toward my clients. **
106	I avoid staff activities required by the agency, such as staff meetings, supervision, and unit activities. **
107	I often feel anxious and dread going to work.
113	I am embarrassed to express my feelings at work. **
114	The potential danger and random violence of my work environment is a source of job stress for me. **
115	The unpredictable hours I work are stressful to me.
123	I will make a genuine effort to find a new job with another employer within the next year.

Note: item numbers in first column are numbers of the items as they were entered for the EFA.

*negative worded items

**items deleted from final SOS survey

Two committee members and an outside researcher reviewed the candidate items and helped me clarify the information I planned to gather. This process assisted me in determining the items to include in a draft of the survey instrument. Once my committee

chair approved the instrument it was sent to three content and two survey development experts for review and feedback.

Expert review.

The content experts included Brian Bride, Crystal Collins-Carmago, and Kim Schakelford. Dr. Bride is an assistant professor in the School of Social Work at the University of Georgia who developed the STSS used in this study. Dr. Collins-Carmago, is a clinical assistant professor at the University of Kentucky School of Social Work. She has years of experience in public child welfare and is currently the Director of the Southern Regional Quality Improvement Center for Child Protection. Dr. Schakelford, is an associate professor in the Department of Social Work at the University of Mississippi. Her direct practice experience is in public child welfare, and her current research interests include Child Welfare Supervisor Training and VT. Each expert was sent a letter explaining the content and purpose of my study and a survey. I asked them to complete the survey and record the time it took to complete it. Once the survey was completed, they were asked to note items that were confusing, repetitive, or redundant and provide any missing content that should be included to improve the validity of the measurements. Finally, they were asked to provide any other comments regarding format, length of the survey, style, etc. The comments provided by this group were helpful: one recommended a format change (keeping all questions for each topic on one page), three items were noted as redundant, most of the suggestions made were to add items to the survey and clarify existing items.

The overall comments provided by these experts were confirming. Comments from each content expert include the following: “You have worked hard on this and it is

very thorough and on target. It has a good empirical base; the questions are related to what is in the literature” (Schakelford personal communication, June 13, 2006). Bride stated, “found it to be comprehensive and well done. I think you will be able to capture a great deal of nuanced information regarding supervision and potential turnover that has not been studied (well) before” (personal communication, June 16, 2006). Collins-Carmago added, “I want to impress upon you that I think this is a very important study, and that you are pulling together a number of important concepts critical to child welfare retention and practice” (personal communication, June 28, 2006). Schakelford and Collins-Carmago noted the length, but stated all information included is relevant and should not be deleted. Due to the length, Schakelford suggested administering the measures during a meeting at the DSS offices.

Once the suggestions were reviewed and incorporated into the survey, my chair and a survey development expert reviewed it a final time. It was also compared with the literature reviewed in Chapter 2 for congruency. Finally, my dissertation committee reviewed it and made some additional suggestions that helped further clarify the items.

Survey content.

There are four sections of the SOS survey, the first two are the focus of this study. Section III includes existing scales, and Section IV gathers demographic information. The content of the first two sections of the measure is summarized in Appendix C and D. The constructs used in each section are outlined, the number of questions in each category is presented, and the sources of content are identified. Once the existing measurements were reviewed I compared these items with the literature, recommendations of the content and research experts, discussions with local DSS

employees, and personal experience to determine missing information. Based on this analysis the items identified in Appendix D were added to the survey instrument.

The longest section of the SOS Survey is ‘Supervision’, which gathers workers’ perceptions of their current supervisor’s support. The questions in this section fall within the organizational realm of intervention referred to in Chapter 2. The worker evaluates their supervisor in the areas of decision-making (8 questions), training (5 questions), task (7 questions) and emotional support (24 questions), recognizing, valuing, and appreciating workers (10 questions), setting goals and evaluation (9 questions), and the supervisor’s personal values and characteristics (15 questions). Questions about the frequency and content of case consultation and supervisory meetings (14) are included in this section, as well. There are 95 questions in this section. Twenty-five of the items are from the *Social Work Education Consortium Workforce Retention Study Survey Instrument* (2001), which were used with permission of the identified contact person. The expert reviewers made fourteen recommendations, which included adding items, or modifying existing items (Appendix C). Four questions are from the RU-SSW retention study entitled *Child Welfare Staff Retention Study in Two DSS Regions of Virginia* (Denton, et. al., 2001). Five questions are modeled after Moos (1994) and Moos and Lemke (1994) supportive supervision questions included in the Roberto, Mancini, and Ware (2001) research proposal entitled *Retention of Nursing Home Employees: An Ecological Model*. Nancy Kassam-Adams’ questionnaire in her dissertation entitled *The Risks of Treating Sexual Trauma: Stress and Secondary Trauma in Psychotherapists* (1995) provided five questions. The remaining 47 items were added from the literature reviewed and personal experience (Appendix D).

The second section, ‘Organizational and Professional Aspects’ is divided into five subsections: workload/caseload (11 questions), commitment to work and personal vision (7 questions), physical space (5 questions), emotional and behavioral responses (14 questions), and job satisfaction/intentions (11 questions). One question stands alone and asks about the frequency of staff meetings. This section includes both organizational (21) and professional (28) strategies used to mitigate VT and decrease turnover. The New York and the RU-SSW surveys provided 10 questions each for this section. Six items are from the expert reviewers (Appendix D) and three are adapted from Part VII (Efficacy Expectations) of the Ellett and Ellett scale *Measures and Items for the Fall, 2002 Survey of Professional Child Welfare Staff in the Georgia Division of Family and Children Services*. One question is similar to a question from Stremmel (1991) regarding employment intentions included in the Roberto and colleagues proposal (2001). Nineteen items were added from sources noted in Appendix D.

Response format.

One of the dominant response formats used with human subjects to measure attitudes, opinions, and beliefs is the Likert-type rating scale with three or more options (Balian, 1994; Clark & Watson, 1995 cited in Eisner, 2001; DeVellis, 2003). A four-point scale was decided upon for most of the Likert-scaled questions for the current survey, giving no neutral choice thus forcing participants to decide whether they strongly agree, agree, disagree, or strongly disagree with each statement (Balian, 1994; DeVellis, 2003). There is one part of the supervision section with a three point choice (very supportive, somewhat supportive, or not at all supportive). Each part of the instrument includes a description of the scaling choices and directions for responding.

Some of the information needed did not lend itself to a Likert-scale so was gathered in other formats, such as binary choices (male/female; yes/no) or multiple choices (length of time supervised by current supervisor, frequency of meetings with supervisor). Several questions ask for a number response and six questions require short open-ended responses. Balian (1994) notes, “open-ended responses can be of value in a study by representing the ‘human element’ or qualitative aspect of a research project” (p. 121).

Administration of Measures

Sample.

Twenty-two Department of Social Services agencies out of 120 in Virginia were invited to participate in this study (see Appendix A for letter of invitation). Twelve of these 22 offices were chosen because of their close geographic proximity to Virginia Tech and Radford University and my working relationship with them. The other ten were recommended or expressed an interest in participating in this study. Four agencies decided not to participate, citing lack of time due to vacancies/workload or participation in other studies. Eighteen offices expressed an interest in participating and felt the study was timely given the turnover rate they have and are experiencing. Prior to administering the SOS survey Institutional Review Board (IRB) approval was obtained from Virginia Tech Office of Research Compliance for research involving human subjects.

Between 4-16-07 and 8-30-07, the instrument for this study was administered to the 18 agencies who agreed to participate. Table 2 lists the 18 agencies, the number of completed instruments received from each office, and the percentage of valid instruments received from each office. I administered the instrument on site to all but two of the

agencies (see Table 2). I visited the City of Norfolk DSS and met with their executive committee (supervisors and administrators) to explain the study and answer questions. They agreed to participate and identified a contact person who administered the survey; a similar process was used in Campbell County. Some agencies were visited more than once, the number of visits is indicated in parentheses in the first column of Table 2.

Table 2

Participating DSS Agencies

DSS office location	# of participants	Valid %
Bland County	6	1.6
Botetourt County	7	1.8
Campbell County*	11	2.8
City of Charlottesville	21	5.4
City of Norfolk*	19	4.9
City of Richmond	9	2.3
City of Roanoke (3)	35	9.0
Fairfax County	97	25.1
Floyd County	10	2.6
Galax City	4	1.0
Giles County (2)	17	4.4
Montgomery County	43	11.1
New Kent County	11	2.8
Pulaski County (2)	36	9.3
Radford City	11	2.8
Roanoke County	13	3.4
Washington County	25	6.5
Wythe County	12	3.1
Total	387	100.0

Note: number of visits in parentheses

*Administered by an agency representative

Since only 18 offices participated and all workers and supervisors in each office were asked to participate, it is considered a convenience sample. Three-hundred eighty-seven employees participated in this study. Although this sample was small in relation to

the length of the survey, Bamberger, Rugh, and Mabry (2006) report smaller sample sizes are more acceptable for exploratory studies than for studies that hypothesize program effects. Based on Bamberger and colleagues' recommendation, 387 participants is an adequate sample for an exploratory study.

Participants.

Participants in this study were current child welfare supervisors and workers from 18 local Department of Social Services offices in Virginia. Public Child Welfare workforce is broadly defined in this study as employees in the local Department of Social Services (DSS) offices who assist families with children in need of some service. The most common interpretation of Public Child Welfare employees refers to those who investigate alleged child abuse and neglect, and provide on-going services to abused and neglected children and their families through family services, family preservation, out-of-home placements, and adoption. The participants in this study provided these services, but provided additional services as well.

Several offices in this study are small enough that one or two people supervise all or most of the workers who provide child welfare as well as adult and/or eligibility services. In some offices, one supervisor is assigned to more than one service unit or a worker may also be in a supervisor or director position. Workers, whose primary responsibilities are adult or eligibility services, may be required to respond to after hours referrals related to child abuse or neglect cases. Since the roles and responsibilities of service supervisors/workers in small offices in rural communities overlap, all were invited to participate. Seven of the 18 offices in this study are defined as small. Nine of the offices required all employees to participate in this study.

Measurement package.

In addition to the first two sections of the measurement described on pages 66-68, sections III and IV were administered. Section III: Personal and Professional Reactions includes forty-three items. This section begins with an open-ended question that explores the participant's perceptions of whether their work with traumatized clients has impacted them. Bride's (2004) STSS was administered in its entirety. This scale was originally tested with 287 social workers. The internal consistency was very good, yielding an alpha coefficient of .93 for the total STSS, .80 for the Intrusion, .87 for the Avoidance, and .83 for the Arousal subscales (Bride, et al., 2004). These psychometric dimensions were confirmed with a national sample of mental health social workers (Ting, et al., in press), with an overall alpha of .94, and .79 for the Intrusion, .85 for the Avoidance, and .87 for the Arousal subscales. Although, Bride developed the scale to measure three aspects of PTSD identified in the DSM-III TR (intrusion, avoidance, and arousal), in the current survey it is used to measure the aspects of the self affected by VT which are identified by CSDDT. This scale will establish whether the participants report experiencing VT symptoms in the last seven (7) days. Bride's scale was chosen for its psychometric properties, use with social work practitioners, and length. The STSS is one of the few measurements specifically designed for use with trauma workers versus both traumatized clients and workers.

A coping methods checklist is also included in section III. It is used to determine what coping methods participants use and whether they perceive the strategies as helpful in alleviating or decreasing work stress. Nine of the twenty-five strategies listed in this scale are adapted from Kassam-Adams' (1995) dissertation. She credited Osikow and

Spokane (1981) for the original scale (OSI: Occupational Stress Scale) which she used as a model to develop her scale. Five of the items in the current scale were adapted from other coping literature. Statement # 29 “Praying for guidance and/or strength” from Holahan and Moos’ (1987) work and statement #35 “Self-medicating with alcohol or drugs” were adopted from the COPE scale (Carver, Scheiber, & Weintraub, 1989). Items were added to the list from the literature. There were twelve professional and eleven personal coping strategies for mitigating VT, with two spaces provided for respondents to add any strategies they have utilized that are not listed.

The final section is entitled ‘Demographic Information’. Basic demographic information such as age, gender, and race/ethnicity was gathered. Questions about the participant’s relationship status, the number of children and people living in the home, and their personal support systems were asked. Information about the respondents personal trauma history was requested, with the format and majority of the wording for these questions borrowed, with permission, from Kassam-Adams (1995) dissertation. Questions related to education, training received, salary, and work history were also included in this section.

Administration procedures.

Due to the length of the survey and the recommendation of the DSS Directors and Dr. Schakelford (content expert), I administered the paper pencil survey on site at all but two of the participating offices. With on-site administration, the response is predicted to be better than with other collection methods (Dillman, 2000; Balian, 1994). On-site administration provides high speed and accurate data collection (Balian, 1994). I contacted the director of each agency to schedule a day to come to their agency when the

majority of the workers and supervisors were present, i.e. at a staff meeting (Appendix A). The City of Norfolk DSS and Campbell County identified an agency representative to administer and collect the surveys. It took workers between 25 to 45 minutes to complete the survey.

Once all participants were gathered in the room where the survey was administered, I explained the purpose of the study, how the information they shared would be reported, and the risks to the employees that could occur because of their participation. I explained that participation is voluntary, and that participants are identified by agency, not as individuals. I gave them an opportunity to ask questions. The survey is included in Appendix B.

Each survey was handed out in an envelope; the attendees were instructed to return their survey in this envelope. Those who choose not to participate were asked to stay in the room until the surveys were completed and return their surveys in the envelope like the participants did. I brought educational material about VT to share with those in the room; each person was provided a copy of this material once they returned their envelope containing their survey. Due to the length of the survey and the amount of time required to complete the survey refreshments were provided. Additional surveys were left at each agency for employees that were unable to participate during my visit; a self-addressed envelope was left with an identified representative to return additional completed instruments to me.

Validity and Reliability Study (analysis)

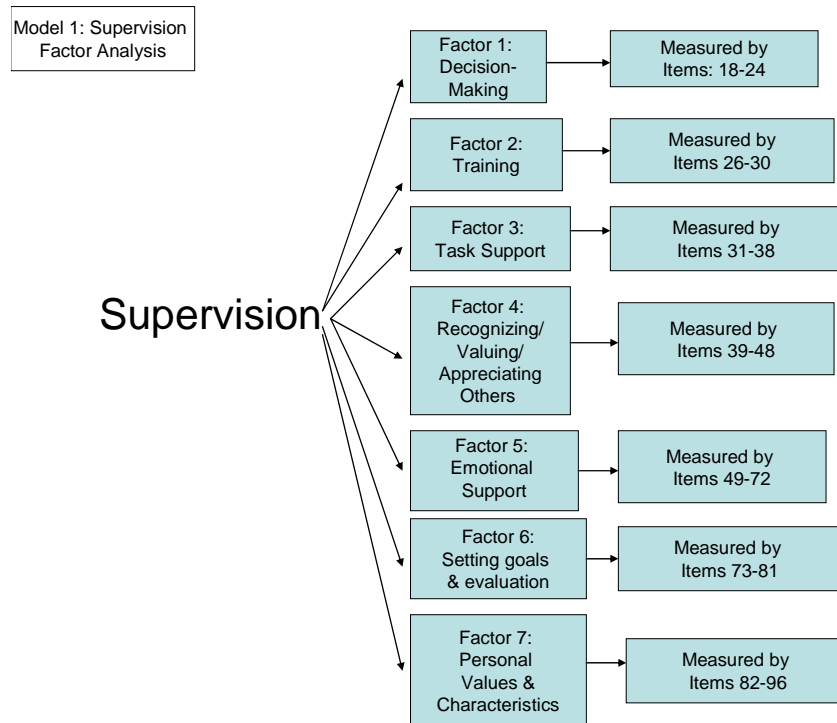
Before conducting more complex analyses, the frequency distribution of the 123 individual items in sections I and II of the SOS instrument were examined (Fink, 2006).

Additionally, ranges, means, and standard deviations were computed where appropriate (see Appendix E). Items with little variability were flagged as weak items and considered for deletion from the measurement (Eisner, 2001). The descriptive statistics provided a profile of the respondents.

Four types of validity were evaluated: content, construct, discriminant, and convergent. Content validity is established through expert review and review of the relevant literature as described on pages 65-66. Having experts review the items included in the survey confirmed the definition of the phenomenon measured. Experts were asked to rate the relevance of each item to the phenomenon, evaluate the items for clarity and conciseness, and point out items not included, recommending wording for such items (DeVellis, 2003).

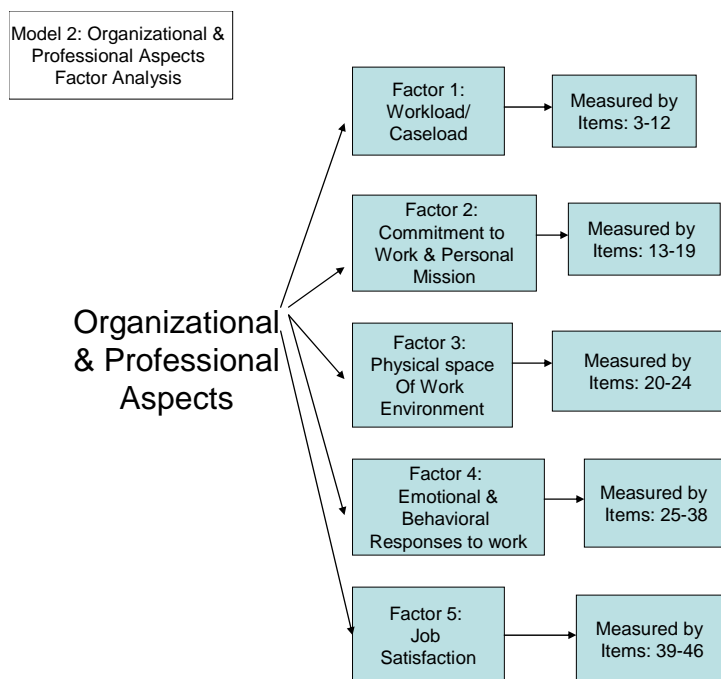
Construct validity was estimated using exploratory factor analysis (EFA) techniques (Bailan, 1994). This statistical method was used to summarize patterns of correlations among the instrument's items. According to DeVellis (2003), EFA is used to identify categories of similar items (statements). The first task was to "determine how many categories are sufficient to capture the bulk of information contained in the original set of statements" (DeVellis, 2003, p. 108). EFA provides a means for condensing the number of items defining a factor, by empirically determining how many factors underlie a set of items (DeVellis, 2003). For example based on my review of the literature and personal experience, I speculated that seven subparts (categories, factors, or latent variables) with several items underlying each, measure supportive supervision (Figure 2).

Figure 2



The second construct measured in this study is organizational and professional aspects which was Section II of the measurement. It was divided into five subparts: workload/caseload, commitment to work and personal mission, physical space, emotional and behavioral responses, and job satisfaction. EFA helped determine if the underlying items for each of the subparts were good measures of that construct (Figure 3) (DeVellis, 2003). Factor loadings are inspected to ascertain which items are most similar to which latent variables (factors) (DeCoster, 2003; DeVellis, 2003). The EFA is utilized to determine if the proposed subparts and underlying items are the most concise and accurate to define these constructs.

Figure 3



Correlation matrices are examined to determine how items underlying each factor are related. According to DeVellis (2003) “there is no cut off (correlation co-efficient) that defines construct validity, at a minimum variables should demonstrate covariation above and beyond what can be attributed to shared method variance” (pp. 54-5).

Following the standardization of the individual item scores, Cronbach’s Alpha was calculated to estimate the internal consistency (reliability) of the instrument and subscales (sections) identified through the factor analysis techniques (Bride, 2004). Coefficient alpha is an important indicator of an instruments’ quality (DeVellis, 2003). A value of .70 is the lower acceptable bound for alpha, with ranges between .80 and .90 commonly identified as very good (Bride, 2004; DeVellis, 2003). If an alpha is much above .90 then one should consider shortening the scale (DeVellis, 2003).

Once the EFA was completed and reliability was established a correlation analysis of the SOS subscales with various indicators of convergent and discriminant validity were conducted (Table 3). Discriminant and convergent validity were assessed to examine how subscales in sections I and II correlate with measures theoretically related (convergent) or unrelated (discriminant) to them (Table 3)). According to Fiske and Campbell (1959) “a measure that correlates poorly with variables unrelated to the construct has discriminant validity, whereas a measure that correlates moderately to strongly with related variables has convergent validity” (cited in Bride, et al., 2004, p. 30).

Both theoretical (Alwon & Reitz, 2000; APHSA, 2005; Collins-Carmago, et al., 2005; GAO, 2003; Landsman, 2001; Rycraft, 1994) and empirical support (Nissly, et al., 2005; Poetner & Rapp, 1983; Strand & Badger, 2005; Tsui, 1997, York & Denton, 1990) exist for the contention that supportive supervision (measured by subscales 1, 3, and 4) increases workers’ job satisfaction and intentions to stay on the job (measured by subscale 6), and decreased levels of VT (Dunning, 1994; Pearlman & Saakvitne, 1995a; Salus, 2004). Likewise, when workers rate the organization as supportive (measured by subscale 2), there is a positive correlation with job satisfaction and intentions to remain employed (Alwon & Reitz, 2000; Anderson, 2000; Annie Casey, 2003; Dunning, 1994; Gunderson & Osborne, 2001; Telles-Rogers, 2003) and decreased levels of VT (Bell, et al., 2003; Figley, 1995). VT is measured by Bride’s STSS included in section III, page 10 of the original SOS survey (see Appendix B). Supervisors who meet regularly with workers are rated as supportive by workers. Frequency of these meetings is positively correlated with job satisfaction, organizational support, and self-efficacy (Anderson,

2000; Dunning, 1994; Kadushin, 1974; NCDSS & FCRP, 2003; Pecora, et al., 2000; Samantrari, 1992). Additionally, self-efficacy is positively correlated with job satisfaction, when workers receive instrumental support (subscale 4) and recognition (included in subscale 1) (Alwon & Reitz, 2000; Annie E. Casey, 2003; APHSA, 2005; Dane, 2005; Reagh, 1994, Rycraft, 1994; Salus, 2004; Zlotnik, et al., 2005).

Nissly and colleagues' study (2005) failed to demonstrate an empirical correlation between personal support (measured by a composite score of questions 7-10 on page 12) and job satisfaction. In other words, they found supervisory and organizational support were significantly related to job satisfaction and intentions to remain employed, but personal support systems were not. Income on the other hand may be related to organizational support but not necessarily supportive supervision (Alwon & Reitz, 2000; APHSA, 2005; Bednar, 2003; Cicero-Reese & Black, 1998; Drake & Yadama, 1996; Jayartne & Chess, 1984; Russell, 1988; Vinokur-Kaplan, 1991). Personal coping strategies as listed in Section III (page 11) are not necessarily related to supportive supervision but may be positively correlated with job satisfaction and intentions to remain employed at their current agency, decreased levels of VT (Kassam-Adams, 1995; Norcross, 2000; Pearlman, 1999, 2005), and self-efficacy (Pearlman & Saakvitne, 1995b; Saakvitne & Pearlman, 1996).

Table 3

Convergent and Discriminant Validity

Convergent validity measures

Supportive Supervision (subscales 1, 3, and 4)	Job satisfaction (subscale 6)
Supportive Supervision	Decreased levels of VT (page 10)
Supportive Supervision	Frequency of meetings with supervisor
Organizational support (subscale 2)	Job satisfaction
Organizational support	Decreased levels of VT (page 10)

Organizational support	Frequency of meetings with supervisor
Job satisfaction (subscale 6)	Personal coping (page 11)
Job satisfaction	Decreased levels of VT
Job satisfaction	Frequency of meetings with supervisors
Self-efficacy (subscale 7)	Job Satisfaction
Self-efficacy	Personal coping
Self-efficacy	Frequency of meetings with supervisor

Discriminant validity measures

Job satisfaction	Personal support (p. 12, items 7-10)
Supportive supervision	Income
Supportive supervision	Personal coping strategies

Note: information in parentheses refers to original SOS survey Appendix B

Summary

Based on my review of the workforce turnover, VT, supervision, and CSDT literature, a survey that measures the ecological levels of intervention to mitigate VT does not exist. The methods, were used to develop and validate such measurements, are described in this chapter. The results of the analyses described here are presented in Chapter 4.

CHAPTER FOUR

Findings

This chapter describes the results of the present study. A profile of the participants and the results of each research question are presented. Four research questions were delineated as the focus of this study. Each question is presented followed by the findings related to each. SPSS version 13 was used to calculate the statistics discussed in this chapter.

Participants Profile

Three hundred and eighty seven employees from 18 DSS agencies in Virginia participated in this study. The participants were primarily white (n=280, 72.4%) female (n=343, 88.6%) ranging in age from 19 to 70, with two age modes of 40 (n=14, 3.6%) and 52 (n=14, 3.6%) identified. The mean age for this group was 42 (SD=11.7). The majority of the participants were married (n=229, 59.2%) with two children (n=106, 27.4%). Most of the participants reported a bachelor's degree as their highest level of education completed (n=188; 48.6%). One hundred and five (27.1%) had a masters degree. The remainder of participants reported their highest level education as high school diploma or GED (n=54, 14%), associate degree (n=33, 8.5%), and one doctorate degree (.3%). The bachelors' degrees were from an array of disciplines, but most were in a behavioral science, i.e. social work (n=57, 30.3%), psychology (n=27, 14.4%), or sociology (n=19, 10.1%). Social Work was the most frequent masters degree cited (n=63, 60%).

The majority of annual salaries range between \$25,001 and \$45,000 (67%). Table 4 identifies the positions participants have held during their tenure with DSS, including

the number of participants who worked in each benefit or service position, the range of years (minimum and maximum) employed in this position, and the mean and standard deviation of years employed for each position unit. The units listed in the first column represent common positions available in local DSS offices in Virginia. Small offices may not offer all these positions and sometimes workers, supervisors, and directors provide direct services in one or more service areas. Respondents were instructed to identify all services areas/units in which they currently work and have worked, and how long they worked in each. An employee may have worked in several service areas during their employment at DSS. The majority of respondents (n=332; 86%) have worked in service positions, which include adult, child protective, adoptions/permanency, foster care, and family preservation during their employment with DSS. Eligibility services are considered a benefit unit, which is separate from the services section of the agency. Some of the “other service areas” identified included clerical, administrative, daycare, and student intern. Thirty percent (114) of the respondents indicated their current job is their first full-time position.

Table 4

Positions Participants Worked During Tenure at DSS

Position Unit	n	Minimum years employed	Maximum years employed	M	SD
Adult Services	60	.08	45.1	8.5	9.5
Eligibility Services	122	.17	37.4	10.2	9.9
Child Protective Services	91	.25	32	5.8	7.2
Adoptions/ Permanency	46	.25	36.6	7.3	7.8
Foster Care	109	.08	36.6	5.4	6.2

Family Preservation	26	.33	36.6	8.4	9.2
Other service Areas	71	.08	37.1	7.4	8.6

Research Questions

Research Question One. Does the instrument have demonstrated content validity?

The process for establishing content validity is detailed on pages 65-66 and briefly summarized here. An extensive literature review was conducted, providing most of the content incorporated in the survey items. Two survey development and three content experts reviewed the measurements prior to dissemination. Based on the recommendations of these experts the format was revised, questions/statements were reworded and clarified, and items were deleted and added (see Appendix D). The content experts noted the empirical base, grounded in the literature, was evident in the measurements.

Research Question Two. Does the instrument have demonstrated construct validity as developed through factor analysis techniques?

An EFA was conducted to determine relationships among the 123 items in the first two sections of the SOS instrument. This process allowed me to examine categories of similar statements and flag items to consider deleting. Prior to conducting the EFA, descriptive statistics were calculated. Survey items are listed in Appendix E with response frequencies, percentages, number of responses, mean and standard deviation for each item included in the EFA from Sections I and II of the SOS instrument. Responses were evaluated for variance, which is needed to make comparisons within and between

item responses (Fink, 2006). A high variance is desired in scale development to discriminate among different levels of the construct being measured (DeVellis, 2003). A diverse range of scores indicates a fairly high variance (DeVellis, 2003). Additionally, means near the center of the range of scores are desirable. Items with a low variance or a mean near either extreme of the scores tend to correlate poorly with other items in the survey (DeVellis, 2003).

Once the descriptive statistics were inspected for variance an EFA was conducted. DeCoster (2003) delineates seven steps used to perform EFA. First variables must be measured with the same response format or experimental unit. All items in the EFA were measured with a four point Likert scale: 4=strongly agree, 3=agree, 2=disagree, and 1=strongly disagree.

In the second step correlations between each variable are computed. In this study a bivariate Pearson correlation was computed. The Inter-Item Correlation Matrices for each factor (subscale) are presented in Appendix F. These matrices were examined to determine how items in each sub-scale are related.

The number of factors for inclusion in the instrument is delineated in step three. The final EFA model should account for as much covariance in the data with as few factors as possible (DeCoster, 2003; DeVellis, 2003). Two nonstatistical guidelines commonly used to determine the number of factors to include in the instrument is the eigenrule rule and the scree test. An eigenvalue represents the amount of information or variance captured by one factor. The eigenvalue rule states that eigenvalues of factors less than 1.0 should not be retained (DeCoster, 2003; DeVellis, 2003). The initial unrotated factor analysis resulted in 25 factors with eigenvalues of at least 1.0 (see Table

5), accounting for 69.6% of the variance in the first two sections of the SOS measurement: Section I: Supervision and Section II: Organizational and Professional Aspects.

Table 5

Variance Explained: Eigenvalues < 1

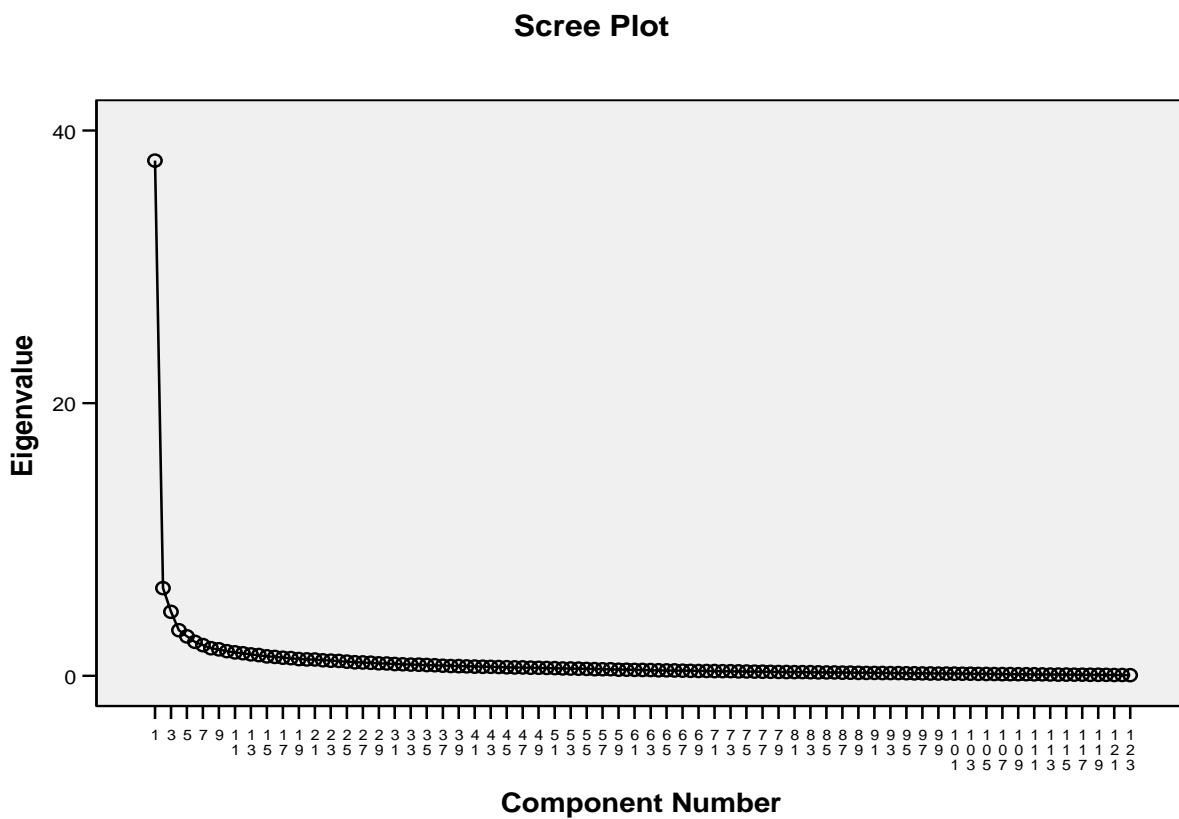
Component	Initial Eigenvalues			Extraction Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	37.799	30.731	30.731	37.799	30.731	30.731
2	6.438	5.234	35.965	6.438	5.234	35.965
3	4.692	3.815	39.779	4.692	3.815	39.779
4	3.347	2.721	42.500	3.347	2.721	42.500
5	2.896	2.354	44.854	2.896	2.354	44.854
6	2.489	2.024	46.878	2.489	2.024	46.878
7	2.249	1.829	48.706	2.249	1.829	48.706
8	2.021	1.643	50.350	2.021	1.643	50.350
9	1.941	1.578	51.928	1.941	1.578	51.928
10	1.806	1.468	53.396	1.806	1.468	53.396
11	1.718	1.396	54.793	1.718	1.396	54.793
12	1.654	1.345	56.137	1.654	1.345	56.137
13	1.572	1.278	57.416	1.572	1.278	57.416
14	1.517	1.233	58.649	1.517	1.233	58.649
15	1.421	1.155	59.804	1.421	1.155	59.804
16	1.384	1.125	60.929	1.384	1.125	60.929
17	1.332	1.083	62.013	1.332	1.083	62.013
18	1.293	1.051	63.064	1.293	1.051	63.064
19	1.226	.996	64.060	1.226	.996	64.060
20	1.200	.975	65.036	1.200	.975	65.036
21	1.193	.970	66.006	1.193	.970	66.006
22	1.139	.926	66.932	1.139	.926	66.932
23	1.109	.901	67.834	1.109	.901	67.834
24	1.092	.888	68.721	1.092	.888	68.721
25	1.041	.846	69.567	1.041	.846	69.567

Note: initial unrotated factor analysis using Principal Component Analysis

According to DeVellis the eigenvalue rule “maybe too generous a basis for retaining factors” (2003, p. 114). The scree plot (Figure 4) is also used to determine the

optimal number of factors that account for the most covariance in the data (DeVellis, 2003). “The vertical portion of the plot is where the substantial factors are located while the horizontal portion is the part that should be discarded” (DeVellis, 2003, p. 114). When factors lie in the curve (elbow), as is the case in this study, this criterion is not clear cut. The Eigenvalue rule and scree plot are considered in this case, as well as factor interpretability. “A factor is considered interpretable to the extent that the items associated with it appear similar to one another and make theoretical and logical sense as indicators of a coherent construct” (DeVellis, 2003, p. 114). Based on these criteria seven factors best describe the data. The first seven factors explain a total of 48.7% of the variance in scores (see Table 5).

Figure 4



DeCoster's fourth step refers to extracting an initial set of factors. The most common method and the one employed in this study is Maximum Likelihood Extraction. The next step involves rotating the factors to a final solution. By rotating the factors, the goal is to find the simplest interpretation and easiest to understand theoretically (DeCoster, 2003; DeVellis, 2003). For this study, Direct Oblimin was the oblique rotation method used because the underlying latent variables are believed to be somewhat correlated with one another since several items load on more than one variable, refer to the factor loadings in Appendix G. A pattern matrix was used because it factors out the overlapping influence when individual items are correlated with more than one factor, similar to a partial standardized regression coefficient in a multiple regression analysis (Pedhazur & Schmelken, 1991).

The factor structure is interpreted in step six. The items/variables are linearly related to each of the factors. The strength of this relationship is demonstrated in the factor loadings produced by the rotation (DeCoster, 2003). The factors with the highest loadings are the ones most similar to the latent variables (factors) (De Vellis, 2003). Since this is an exploratory study the critical value for factor loadings was set at .30 (Mancini & Marek, 2004) (see Appendix G). Items with factor loadings less than .30 are identified by * (19 items met these criteria). Also, proposed scale items which cross-loaded on more than one factor when the primary loading was less than .5 and the secondary loading was greater than .3 are identified by ** (14 items meet this criteria). Thirty-three items met both these criteria for removal (see Appendix G).

Based on the factor loadings displayed in Appendix G, seven factors and their correlating items were identified. Once identified, Dr. P. Meszaros (dissertation chair),

Pamela Murphy (statistician), and I named and defined each factor, based on the concepts the items they have in common. A factor is defined by “considering the possible theoretical constructs that could be responsible for the observed pattern of positive and negative loadings” (DeCoster, 2003, p.3). Supported by the literature cited in Chapter 2, four factors are categorized as supervisory factors: Relational Style of Supervision (factor 1), Affective Support (factor 3), Instrumental Support (factor 4), and Authoritarian Style of Supervision (factor 5). The other three are organizational/professional factors: Organizational Support (factor 2), Job Satisfaction (factor 6), and Self-efficacy (factor 7). These seven subscales are identified in Tables 6 through 12.

The first factor, Relational Style of Supervision includes 21 items (Table 6). Supervisors operating from this style, take time to get to know staff by meeting formally and informally on a regular basis (Brody, 2000; Pecora, et. al. 2000). Workers feel valued and appreciated by supervisors who operate from a relational style (Collins-Carmago, et. al., 2005; Pearlman & Saakvitne, 1995a). A relational style of supervision is supported by a capacity building model described by McKnight (1997). This model is described on pages 31 through 34.

Table 6

Factor 1: Relational Style of Supervision

My supervisor can accept an alternative perspective *

...values and seriously considers my opinions

...supports me in difficult case situations*

... is supportive of any on-the-job training I attend

...genuinely cares about me

...treats me with respect

...treats clients with respect

...recognizes and values my work

- ...appreciates me
- ... is an important reason I stay on this job*
- ...praises my work
- ...recognizes each employee for their contributions
- ...is “on my side” with emotional support, even in difficult situations
- ...encourages me to laugh
- ...acknowledges, validates, and confirms the positive experiences in this work
- ...knows the type of tasks I find rewarding and gives me opportunity to do these
- ...regularly evaluates my performance and gives me feedback
- ...supports and affirms my competence in my work
- ...tells me where I stand
- ...is non-judgmental of my questions and needs *
- ...has a good sense of humor

* items to be removed from scale based on factor loadings (4 items)

Factor two, is part of Section II: Organizational and Professional Aspects of the SOS instrument. Organizational support (Table 7) acknowledges the potential harm of trauma work, giving workers permission to take care of themselves professionally and personally. Supportive organizations create opportunities for workers to vary their caseload and work activities. Attending to physical space conveys a respect clients and worker safety.

Table 7

Factor 2: Organizational Support

My supervisor takes threats workers receive seriously*

My supervisor assists in setting and assessing long-term case goals.

My supervisor gradually increases the complexity of my work assignments so that I am challenged

I consider my caseload too high ® *

I am able to vary client problems I deal with throughout the day*

I am able to limit the number of clients I see back-to-back

I am able to vary the rhythm of my day, i.e. see clients, do paperwork, go to court, meet with my supervisor or colleagues, and attend meetings.

My agency allows employees to create flexible work schedules, i.e. respite, part-time, job-sharing.

My agency allows employees to rotate work assignments
 I have time to take my lunch break on regular basis
 I am able to take my allowed breaks during my work day
 The number of existing cases AND the complexity of cases is considered in determining caseloads
 My office provides a nurturing environment that promotes my task accomplishments *
 My agency environment is pleasant and attractive*
 I have a private workspace where my clients can share sensitive information*
 My agency provides an area for workers to relax and discuss sensitive topics away from clients
 I feel safe in my work environment
 My agency allows/creates time for workers to share their feelings*
 It is okay to acknowledge personal needs at my agency
 My agency allows time for workers to discuss their work
 It is okay to need support and connect with my colleagues*

*items to be removed from scale based on factor loadings (8 items)
 ® reverse coded

Factor three (Table 8) addresses the emotional/affective support a worker receives from their supervisor. The supervisor's availability and willingness to hear what the worker has experienced, as well as the importance of allowing the employee to express their feelings regarding the emotions their work elicits are included in this scale. Refer to the literature reviewed on pages 34 through 38 and 48 through 51 for more information regarding the importance of affective support.

Table 8

Factor 3: Affective Support

My supervisor encourages me to share my thoughts and feelings about the emotional impact my work has on me.

... is available within 24 hours after a traumatic event, allow me to describe the event in detail and talk about the emotional and cognitive impact it had on me.

...provides information to me about the expected effects of trauma

...identifies activities and resources to help me cope effectively with the stories my clients tell about their pain and hardships.

...encourages me to take a "mental health" day when I have experienced a particularly difficult case or situation.

- ...lets me know that fear, dread, and uncertainty are normal, expected, and natural reactions to my clients' situations.
- ...encourages me to vent pent up feelings and emotions of anger and pain
- ...provides support regarding the emotional trauma I am exposed to by hearing about my clients' hardships and trauma.
- ...encourages me to talk to my colleagues about trauma I hear as part of work
- ...supports me in balancing the demands of my job with my personal life*
- ...helps me prevent and address burnout
- ...helps workers develop safety plans to protect themselves
- ...offers opportunities to discharge the emotions that can build up in a day of work
- ...promotes self-reflection
- ...helps me set boundaries with clients and colleagues-- so I am not doing more than I can handle*
- ...points out the positive attributes of my clients

*items to be removed from scale based on factor loadings (2 items)

Instrumental support addressed in Factor 4, refers to the daily tasks to be accomplished, as well as the supervisor's knowledge of and ability to apply and enforce policies and procedures, make decisions and train employees (Table 9). Refer to the sections on the Role of the Supervisor (pages 32-33) and Characteristics of Effective Supervision (pages 36-39) for more information about instrumental support.

Table 9

Factor 4: Instrumental Support

-
- My supervisor demonstrates consistency
- ...encourages creative solutions*
 - ...explains those decisions I do not agree with*
 - ...makes decisions and I do what he/she tells me to do ®*
 - ...guides me in making my own decisions*
 - ...helps me learn and improve
 - ...helps me learn the ropes of agency (includes politics, community resources, etc.)
 - ...encourages me to attend relevant training/ workshops
 - ...reinforces information and skills learned in training
 - ...provides the help I need to complete my required tasks, including paperwork
 - ...helps me manage my caseload
 - ...evenly distributes cases among workers

- ...scrutinizes my work for completeness and accuracy ®
- ...advocates for workers' needs with upper administration*
- ...understands the tasks that must be accomplished to help families
- ...is available when I ask for help
- ...discourages negativity*
- ...challenges me to improve my work (e.g. constructive criticism)*
- ...states clear expectations*
- ...is knowledgeable about effective ways to work with clients we serve
- ...is appropriately flexible when it comes to applying rules
- ...challenges my biases and stereotypes about individuals*
- ...demonstrates leadership
- ...is competent in doing his/her job
- ...listens without giving advice or judgment
- ...has expertise in this work
- ...is knowledgeable of agency policies and procedures
- ...follows up with reminders of recommendations and assignments
- ...is an ethical person*
- ...has good community relations

* items to be removed from scale based on factor loadings (10 items)

The fifth factor, Authoritarian Style of Supervision, includes 11 items (Table 10). All items in this factor are reverse coded. A supervisor who exhibits these characteristics is often identified as having little consideration for the emotional needs of employees, focusing primarily on accomplishing daily tasks. In fact, according to the literature supervisors operating from this style take a superior role, overseeing the work of other less skilled individuals (Gunderson & Osborne, 2001; NCDSS & FCRF, 2003; Pearlman & Saakvitne, 1995a; Poetner & Rapp, 1983). The authoritarian style does not support or empower workers to become confident in their decision-making ability and assessment skills nor does it offer opportunities for advancement or education. When a supervisor operates from an authoritarian style, workers often report interactions are punitive rather

than educational or supportive. An authoritarian structure is associated with job dissatisfaction, burnout and turnover (Gunderson & Osborne, 2001; Tsui, 1997).

Table 10

Factor 5: Authoritarian Style of Supervision

My supervisor gives workers who are caught up more work ®
 ...constantly asks workers who are caught up to help other workers who never get their work done on time ®
 ...asks me to report what my colleagues are doing and saying ®
 ...discusses colleagues work performance or 'issues' with me ®
 ...is negative about workers who express their emotions ®
 ...says expressing emotions, specifically crying, is a sign of weakness ®
 ...is easily frustrated by my need to discuss my feelings ®
 ...expects me to only discuss my cases with him/her and not my colleagues ®
 ...tells me "I will get used to it" when I talk about a difficult case ®
 I do not have commitment to help others* ®
 I avoid staff activities required by agency, such as staff meetings, supervision, and unit activities. * ®

*items to be removed from scale based on factor loadings (2 items)

® reverse coded

Factor six, Job Satisfaction, is part of Section II, Organizational and Professional Aspects of the SOS instrument (Table 11). Nine to the 16 items measure what a worker enjoys about their job, while the 7 reverse coded items refer to issues that cause stress for the workers. This study focuses on the importance of measuring job satisfaction, which includes workers intentions to remain employed with or leave the agency.

Table 11

Factor 6: Job Satisfaction

My cases are complex, involving a combination of two or more issues, such as substance abuse, mental illness, developmental disabilities, abuse, neglect, limited social supports, or a lack of economic resources*
 I do not feel appreciated by my agency ®
 I often feel angry at work ®
 I often suffer from physical ailments, such as headaches, backaches, or intestinal problems ® *
 I often feel anxious and dread going to work ®

I enjoy my work*

The potential danger and random violence of my work environment is a source of job stress ® *

The unpredictable hours I work are stressful to me ®

I am satisfied with my current job

I am satisfied with my current salary

I am satisfied with the non-salary benefits I receive*

I am satisfied with opportunities for promotion

I am satisfied with the organizational culture in my agency (defined as a place where learning, supportive supervision, and consultation are embraced).

I would recommend this job to a friend/colleague

If I could turn back the clock and revisit my decision to take this job, I would make the same decision

I will make a genuine effort to find a new job with another employer within the next year ®

* items to be removed from scale based on factor loadings (5 items)

® reverse coded

The final factor, addresses self-efficacy (Table 12) which evaluates how empowered a worker is to do their job. Social services workers are often motivated by a sense of personal mission (a desire to help children and families), accomplishment, and fulfillment (Alwon & Reitz, 2000; Annie E. Casey, 2003; Bednar, 2003; Cicero-Reese & Black, 1998).

Table 12

Factor 7: Self-Efficacy

I have a desire to protect children

I have a commitment to promote well-being of clients

I am able to positively impact my clients

I feel effective in doing my job

I feel adequately trained and prepared to accomplish positive outcomes with my clients

I express sarcasm toward my clients ® *

My clients' accomplishments are personally rewarding for me

I am embarrassed to express my feelings at work ® *

*items to be removed from scale based on factor loadings (2 items)

® reverse coded

Factor scores are constructed in the final step of the EFA. Factor scores are computed to perform additional analyses using the factors as variables, such as the correlations performed for research question 4. Seven composite scores were developed, one for each of the seven factors.

Research Question Three. Does the instrument demonstrate reliability?

Once the EFA was conducted, Cronbach's alpha was computed to measure the internal consistency of each of the seven factors identified in research question two (see Appendix H for the results). A value of .70 is the lower acceptable bound for alpha, with ranges between .80 and .90 commonly identified as very good (Bride, 2004; DeVellis, 2003). Each factor in this study has an alpha of .70 or higher, with three of the factors (1, 3, and 4) higher than .90. These three factors measure supportive supervision. As noted earlier, DeVellis (2003) recommends factors with an alpha higher than .90 can be shortened, but also advises retaining higher alphas during scale development. After the EFA was completed the initial the seven scales yielded alphas of .966, .865, .952, .951, .776, .835, and .700 respectively. Items in the corrected item-total correlation column whose correlations were less than .30 or negative and whose Cronbach's Alpha would be higher if the item were deleted were considered for deletion from the instrument: only seven of the 123 items meet these criteria (refer to Appendix H for these statistics).

One additional item in the instrumental support subscale "My supervisor scrutinizes my work for completeness and accuracy" that was not identified through the factor loadings was flagged for removal. The other six items identified through the reliability analysis are the same as items identified for deletion through EFA. Once the 34 items identified through the factor and reliability analysis were removed the

Cronbach's alpha for each sub-scale were .958, .820, .946, .953, .781, .853, and .727 respectively. In addition, examination of the alpha-if-deleted-columns in these tables (see Appendix I) reveals one case where the removal of a retained item would increase the subscale's reliability co-efficient. Since the corrected item-total correlation for "My supervisor tells me where I stand" is .531, which is above the .3 cut off criteria set for deleting an item, it is retained in the final SOS survey.

The overall alpha for the 89 items retained in the SOS instrument was .973 which is slightly lower than the 123 version, which yielded an overall alpha of .977. Based on Balian's (1994) criteria the final version of the SOS instrument is considered to have excellent reliability.

A summary comparison of the scale statistics for the 7 factors prior to and after item removal is presented in Table 13.

Table 13

Summary Scale Statistics: A comparison of First & Final SOS Subscales

	Factor 1		Factor 2		Factor 3			
	<u>First</u>	<u>Final</u>	<u>First</u>	<u>Final</u>	<u>First</u>	<u>Final</u>		
M	63.3	51.3	57.13	34.93	41.08	35.61		
SD	12.89	10.26	8.81	5.92	9.83	8.63		
α	.966	.958	.865	.820	.952	.946		
# of items	21	17	21	13	16	14		
N	334	327	282	298	295	314		

	Factor 4		Factor 5		Factor 6		Factor 7	
	<u>First</u>	<u>Final</u>	<u>First</u>	<u>Final</u>	<u>First</u>	<u>Final</u>	<u>First</u>	<u>Final</u>
M	87.68	57.30	34.89	27.94	45.30	30.55	26.69	20.33
SD	14.89	10.88	4.42	3.96	6.85	5.68	2.75	2.22
α	.951	.953	.776	.781	.835	.853	.700	.727
# of items	30	19	11	9	16	11	8	6
N	295	315	308	318	292	332	336	342

Note: total # of items in first 123; total # of items in final 89

Research Question Four. To what extent do the instrument and its subscales correlate with measures of theoretically related and unrelated variables?

Table 14 displays correlations between the seven subscales in sections I and II of the SOS instrument. As expected, significant positive correlations were found between these subscales. The strongest correlations are between relational style supervision, and instrumental (.850), and affective support (.785), and between affective and instrumental support (.718). These three subscales measure supportive supervision. The weakest correlation is between self-efficacy and authoritarian style of supervision (.120).

Table 14

Correlations between SOS Instrument subscales

Measure	1	2	3	4	5	6	7
1. Relational Style of Supervision	1.00	.503**	.785**	.850**	.379**	.513**	.296**
2. Organizational Support		1.00	.547**	.440**	.273**	.530**	.301**
3. Affective Support			1.00	.718**	.216**	.461**	.257**
4. Instrumental Support				1.00	.345**	.506**	.287**
5. Authoritarian Style of Supervision					1.00	.232**	.120*
6. Job Satisfaction						1.00	.349**
7. Self-Efficacy							1.00

*correlation is significant at the 0.05 level (2-tailed)

** correlation is significant at the 0.01 level (2-tailed)

In Chapter 3, it was stated that the convergent validity of the SOS subscales would be supported by significant correlations with the following variables: (a) job satisfaction, (b) VT, (c) frequency of meetings with supervisors (Frequency), and (c) personal coping. It was also stated that the discriminant validity of the SOS subscales would be demonstrated by a lack of correlation with the following variables: (a) personal support, (b) income, and (c) personal coping strategies. The Pearson product-moment correlation co-efficient was utilized to compute these relationships.

Table 15 summarizes the results of the correlation analyses conducted to examine the convergent and discriminant validity the SOS subscales.

Table 15

Convergent and discriminant validity findings

Convergent Validity Measures

SOS Section	SOS subscale	Related variable	α
Supportive Supervision:	Relational style supervision	Job satisfaction	.513**
	Affective support	Job satisfaction	.461**
	Instrumental support	Job satisfaction	.506**
Supportive Supervision:	Relational style supervision	VT	-.171**
	Affective support	VT	-.146*
	Instrumental support	VT	-.130*
Supportive Supervision:	Relational style supervision	Frequency	.399**
	Affective support	Frequency	.394**
	Instrumental support	Frequency	.383**
Organizational/ Professional Aspects	Organizational Support	Job satisfaction	.530**
	Organizational Support	VT	-.245**
	Organizational Support	Frequency	.260**
	Job Satisfaction	Personal coping	.181**
	Job satisfaction	VT	-.425**
	Job Satisfaction	Frequency	.283**
	Self-efficacy	Personal coping	.238**
	Self-efficacy	Job satisfaction	.349**
Self-efficacy	Frequency	.150**	

Discriminant Validity Measures

SOS Section	SOS subscale	Unrelated Variable	α
Organizational / Professional Aspects	Job satisfaction	Personal support	.094
Supportive Supervision	Relational style supervision	Income	.068
	Affective support	Income	.066
	Instrumental support	Income	.050
Supportive Supervision	Relational style supervision	Personal coping strategies	.128*
	Affective support	Personal coping strategies	.159**
	Instrumental support	Personal coping strategies	.177**

*correlation is significant at the 0.05 level (2-tailed)

** correlation is significant at the 0.01 level (2-tailed)

Significant correlations were obtained between the SOS subscales and each of the convergent variables, while significant correlations were not found between the SOS subscales and each of the discriminant variables, with the exception of personal coping. These findings provide beginning support for convergent and divergent validity.

Conclusion

Eighteen Department of Social Services offices in Virginia completed 387 SOS instruments for this study. The majority of respondents were white females between 19 and 70 years old, married with two children. Most had a bachelor's degree and their annual salaries ranged between \$25,001 and \$45,000.

This chapter describes the results of the present study. The SOS instrument developed for this study demonstrated content and construct validity. Content validity was measured through a thorough review of the child welfare workforce, supervision, VT, and CSDT literature, as well as an evaluation of the SOS instrument by both survey and content experts. EFA was used to measure construct validity, this process resulted in seven factors. The seven factors in this measurement demonstrate internal consistency as

measured by Cronbach's reliability alpha, which ranged from .727 to .958. Finally, beginning evidence of convergent and discriminant validity was demonstrated.

CHAPTER FIVE

Discussion and Implications

There is a dearth of empirical literature on child welfare workforce retention and turnover, human services supervision, and VT. The research studies that have been conducted were limited by their reliance on instruments that were not specifically designed to measure the supervisory and organizational support necessary to address the national turnover crisis in the public child welfare workforce. Most instruments were not standardized and focused on a particular aspect of workforce retention, and fewer focused on the supervision aspect especially the need for emotional support. The SOS instrument was developed in response to the need for a reliable and valid measurement to specifically gather a wide array of information related to child welfare workforce retention. The purpose of this study was to develop and validate measures to evaluate the impact of supervisory support and the use of organizational and professional strategies to mitigate the effects of VT and decrease child welfare workforce turnover.

The need for the SOS instrument is supported by the recommendation of the Institute for the Advancement of Social Work Research's (IASWR) to develop, pilot, and validate measures that test recruitment and retention outcomes (Zlotnik, et al., 2005). Additionally, Tsui (1997) concluded his meta analysis on empirical social work supervision literature with a plea for researchers and practicing supervisors to work together to develop formal theories which are empirically based and practically grounded. Based on these recommendations, answers to the following questions were sought:

- 1) Does the instrument have demonstrated content validity?

- 2) Does the instrument have demonstrated construct validity as developed through factor analysis techniques?
- 3) Does the instrument demonstrate reliability?
- 4) To what extent do the instrument and its subscales correlate with measures of theoretically related and unrelated variables?

CSDT was used to inform the current study. CSDT provided content for the SOS survey instrument as well as recommendations for how the information gathered through the SOS survey instrument could be used to inform research, policy, and practice. The current study expanded the macro focus of CSDT by focusing on the organizational realm, specifically supervision. This study offers support for defining supportive supervision as instrumental, affective, and relational.

Content Validity

Content validity is a subjective form of validity evaluation often used in conjunction with other validity methods. Content validity relies on the subjective measures of opinion and judgment to derive valid survey items (Balian, 1994). A judging panel method using content experts is the preferred content validity technique and the one employed in this study. The present study demonstrated content validity through a thorough review of child welfare workforce retention, VT, human services supervision, and CSDT literature, as well as an evaluation of the instrument by both content and survey development experts (DeVellis, 2003). The SOS instrument is grounded in CSDT, with a focus on three ecological realms of assessment and intervention: organizational, professional, and personal. It is divided into four sections; two were the focus of this study: Supervision (Section I) and Organizational/Professional Aspects (Section II).

Section III: Personal and Professional Reactions included the STSS, which is a valid and reliable scale developed by Bride to measure secondary traumatic stress symptoms exhibited by the respondent in the last seven days. A personal coping strategy scale is also included in this section. Section IV: Demographic Information gathers data about the respondent. The scales in Section III and the information gathered in Section IV are used to test theories cited in the literature related to workforce turnover.

Construct Validity

The present study investigated construct validity of the SOS instrument by means of EFA. EFA is used to determine the optimal “number of common factors influencing a set of measures” (DeCoster, 2003, p.2). Through this analysis seven factors, with a total of 89 items, emerged as key in measuring supervisory and organizational support. Four of these factors can be categorized to measure aspects of supervision: Relational Style of Supervision, Affective Support, Instrumental Support, and Authoritarian Style of Supervision. The other three factors measure organizational and professional aspects of workforce retention: Organizational Support, Job Satisfaction, and Self-Efficacy. Thirty three items out of the original 123 were removed from the SOS instrument based on an evaluation of the factor loadings (see Appendix J, for final SOS survey). The present study demonstrates good beginning evidence of the construct validity of the SOS Instrument.

Reliability

Reliability coefficient, alpha, is one of the most important indicators of a survey instrument’s quality (DeVellis, 2003). Coefficient alpha measures the relationship between variables (Fink, 2003) and determines the instrument’s consistency (Balian,

1994). After items are removed through EFA, alpha is computed to determine how successful the revisions have been. The revised SOS subscales demonstrate good/desirable to excellent internal consistency based on the guidelines suggested by Balian (1994) and DeVellis (2003).

Convergent and discriminant validity

The current study investigated the convergent and discriminant validity of the SOS instrument's subscales by examining their relationship with variables believed to be related and unrelated to social services workforce retention. The variables predicted to have a significant relationship did in fact significantly correlate with the SOS survey subscales. Additionally, two of the three variables with which the SOS instrument subscales were predicted not to have a relationship did not significantly correlate with the SOS survey subscales. The correlation between personal coping strategies and the supportive supervision subscales was significant but weak, not supporting my original belief. This finding supports an alternative assumption grounded in CSDT, which speaks to the interconnection of the personal and organizational ecological levels in mitigating VT and decreasing workforce turnover. It should be noted, that some of the predicted convergent correlations were weak.

These correlations offer good beginning support for evidence of convergent and discriminant validity of the SOS subscales with theoretically related and unrelated concepts of workforce retention strategies. Additional research is warranted to further investigate these relationships.

Implications for Research, Practice, and Policy

Research.

The current study concentrated on validating and determining the reliability of two sections of the SOS instrument. A wealth of information was collected that could be further analyzed and the results shared with the participating DSS offices. For instance, the qualitative data gathered was not analyzed.

According to Nunnally and Bernstein (1994) validation is an on-going process. As such, the results of this study should be considered a first step in establishing the reliability and validity of the SOS subscales included in Sections I and II. Future research may be conducted to provide additional support for the validity and reliability of the SOS instrument. For example, the construct validity of the SOS instrument can be further developed by testing the fit of the Supervisory and Organizational/Professional model generated through the EFA in this study with a Confirmatory Factor Analysis (DeCoster, 2003). Further testing of this study's findings with groups of professional helpers, including those from other DSS offices in Virginia and other parts of the United States is needed to determine reliability and validity beyond the current sample.

Another study might focus on more rigorous examination of convergent and discriminant validity, testing theories cited in the literature reviewed in Chapter 2 related to risk and protective factors for VT and social services turnover. For example, many of the studies Bride (2004) reviewed focused on risk factors such as age, gender, ethnicity, income, level of education and discipline, and a personal history of trauma. Most studies failed to demonstrate an empirical relationship between age (Arvay & Uhlemann, 1996; Birck, 2001; Ghahramanlou & Brodbeck, 2000; Kassam-Adams, 1999; Meldrum, et al.,

2002; Nelson-Gardell & Harris, 2003; Pearlman & Mac Ian, 1995), gender (Cornille & Meyers, 1999; Kassam-Adams, 1999; Meldrum et al., 2002; Nelson-Gardell & Harris, 2003), ethnicity (Knight, 1997), and income (Pearlman and Mac Ian, 1995). Similarly, level of education and professional discipline were not related to VT symptoms (Meldrum, et al., 2002; Nelson-Gardell & Harris, 2003; Steed & Bicknell, 2001; Wee & Myers, 2002). One exception to this is Dalton's (2001) study of social workers in Texas, which found workers with MSW degrees had lower levels of secondary traumatic stress than those with baccalaureate degrees (Bell, et al., 2003).

The preliminary findings from the current study indicate significant negative correlations between age and organizational and affective support. This could mean the older the participant the less they need either organizational or affective support. On the other hand, younger employees may need more support from the organization and emotional support from their supervisor. Gender was not significantly correlated with any of the SOS subscales. Ethnicity was significantly negatively correlated for African American workers and positively correlated for workers who marked "other race" with affective support. There are two possible explanations for this result among African Americans. This may mean that African American workers either do not require much affective support or that they do not receive much affective support. Workers who identify as "other race" may appreciate the opportunity to process their feelings about the traumatic events experienced in the work setting. These findings warrant further exploration as they are supported by the literature reviewed. Income only had a significant correlation with self-efficacy, which could mean the higher the salary the more empowered a worker may feel to do their job, and the lower salary the less

empowered. Level of education was significantly correlated with organizational support and self-efficacy, although both relationships were weak. This could mean that supportive organizations offer opportunities for continuing education and build on employees sense of personal mission to do this work. Future research could focus on the educational disciplines cited in the current study and their correlation with the seven SOS subscales.

Additionally, several studies (Figley, 1995; Foulette, et al., 1994; McCann & Pearlman, 1990a; Ortlepp & Friedman, 2001; Pearlman & Mac Ian, 1995; Pearlman & Saakvitne, 1995b) in Bride's review cited a relationship between a personal history of trauma and VT symptoms. For instance, Kassam-Adams (1999) found that only a childhood trauma history in the helper was strongly associated with VT symptoms. Nelson-Gardell and Harris (2003) conducted a study of child welfare workers and found a history of childhood emotional and sexual abuse had the strongest relationship with VT symptoms.

In the current study, there was not a significant relationship between history of trauma and any of the seven subscales measuring supervision or organizational and professional aspects. Nor was there a significant relationship between VT and personal history of trauma. For these analyses personal of history of trauma was a composite score of the entire scale, which included various types of trauma experienced during child and adulthood. It may be that if the data is divided by type of trauma or whether the trauma occurred during child or adulthood the findings would be significant, further research is warranted to make this determination.

Additionally supervisors with their own history of trauma and high levels of VT are hypothesized to be rated less supportive by workers than those with lower levels of VT (Dunning, 1994; Figley, 1999; Pearlman & Saakvitne, 1995a). In order to explore this finding a question asking if the respondent supervises workers should be added to the SOS instrument. The research findings could be used to inform practice and identify organizational policy changes needed to support the findings.

Practice

Pearlman and Saakvitne (1995) assert that organizations that provide services to traumatized populations have a duty to educate employees about the risks and effects associated with trauma work (Chrestman, 1999; Neuman & Gamble, 1995). Given the current study's focus on the importance of supervision and the role of the supervisor in providing support to workers to assist in mitigating VT and increase job satisfaction it follows that training for supervisors to learn strategies to meet these expectation is warranted. The SOS instrument developed and tested in this study provides an assessment tool for the information needed by DSS to develop training modules that meet the needs of the employees within the agency.

As noted earlier, providing emotionally supportive supervision is often unfamiliar and frightening to the child welfare supervisor and may require additional training and support. Studies document the fact that if a supervisor does not talk with workers about VT or encourage employees to discuss their thoughts and feelings regarding the trauma they witness, experience, and hear about, the worker may feel isolated and unsupported, eventually leaving the agency altogether (Bednar, 2003; Figley, 1995; Nissly, et al.,

2005; Pearlman & Saakvitne, 1995b; Schakelford, personal communication November 2005).

Supervisory training might include information about the importance of regularly scheduled and as needed individual or group supervision sessions with workers. These meetings with supervisors were found to be significantly correlated with the supervision and organizational and professional aspect subscales in this study. Such meetings guarantee workers sanctioned time to meet with the supervisor to get their needs met (Gardner, 1995; NCDSS & FCRP, 2003) (p.39).

Not only can the SOS instrument be used to determine the training needs of DSS employees it can also serve as a pre-post evaluation tool for trainings provided to DSS workers and supervisors. Training supervisors to monitor job satisfaction within their units regularly and provide emotionally supportive supervision identified by both workers and organizations can be instrumental in retaining a competent and committed workforce. Policies that support providing this training and the skills learned in training will help institutionalize these recommendations.

Policy

A supportive organization is one that incorporates the professional strategies discussed in this study, by creating opportunities for workers to vary their caseload and work activities, take time off for illness and mental health, participate in continuing education, and make time for other self-care activities. Bell and colleagues found when organizations make self-care part of their mission statement it highlights their understanding that VT affects client care and workforce retention (2003).

Pearlman (1999, 2005) stresses the importance of developing an organizational structure that allows workers time to share feelings and talk about their work, provide emotionally supportive supervision, and use conferences and seminars to educate workers and supervisors about these issues. Resources and time for replenishment and self-care must be provided. Part of the regularly scheduled staff meetings and retreats can be used to learn about, discuss, and provide the support needed to address VT. Adequate pay, medical coverage that includes mental health benefits and time off (leave) are necessary supports to mitigate VT (Rosenbloom, Pratt, & Pearlman, 1995) and increase job satisfaction. Having a diverse caseload is also associated with decreased VT (Chrestman, 1999) developing a system that distributes cases among a number of workers who possess the necessary skills is helpful (Bell et al., 2003; NASW, 2003; Regehr & Cadell, 1999). Endorsing caseload standards of 12 to 15 families per worker recommended by the Child Welfare League of America would help alleviate some stress. Organizations can insure workers have adequate supervision and consultation, which keeps trauma from occurring in isolation and provides support to safely express the feelings trauma work brings up in workers. In order to provide this level of support the recommended worker to supervisor ratio is 5 to 7 workers.

Additionally, in settings where workers are exposed to violence, a safe, comfortable and private work environment is crucial (Pearlman & Saakvitne, 1995b; Yassen, 1995). Protecting workers' safety should be a primary concern of agency administration (Dunning, 1994), since being threatened by a client or a member of a client's family is strongly correlated with VT and turnover. For example agencies may consider developing a buddy system for coworkers such that if a client threatens a

worker, another worker can summon the police. Workers could also be provided with cell phones to have quick access to help.

Strategies which require funding, such as decreasing workloads or insurance with extensive mental health benefits, may be costly to the organization: however, failure to make these investments is costly to the agency in terms of staff turnover and low morale. Policies that support the organizational, professional, and personal strategies discussed can lead to a healthier environment for workers and clients and result in a higher and more consistent quality of service. Rudolph and Stamm (1999) suggest that each of these recommended policies and practices be evaluated in terms of: effectiveness, efficiency, and administrative and political feasibility. The SOS instrument could be used to evaluate the potential impact of implementing these policies.

Limitations of the Study

The reliance on a cross-sectional design with convenience samples introduces potential limitations. Cross-sectional surveys capture the thoughts of the respondents at a particular moment in time. If the same instrument is administered to the same person at another time the likelihood of receiving different responses is high. Surveys also arouse response sets such as acquiescence or social desirability. Convenience sampling is a nonscientific method which only taps respondents who are accessible and cooperative. Additionally, the use of a cross sectional design with convenience sampling often makes the respondent feel special or unnatural, thereby producing responses that may not adequately represent reality. Also with convenience samples there is likelihood that the non-participants are qualitatively different from the participants.

The SOS Survey was administered on site at 16 of the 18 local DSS offices that participated in this study. On-site administration was used due to the length of the survey and to offset some of the limitations related to mailed surveys, such as time and cost invested in follow up for an acceptable response rate. Some DSS offices invited all agency employees to participate, while others only invited the services units (i.e. Child Protective Services, Foster Care, Adoption, and Adult Services units). Although I explained participation was voluntary, some offices required all employees to participate in the study; this may have impacted how they responded to the questions, resenting that they had to participate.

Two of the participating offices identified a person that administered the survey for me and instruments were also left at each office, with an identified representative, for employees that were unavailable on the day(s) I was present. In these cases I was not available to provide directions, address questions, or collect the survey which may have affected people's responses.

Due to the length of the survey, respondents may have experienced survey fatigue or what Balian refers to as the 'halo effect' (1994). In studies involving long checklists of evaluative statements respondents may evaluate all items as 3 on a 4 point scale, regardless of their true attitudes toward the items. Three remedies for this problem were employed in this study. One way to remedy this issue is to reverse code some items as described in Chapter 3. A second remedy was to develop subparts within the instrument, these subparts are diagramed in Figures 2 and 3. The third remedy was to allow participants to take breaks as needed. Healthy refreshments were provided for people to enjoy during breaks or while they completed the survey instrument.

Given these limitations, readers should be cautious in assuming the results of this study provide evidence of the validity and reliability of the SOS instrument beyond the participants in this study.

Conclusion

Based on a review of the child welfare workforce turnover, VT, social services supervision, and CSDT literature there is not an instrument that measures organizational, specifically supervisory, support needed to mitigate the negative effects of VT and retain a competent workforce. The SOS survey instrument was developed to meet this need.

The current study examined the reliability and validity of the SOS instrument with a sample of 18 local DSS offices throughout Virginia. Specifically, the study investigated four forms of validity: content, construct, convergent, and discriminant. Internal consistency was evaluated as well. In sum, the results of the present study have provided good beginning evidence of the reliability and validity of the SOS survey instrument. As such, it would be appropriate to use the SOS survey in studies of social services workforce turnover/retention. However, to increase confidence in this recommendation, further research should be conducted to address the implications and limitations of the current study and provide replication of the results. Given the dearth of reliable and valid measures for the assessment of workforce retention outcomes and strategies to decrease preventable workforce turnover (Zlotnick et al., 2005), the SOS instrument has the potential to aid in our understanding of the impact of supportive supervision on worker job satisfaction, specifically their intentions to remain employed in their current positions. Finally, the SOS survey instrument may serve to aid in the evaluation of practice and policy efforts aimed at increasing worker retention.

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Appendixes

Appendix A

Letter of Invitation to Participate in Study

To: Local DSS Directors
From: Jenny Burroughs Alexander
Subject: Supervisory and Organizational Support Study
Date: March 26, 2007

I am pleased to announce that my committee has approved my dissertation proposal. Although the study looks different than I originally proposed it still focuses on vicarious trauma and workforce retention, and the role of the DSS supervisor in helping address these two issues. You may recall I was planning to do a pre-test of DSS workers and supervisors and deliver a training on vicarious trauma and workforce retention to a select group of supervisors. After the training, I was going to posttest the workers and supervisors to determine if the training made a positive difference. There was also going to be a comparison group that would not receive the training, but take both the pre and post test.

I developed the curriculum for the training and then began to look for an instrument to use as a pre and posttest, but I did not find one. Therefore, I developed one. The instrument I developed measures supervisory and organizational supports identified in the literature as pertinent to workforce retention, vicarious trauma, and supportive supervision. I now need to validate the measurement and determine its reliability. I would like your office to participate in this endeavor. I hope that you are willing to do this.

If you are willing to participate, I am ready to start scheduling a time to come to your office to administer the survey. Please let me know when the majority of your workers and supervisors come together, i.e. at a staff meeting, and I will try to come during that time. I want to cause as little disruption as possible in their daily routine as I respect the fact that they are extremely busy. The survey will take approximately one hour to complete.

Monday, Tuesday, or Thursday are the best days for me but if there is a better day, please let me know and I will try to arrange my schedule to meet yours. I would like to begin scheduling office visits the week of April 9, 2007.

If you have any questions or need further information, you can contact me through my email or at my office 540-831-7686.

Thank you for considering my request.

Appendix B

Original SOS Survey:

Version Used to Gather Data for Current Study



SUPERVISORY
AND
ORGANIZATIONAL
SUPPORT
SURVEY

Reprint with permission of author, Jenny B. Alexander

Supervisory and Organizational Support Survey
Information Sheet

Researcher: Jenny B. Alexander
Phone: 540-831-7686
Email: jburroug@radford.edu

<p>I. Purpose of this Research/Project Due to the high turnover rates in local Departments of Social Services (LDSS) a survey to measure the possible causes and remedies to help decrease turnover has been developed. You are asked to help determine if this is a valid measurement of organizational and supervisory supports needed to decrease the high turnover rates.</p> <p>II. Procedures I would like you to complete a paper and pencil survey, which will take approximately one hour. This survey will be administered on-site to local DSS employees at 14 other offices in Central and Southwestern Virginia. This information sheet explains the purpose of the study, how the information you share will be reported, and the risks to you that could occur because of your participation. Each survey is given to you in an envelope; please return the survey in this envelope. If you choose not to participate please stay in the room until the others complete their surveys. I brought material about vicarious trauma to share with you. Due to the length of the survey and the amount of time required to complete the survey refreshments are provided. Please feel free to help yourself as you wish. Also, if you need to get up and stretch or go to the restroom while completing the survey, please do so quietly.</p> <p>III. Risks There are no more than minimal risks involved in participating in this study, the same as though you were answering a phone or Internet survey. If, as a result of your participation in this research project, it is determined that counseling is needed, a list of local services will be provided. Any cost associated with counseling services will be your responsibility.</p>	<p>IV. Benefits There are several benefits for you as a result of completing this survey. Identifying organizational and supervisory characteristics associated with job satisfaction and decreased levels of vicarious/secondary trauma can be helpful to human service agencies in retaining a competent and committed workforce. This survey will allow you an opportunity to evaluate your supervisor and organization anonymously. There have been no promises or guarantees of benefits made to encourage your participation.</p> <p>V. Extent of Anonymity and Confidentiality This data has no identifying information as no names are requested, thus your responses remain anonymous. The surveys will not be shared with any DSS representatives and only aggregate information will be shared. I will use this information for my dissertation. A report on the results will be provided to the LDSS offices that participated. If you wish a copy please give me your name and mailing address.</p> <p>VI. Compensation No compensation will be provided for your participation in this study.</p> <p>VII. Freedom to Withdraw You are free to withdraw from this study at any time without penalty. You may choose not to answer certain questions. However, answering all questions will help me validate the survey so that it can be used with other human service employees elsewhere.</p>
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I appreciate your willingness to participate in this study. Any questions or comments about this research can be directed to me (see above), Dr. Peggy Meszaros, or David Moore, our contact information is:

Peggy S. Meszaros, PhD
Dissertation Committee Chair
Phone: 540-231-9428
Email: meszaros@vt.edu

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Supervisor and Organizational Support Survey

DIRECTIONS: This survey is designed to ask about your current work situation. The information you share will be reported in aggregate, no single person will be identified and your information will remain confidential. Please respond to each of the following items as it relates to your current DSS job. It is important to answer all questions as thoroughly as possible. If you wish to comment on any question or qualify your answer, please use the margins or a separate sheet of paper.

I. Supervision: All questions in this section are related to your current immediate supervisor and your relations with this person.

1. My supervisor is Male _____ Female _____

2. How long have you been supervised by your current immediate supervisor? (check only one response)

_____ less than 1 month	_____ more than 3 years up to 5 years
_____ 1 to 6 months	_____ more than 5 years up to 7 years
_____ more than 6 months up to 1 year	_____ more than 7 years up to 9 years
_____ more than 1 year up to 2 years	_____ more than 9 years up to 15 years
_____ more than 2 years up to 3 years	_____ more than 15 years

3. Including yourself, how many workers does your supervisor supervise? _____ (number)

4. How often do you meet individually (face-to-face) with your supervisor for at least 30 minutes? Check only one response.

_____ more than once a week	_____ once a month
_____ once a week	_____ less than once a month
_____ every 2 weeks	_____ only when I request it
_____ other, please specify _____	

Indicate the topics discussed during these meetings (check all that apply) and indicate if you felt very, somewhat or not at all supported by your supervisor when you discussed the issues.					
During meetings with my supervisors we typically discuss:	check one per item		During these discussions my supervisor was (circle the appropriate number):		
	Yes	No	Not at all supportive	Somewhat Supportive	Very Supportive
5. all cases on my caseload			1	2	3
6. cases my supervisor wants to discuss			1	2	3
7. cases that I ask to discuss			1	2	3
8. legal (court) cases			1	2	3
9. high profile or problem cases			1	2	3
10. feelings my cases bring up for me			1	2	3
11. community services or resources available for my clients			1	2	3
12. foster care plans/service plans			1	2	3
13. case progress			1	2	3
14. client's successes and accomplishments			1	2	3
15. how I am coping with tough cases			1	2	3
16. practice/clinical skills			1	2	3
17. other, please specify:					
a. _____					
b. _____					

(over)

Please circle the number that shows how much you agree or disagree with each of the following statements about your immediate supervisor by circling the appropriate number.				
Regarding decision-making , my supervisor	Strongly disagree	Disagree	Agree	Strongly agree
18. demonstrates consistency.	1	2	3	4
19. encourages creative solutions.	1	2	3	4
20. can accept an alternative perspective.	1	2	3	4
21. explains those decisions that I do not agree with.	1	2	3	4
22. values and seriously considers my opinions.	1	2	3	4
23. supports me in difficult case situations.	1	2	3	4
24. makes decisions and I do what he/she tells me to do	1	2	3	4
25. guides me in making my own decisions	1	2	3	4

Regarding training , my supervisor	Strongly Disagree	Disagree	Agree	Strongly Agree
26. helps me learn and improve.	1	2	3	4
27. helps me learn the ropes of the agency (includes politics, community resources, etc.).	1	2	3	4
28. is supportive of any on-the-job-training I attend.	1	2	3	4
29. encourages me to attend relevant training and workshops.	1	2	3	4
30. reinforces information and skills learned in training.	1	2	3	4

Regarding task support , my supervisor	Strongly Disagree	Disagree	Agree	Strongly Agree
31. provides the help I need to complete my required tasks, including paperwork.	1	2	3	4
32. helps me manage my caseload.	1	2	3	4
33. evenly distributes cases among workers.	1	2	3	4
34. scrutinizes my work for completeness and accuracy.	1	2	3	4
35. advocates for workers' needs with upper administration.	1	2	3	4
36. gives workers who are caught up more work.	1	2	3	4
37. constantly asks workers who are caught up to help workers who never get their work done on time.	1	2	3	4
38. understands the tasks that must be accomplished to help families.	1	2	3	4

Regarding recognizing/valuing/appreciating others , my supervisor	Strongly Disagree	Disagree	Agree	Strongly Agree
39. genuinely cares about me.	1	2	3	4
40. treats me with respect .	1	2	3	4
41. treats clients with respect.	1	2	3	4
42. recognizes and values my work.	1	2	3	4
43. appreciates me.	1	2	3	4
44. is an important reason I stay on this job.	1	2	3	4
45. praises my work.	1	2	3	4
46. recognizes each employee for their contributions.	1	2	3	4
47. asks me to report what my colleagues are doing and saying.	1	2	3	4
48. discusses colleagues work performance or 'issues' with me.	1	2	3	4

(continue)

Regarding emotional support , my supervisor	Strongly Disagree	Disagree	Agree	Strongly Agree
49. is available to me when I ask for help.	1	2	3	4
50. is “on my side” with emotional support, even in difficult situations.	1	2	3	4
51. encourages me to share my thoughts and feelings about the emotional impact my work has on me.	1	2	3	4
52. is available within 24 hours after a traumatic event, to allow me to describe the event in detail and talk about the emotional and cognitive impact it had on me.	1	2	3	4
53. provides information to me about the expected effects of trauma.	1	2	3	4
54. identifies activities and resources to help me cope effectively with the stories my clients tell me about their pain and hardships.	1	2	3	4
55. encourages me to take a “mental health” day when I have experienced a particularly difficult case or situation.	1	2	3	4
56. is negative about workers who express their emotions.	1	2	3	4
57. lets me know that fear, dread, and uncertainty are normal, expected, and natural reactions to my clients’ situations.	1	2	3	4
58. encourages me to laugh.	1	2	3	4
59. encourages me to vent pent-up feelings and emotions such as anger and pain.	1	2	3	4
60. provides support regarding the emotional trauma I am exposed to by hearing about my clients’ hardships and trauma.	1	2	3	4
61. encourages me to talk to my colleagues about the trauma I hear about as a part of my work.	1	2	3	4
62. says expressing emotions, specifically crying, is a sign of weakness.	1	2	3	4
63. supports me in balancing the demands of my job with my personal life.	1	2	3	4
64. helps me prevent and address burnout.	1	2	3	4
65. takes threats workers receive seriously.	1	2	3	4
66. helps workers develop safety plans to protect themselves.	1	2	3	4
67. offers opportunities to discharge the emotions that can build up in a day of work.	1	2	3	4
68. discourages negativity.	1	2	3	4
69. is easily frustrated by my need to discuss my feelings.	1	2	3	4
70. acknowledges, validates, and confirms the positive experiences in this work.	1	2	3	4
71. expects me to only discuss my cases with him/her and not my colleagues.	1	2	3	4
72. tells me “I will get used to it” when I talk about a difficult case.	1	2	3	4

(over)

Regarding setting goals and evaluation , my supervisor	Strongly Disagree	Disagree	Agree	Strongly Agree
73. assists me in setting and assessing long-term case goals.	1	2	3	4
74. gradually increases the complexity of my work assignments so that I am challenged.	1	2	3	4
75. knows the type of tasks I find rewarding and gives me opportunity to do these.	1	2	3	4
76. regularly evaluates my performance and gives me feedback.	1	2	3	4
77. supports and affirms my competence in my work.	1	2	3	4
78. challenges me to improve my work (e.g. constructive criticism).	1	2	3	4
79. tells me where I stand.	1	2	3	4
80. promotes self-reflection.	1	2	3	4
81. states clear expectations.	1	2	3	4

Regarding personal values/characteristics , my supervisor	Strongly Disagree	Disagree	Agree	Strongly Agree
82. is knowledgeable about effective ways to work with the clients we serve.	1	2	3	4
83. is appropriately flexible when it comes to applying rules.	1	2	3	4
84. challenges my biases and stereotypes about individuals.	1	2	3	4
85. demonstrates leadership	1	2	3	4
86. is competent in doing his/her job.	1	2	3	4
87. listens without giving advice or judgment.	1	2	3	4
88. has expertise in this work.	1	2	3	4
89. is non-judgmental of my questions and needs.	1	2	3	4
90. helps me set boundaries with clients and colleagues—so that I am not doing more than I can handle.	1	2	3	4
91. points out the positive attributes of my clients.	1	2	3	4
92. has a good sense of humor.	1	2	3	4
93. is knowledgeable of agency policies and procedures.	1	2	3	4
94. follows up with reminders of recommendations and assignments.	1	2	3	4
95. is an ethical person.	1	2	3	4
96. has good community relations.	1	2	3	4

(continue)

The following statements refer to the physical space in your work environment	Strongly Disagree	Disagree	Agree	Strongly Agree
20. My office provides a nurturing environment that promotes my task accomplishments.	1	2	3	4
21. My agency environment is pleasant and attractive.	1	2	3	4
22. I have a private workspace where my clients can share sensitive information.	1	2	3	4
23. My agency provides an area for workers to relax and discuss sensitive topics away from clients.	1	2	3	4
24. I feel safe in my work environment.	1	2	3	4

The following statements refer to emotional and behavioral responses to work.	Strongly Disagree	Disagree	Agree	Strongly Agree
25. My agency allows/creates time for workers to share their feelings.	1	2	3	4
26. It is okay to acknowledge personal needs at my agency.	1	2	3	4
27. I often feel angry at work.	1	2	3	4
28. I often suffer from physical ailments, such as headaches, backaches, or intestinal problems.	1	2	3	4
29. I express sarcasm toward my clients.	1	2	3	4
30. I avoid staff activities required by the agency, such as staff meetings, supervision, and unit activities.	1	2	3	4
31. I often feel anxious and dread going to work.	1	2	3	4
32. I enjoy my work.	1	2	3	4
33. My clients' accomplishments are personally rewarding for me.	1	2	3	4
34. My agency allows time for workers to discuss their work.	1	2	3	4
35. It is okay to need support and connect with my colleagues.	1	2	3	4
36. I am embarrassed to express my feelings at work.	1	2	3	4
37. The potential danger and random violence of my work environment is a source of job stress for me.	1	2	3	4
38. The unpredictable hours I work are stressful to me.	1	2	3	4

Job Satisfaction: The following questions relate to your satisfaction with aspects of your job.

Please circle the number that shows how much you agree or disagree with each of the following statements.				
I am satisfied with	Strongly Disagree	Disagree	Agree	Strongly Agree
39. my current job.	1	2	3	4
40. my salary.	1	2	3	4
41. the non-salary benefits I receive.	1	2	3	4
42. opportunities for promotion.	1	2	3	4
43. the organizational culture in my agency (defined as a place where learning, supportive supervision, and consultation are embraced).	1	2	3	4

(continue)

Job satisfaction continued

	Strongly Disagree	Disagree	Agree	Strongly Agree
44. I would recommend this job to a friend/ colleague.	1	2	3	4
45. If I could turn back the clock and revisit my decision to take this job, I would make the same decision.	1	2	3	4
46. I will make a genuine effort to find a new job with another employer within the next year.	1	2	3	4

If you are planning to find another job at another agency in the next year, please answer questions 47 & 48. If you plan to stay in your current job, skip to question 49.

47. If you are looking for a new job or plan to look within the next year, list the three most important reasons why you have considered looking elsewhere:

a. _____

b. _____

c. _____

48. List three changes that would make it possible for you to continue in your current job.

a. _____

b. _____

c. _____

49. If you plan to stay in your current job or with your current agency, list the three most important reasons why you plan to stay.

a. _____

b. _____

c. _____

III. Personal and Professional Reactions: The following questions are related to your personal and professional experiences/reactions to your current work.

1. Do you feel your work with traumatized (abused and neglected) children or adults, or impoverished families has had an effect on you? ____ yes ____ no

a. If so, how? _____

b. If not, why not?

(over)

The following is a list of statements made by persons who have been impacted by their work with traumatized clients. Read each statement then indicate how frequently the statement was true for you in the past seven (7) days by circling the corresponding number next to the statement.

NOTE: "Client" is used to indicate persons with whom you have been engaged in a helping relationship. You may substitute another noun that better represents your work such as consumer, patient, recipient, etc.

	Never	Rarely	Occasionally	Often	Very Often
2. I felt emotionally numb.	1	2	3	4	5
3. My heart started pounding when I thought about my work with clients.	1	2	3	4	5
4. It seemed as if I was reliving the trauma(s) experienced by my clients.	1	2	3	4	5
5. I had trouble sleeping.	1	2	3	4	5
6. I felt discourage about the future.	1	2	3	4	5
7. Reminders of my work with clients upset me.	1	2	3	4	5
8. I had little interest in being around others.	1	2	3	4	5
9. I felt jumpy.	1	2	3	4	5
10. I was less active than usual	1	2	3	4	5
11. I thought about my work with clients when I didn't intend to.	1	2	3	4	5
12. I had trouble concentrating.	1	2	3	4	5
13. I avoided people, places, or things that reminded me of my work with clients.	1	2	3	4	5
14. I had disturbing dreams about my work with clients.	1	2	3	4	5
15. I wanted to avoid working with some clients.	1	2	3	4	5
16. I was easily annoyed.	1	2	3	4	5
17. I expected something bad to happen.	1	2	3	4	5
18. I noticed gaps in my memory about meetings with my client.	1	2	3	4	5
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(continue)

Below is a list of coping methods and self-care strategies some workers use to deal with work stress. Please indicate for each one: how often you use this methods and whether you find it helpful.							
1= never 2=rarely 3=occasionally 4=often 5=very often							
	I use this strategy (circle one number)					Does it help you reduce work- related stress? (Circle one)	
19. Discussing cases with colleagues	1	2	3	4	5	YES	NO
20. Spending time with family, friends, and children	1	2	3	4	5	YES	NO
21. Seeking extra supervision regarding specific issues or clients	1	2	3	4	5	YES	NO
22. Discussing feelings about my work	1	2	3	4	5	YES	NO
23. Seeking therapy myself	1	2	3	4	5	YES	NO
24. Exercise	1	2	3	4	5	YES	NO
25. Meditation and/or yoga	1	2	3	4	5	YES	NO
26. Leaving client-related concerns at work	1	2	3	4	5	YES	NO
27. Seeking further training (academic, workshop, conference, etc.)	1	2	3	4	5	YES	NO
28. Participating in a support group with colleagues	1	2	3	4	5	YES	NO
29. Praying for guidance and/or strength.	1	2	3	4	5	YES	NO
30. Take quiet time to reflect on my day's events and how they have impacted me	1	2	3	4	5	YES	NO
31. Avoiding reminders of work when I am not at the office	1	2	3	4	5	YES	NO
32. Schedule activities at work ahead of time, anticipating stressful events and their impact on me	1	2	3	4	5	YES	NO
33. Treating myself with respect	1	2	3	4	5	YES	NO
34. Making time to do things that contribute to my health and well-being	1	2	3	4	5	YES	NO
35. Self-medicating with alcohol and/or drugs	1	2	3	4	5	YES	NO
36. Creating time for me to be carefree, to play, and have no responsibilities.	1	2	3	4	5	YES	NO
37. Finding time to recall and name rewards of my work.	1	2	3	4	5	YES	NO
38. Taking time for activities that allow me to get away from painful feelings related to my work.	1	2	3	4	5	YES	NO
39. Performing community service/volunteer work (with non-trauma population)	1	2	3	4	5	YES	NO
40. Relying on my spiritual beliefs.	1	2	3	4	5	YES	NO
41. Other:	1	2	3	4	5	YES	NO
42. Other:	1	2	3	4	5	YES	NO

IV. Demographic information: the following information is related to your personal life, please answer all questions.

1. What is your current **age**: _____ (years)

2. What is your **gender** (check one)

Male: _____ Female: _____ Other (specify): _____

(over)

Education: Questions 21 through 24 relate to your educational experience.

21. What is the highest level of education you have completed?

- Less than High School
- High School or Equivalent (GED)
- Associate Degree (AA): Major _____
- Bachelor's degree Major _____
- Master's degree Major/concentration: _____
- Doctorate degree Major/concentration: _____

22. During your educational experience, did you receive a Title IV-E child welfare stipend? (Check one)

- no
- yes,
 - _____ years (number) at BSW
 - _____ years (number) at MSW

Please circle the number that shows how much you agree or disagree with each of the following statements				
My education	Strongly disagree	Disagree	Agree	Strongly Agree
23. provided me with knowledge and understanding of vicarious/secondary trauma				
24. prepared me to deal with vicarious/secondary trauma I experience on this job.				

Training:

25. Have you taken the three Virginia Institute for Social Services Training Activities (VISSTA) mandated Child Protective Services (CPS) courses or an equivalent course?

- No Yes

26. Have you ever received any specialized training about secondary or vicarious trauma?

- No
- yes, titles of training and dates received: _____
- _____
- _____
- _____

Salary:

27. What is your annual salary in your current position at this agency (check one)?

- a. less than \$15,000 e. \$30,001--\$35,000
- b. \$15,001 -- \$20,000 f. \$35,001 -- \$45,000
- c. \$20,001 -- \$25,000 g. \$45,001--\$55,000
- d. \$25,001 -- \$30,000 h. more than \$55,000

(over)

Work history:

28. What is your current position (title)? _____

29. Is your current position in DSS your first full-time job? ____ yes ____ no

30. Please identify the DSS service areas/units in which you work or have worked (check all that apply) and indicate how long you worked in each.

	From (Mo/Yr)	To (Mo/Yr)
a. ____ Adult Services	From _____	To _____
b. ____ Eligibility Services	From _____	To _____
in what area/unit: _____		
c. ____ Child Protective Services (CPS)	From _____	To _____
d. ____ Adoptions/Permanency	From _____	To _____
e. ____ Foster Care	From _____	To _____
f. ____ Family Preservation	From _____	To _____
g. ____ Other	From _____	To _____
(Please specify) _____		

31. In the past 3 months what is the number of hours you have spent on call? _____

32. If you would like to add any additional information about your supervisor's or agency's support or comments about emotional difficulties related to your work, please do so below.

Thank you for taking time to complete this survey and share your thoughts.

Updated 2/11/07

Appendix C

SOS Survey Items Borrowed from Existing Measurements

SOS Survey Content Borrowed from Existing Measurements

Section & # of Survey question	Source
Section 1: Supervision:	
1*	<i>Social Work Education Consortium Workforce Retention Study Survey Instrument</i> , Albany, NY (referred to as NY survey throughout the remainder of this Table)
2*	NY survey & Collins Carmago (content expert—suggested adding more categories)
Decision Making: 18*, 19, 20, 21, 22*, 23, 25*	NY Survey
Training: 26, 27*, 28, 30*	NY Survey
Task Support: 31* 35*	NY Survey Moos (1994) and Moos and Lemke (1994) supportive supervision questions included in the Roberto, Mancini, and Ware (2001) research proposal entitled <i>Retention of Nursing Home Employees: An Ecological Model</i>
Recognizing/valuing/ appreciating others: 39, 42* 42*, 46* 43*	NY survey Moos in Roberto, et. al, proposal Denton, Culver, & Burroughs (2001) <i>Child Welfare Staff Retention Study in Two DSS Regions of Virginia</i>
44*	Denton, et al, Collins-Carmago suggested a different wording
Emotional Support: 49, 63, 64 50	NY Survey Kassam-Adams <i>The Risks of Treating Sexual Trauma: Stress and Secondary Trauma in Psychotherapists</i> (1995)
69*, 71* Setting goals & evaluation: 73, 76* 74*, 75 77*, 78*	Moos in Roberto, et. al, proposal NY Survey Denton, et al. Kassam-Adams
Personal values/ characteristics: 82*, 83, 85, 86	NY Survey

87*, 88* Kassam-Adams

Section II. Organizational and Professional Aspects

Workload/caseload: 2* NY Survey
 3* Denton, et al.
 Commitment to work Ellett & Ellett scale *Measures and Items for the Fall, 2002 Survey of* Denton, et
 and personal mission: al. *Professional Child Welfare Staff in the Georgia Division of Family and*
 13, 15*, 18, 19* *Children Services*
 15*, 16*, 19*
 Physical Space: 20 Denton, et al.
 Emotional and Denton, et al.
 Behavioral
 responses to work:
 27, 28, 29, 30
 Job Satisfaction: 39* NY Survey; Olsen (dissertation committee member)
 40, 41, 42*, 44*, 45*, NY Survey
 46*, 47*, 48*, 49
 46* Stremmel (1991) from Roberto, et al., proposal

* Question modified from original form

Appendix D

SOS Survey Items Developed from Literature, Recommendations of Content and Survey

Experts, DSS Representatives and Personal Experience

SOS survey Items Developed from Literature, Recommendations of Content Experts, DSS Employees., and Personal Experience

Section & # of Survey Question	Source
Section 1: Supervision	
3	GAO, 2003
4, 9, 15	Schakelford (content expert)—clarified wording #4, suggested adding #9 & #15 #4: Kadushin, 1974; North Carolina Division of Social Services, 2001 #15: Drake & Yadama, 1996; Dunning, 1994; Gardener, 1995; Pecora, et al., 2000
5, 6, 7, 8, 11, 12 10, 13, 14	Personal experience and discussions with DSS employees #10: Drake & Yadama, 1996; Dunning, 1994; Gardener, 1995; Pecora, et al., 2000; Pearlman & Saakvitne, 1995a #13: Dunning, 1994; Pecora, et al., 2000 #14: Saakvitne & Pearlman, 1996
16	Collins-Carmago (content expert)—suggested adding NCDSS & Family & Children’s Resources Program, 2001; Samantrai, 1992
Decision Making: 24, 25	Schakelford suggested adding #24, and clarified #25 #24: Gunderson & Osborne, 2001; North Carolina Division of Social Services & the Family and Children’s Resource Programs [NCDSS & FCRF], 2003; Pearlman & Saakvitne, 1995a; Poetner & Rapp, 1983 #25: Gunderson & Osborne, 2001; Pecora, et al., 2000;
Training: 29	Bell, et al., 2003; Dunning, 1994; Gunderson & Osborne, 2001; Harrison, 1995; Pecora, et al., 2000; Regehr & Cadell, 1999
Task Support: 32, 33, 34 36 & 37 38	#32 & #34: Personal experience and discussions with DSS employees #33: Bell, et al., 2003; NASW, 2003; Regehr & Cadell, 1999 Schakelford suggested adding Annie E. Casey, 2003; Brody, 2000; NCDSS & FCRP, 2003; Poetner & Rapp, 1983; Salus, 2004
Recognizing/valuing/ appreciating others: 40, 41, 45	#40: Brody, 2000; Chaskin, Brown, Venkatesh, & Vidal, 2001; Mancini, Martin, & Bowen, 2003 #41: Chaskin, Brown, Venkatesh, & Vidal, 2001; Mancini, Martin, & Bowen, 2003 #45: Brody, 2000; Harrison, 1995; NCDSS & FCRP, 2003
47	Culver (survey development expert recommended adding)
48	Culver & Schakelford (recommended adding, suggested wording)

Emotional Support: 51	#51: Bell, et al., 2003; Bednar, 2003; Dunning, 1994; Figley, 1995; Horwitz, 1998; Nissly, et al., 2005; Pearlman & Saakvitne, 1995a, 1995b; Saakvitne & Pearlman, 1996
52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62	#52: Bell, et al., 2003; Horwitz, 1998 #53: Brody, 2000; Gardner, 1995; Horwitz, 1998 #54: Norcross, 2000; Pearlman, 1999, 2005 #55: Daly, 1979; Harrison, 1995 #56: Daly, 1979; Dane, 2000; Drake & Yadama, 1996; Dunning, 1994; Figley, 1995; Friedman, 2002; Gardner, 1995; Rudolph, et al., 1997 #57: Brody, 2000; Gardner, 1995; Horwitz, 1998 #58: Shauben & Frazier, 1995 #59: Bell, et al., 2003; Bednar, 2003; Dunning, 1994; Pecora, et al., 2000; Pearlman & Saakvitne, 1995a; Saakvitne & Pearlman, 1996 #60: Bell, et al., 2003; Brody, 2000; Dunning, 1994; Horwitz, 1998; Pearlman & Saakvitne, 1995a; Saakvitne & Pearlman, 1996; Salus, 2004 #61: Bell, et al., 2003; Catherall, 1999; Denton, et al., 2001; Dunning, 1994; Mancini, et al., 2003; Pearlman, 2005; Pearlman & Saakvitne, 1995a; Saakvitne & Pearlman, 1996 #62: Dunning, 1994
66, 72	Schakelford clarified #66, and suggested adding #72 #66: Collins-Carmago, et al., 2005
67, 68, 70	#67: GAO, 2003; Whitaker, Reich, Reid, Williams & Woodside, 2004 #68: Personal experience and discussion with DSS employees #70: Kaye & Jordan-Evans, 2005; Pearlman & Saakvitne, 1995a
Setting Goals & Evaluation: 79, 80, 81	#79: Harrison, 1995 #80: Pearlman & Saakvitne, 1995b #81: Bednar, 2003; Brody, 2000; Harrison, 1995; Rycraft, 1994
Personal values/ characteristics: 84, 89, 90, 91, 92, 93, 94, 96	#84 & #89 & #94: Personal experience and discussions with DSS employees #90: Swindell & Pryce, 2003 #91: Saakvitne & Pearlman, 1996 #92: NCDSS, 2001 #93: Annie E. Casey, 2003; Brody, 2000; NCDSS & FCRP, 2003; Poetner & Rapp, 1983; Salus, 2004 #96: Annie E. Casey, 2003; Brody, 2000; NCDSS & FCRP, 2003; Poetner & Rapp, 1983; Salus, 2004
95	Collins-Carmago recommended adding

Section II: Organizational & Professional Aspects:

1	Bell, et al., 2003; Dunning, 1994; Pearlman & Saakvitne, 1995a; Saakvitne & Pearlman, 1996
Workload/Caseload:	#4: Figley, 1995
4, 5, 6, 7, 8, 9	#5: Bell, et al., 2003; Chrestman, 1999; Pearlman & Saakvitne, 1995a #6: Bell, et al., 2003; Pearlman & Saakvitne, 1995a #7: Bell, et al., 2003; Pearlman & Saakvitne, 1995a #8: Alwon & Reitz, 2000; Samantrai, 1992 #9: Bell, et al., 2003
10, 11	Schakelford recommended adding #10 and #11 #10: Bell, et al., 2003; Pearlman & Saakvitne, 1995a #11: Bell, et al., 2003; Pearlman & Saakvitne, 1995a
12	Bell, et al., 2003; NASW, 2003; Regehr & Cadell, 1999
Commitment to work & personal mission:	#14: Annie E. Casey, 2003; Bednar, 2003; Cicero-Reese & Black, 1998 #17: Saakvitne & Pearlman, 1996
14, 17	
Physical space in your work environment:	#21: Yassen, 1995 #22: Pearlman & Saakvitne, 1995b; Yassen, 1995 #23: Yassen, 1995 #24: Pearlman & Saakvitne, 1995b; Yassen, 1995
21, 22, 23, 24	
Emotional and Behavioral responses to work	#25: Bell, et al., 2003; Catherall, 1999; Conrad, 2005; Denton, et al., 2001; Dunning, 1994; Mancini, et al., 2003; McCann & Pearlman, 1990a; Pearlman, 1999, 2005; Pearlman & Saakvitne, 1995a; Saakvitne & Pearlman, 1996 #26: Bell, et al., 2003 #31: Daley, 1979; Dane, 2000; Figley, 1995; Freidman, 2002; McCann & Pearlman, 1990a; Nelson-Gardell & Harris, 2003; Rudolph, et al., 1997; Swindell & Pryce, 2003 #32: Saakvitne & Pearlman, 1996 #33: Kaye & Jordan-Evans, 2005; Pearlman & Saakvitne, 1995a #34: Catherall, 1999; Dunning, 1994; Munroe, Shay, Fisher, Makary, Rappoport, & Zimmering, 1995; Rosenbloom et al., 1995 #35: Bell, et al., 2003; Horwitz, 1998; Regehr & Cadell, 1999 #36: Drake & Yadama, 1996; Dunning, 1994; Gardner, 1995 #37: Bell, et al., 2003; Dunning, 1994 #38: Personal experience & discussions with DSS employees
25, 26, 31, 32, 33, 34, 35, 36, 37, 38	
Job Satisfaction: 43	Collins-Carmago recommended adding: Bell et al., 2003

Appendix E

Item Responses, Percentages, Means, and Standard Deviations

<i>Item distribution: percentages and frequencies of responses</i>							
Item Stem	Strongly Disagree (1)	Disagree (2)	Agree (3)	Strongly Agree (4)	N	Mean	SD
My supervisor demonstrates consistency	9.1% (34)	19.7% (74)	52.3% (196)	18.9% (71)	375	2.81	.846
...encourages creative solutions	3.4% (13)	15.8% (60)	54.4% (206)	26.4% (100)	379	3.04	.748
...can accept an alternative perspective	4.5% (17)	15.3% (58)	56.5% (214)	23.7% (90)	379	2.99	.756
...explains those decisions that I do not agree with	4.5% (17)	12.9% (49)	62% (235)	20.6% (78)	379	2.99	.718
...values and seriously considers my opinions	3.4% (13)	14.2% (54)	48.8% (185)	33.5% (127)	379	3.12	.775
...supports me in difficult case situations	2.9% (11)	9.6% (36)	50% (188)	37.5% (141)	376	3.22	.735
...makes decisions and I do what he/she tells me to do ®	3.5% (13)	23.1% (87)	47.3% (178)	26.1% (98)	376	2.04	.794
...guides me in making my own decisions	2.7% (10)	20.7% (78)	55.2% (208)	21.5% (81)	377	2.95	.726
...helps me learn and improve	2.6% (10)	21.1% (80)	50% (190)	26.3% (100)	380	3.00	.762
...helps me learn the ropes of the agency (includes politics, community resources, etc.)	4.3% (16)	27.2% (102)	48% (180)	20.5% (77)	375	2.85	.792
...is supportive of any on-the-job-training I attend	1.6% (6)	5.8% (22)	53.1% (203)	39.5% (151)	382	3.31	.650
...encourages me to attend relevant training and workshops	2.4% (9)	9.2% (35)	45.9% (174)	42.5% (161)	379	3.28	.730
...reinforces information and skills learned in training	2.7% (10)	23.6% (88)	52% (194)	21.7% (81)	373	2.93	.746
...provides the help I need to complete my required tasks, including paperwork	5.3% (20)	28.2% (106)	50.5% (190)	16% (60)	376	2.77	.777
...helps me manage my caseload	10.1% (36)	38.2% (136)	38.8% (138)	12.9% (46)	356	2.54	.843
...evenly distributes cases among workers	7.2% (25)	21.9% (76)	53.6% (186)	17.3% (60)	347	2.81	.804
...scrutinizes my work for completeness and accuracy ®	6.1% (22)	30% (108)	45.3% (163)	18.6% (67)	360	2.24	.823
...advocates for workers' needs with upper administration	5.8% (21)	18.1% (66)	53.6% (195)	22.5% (82)	364	2.93	.796
...gives workers who are caught up more work ®	8.9% (31)	52.9% (184)	30.7% (107)	7.5% (26)	348	2.63	.749
...constantly asks workers who are caught up to help workers who never get their work done on time ®	14.7% (51)	57.5% (200)	21.6% (75)	6.3% (22)	348	2.80	.761
...understands the tasks that must be accomplished to help families	1.4% (5)	8.2% (30)	56.7% (208)	33.8% (124)	367	3.23	.650
...genuinely cares about me	4% (15)	14% (52)	48.7% (181)	33.3% (124)	372	3.11	.790

<i>Item distribution: percentages and frequencies of responses continued</i>							
Item Stem	Strongly Disagree (1)	Disagree (2)	Agree (3)	Strongly Agree (4)	N	Mean	SD
My supervisor treats me with respect	3.4% (13)	6.9% (26)	50.4% (191)	39.3% (149)	379	3.26	.731
...treats clients with respect	1.1% (4)	5% (19)	53.7% (204)	40.3% (153)	380	3.33	.621
...recognizes and values my work	4% (15)	11.6% (44)	47.1% (178)	37.3% (141)	378	3.18	.786
...appreciates me	4.2% (16)	11.9% (45)	46% (174)	37.8% (143)	378	3.17	.799
...is an important reason I stay on this job	13.5% (51)	30.8% (116)	32.1% (121)	23.6% (89)	377	2.66	.985
...praises my work	6.6% (25)	21.3% (80)	45.7% (172)	26.3% (99)	376	2.92	.859
...recognizes each employee for their contributions	6.7% (25)	24.8% (92)	44.2% (164)	24.3% (90)	371	2.86	.862
...asks me to report what my colleagues are doing and saying ®	39.3% (148)	48.5% (183)	7.7% (29)	4.5% (17)	377	3.23	.775
...discusses colleagues work performance or ‘issues’ with me ®	38.6% (146)	40.5% (153)	16.9% (64)	4% (15)	378	3.14	.835
...is available to me when I ask for help	2.4% (9)	13.6% (52)	54.9% (209)	29.1% (111)	381	3.11	.716
...is “on my side” with emotional support, even in difficult situations	3.7% (14)	18.5% (70)	52.9% (200)	24.9% (94)	378	2.99	.764
...encourages me to share my thoughts and feelings about the emotional impact my work has on me	9.3% (35)	34.4% (129)	44.5% (167)	11.7% (44)	375	2.59	.816
...is available within 24 hours after a traumatic event, to allow me to describe the event in detail and talk about the emotional and cognitive impact it had on me	9.2% (33)	28.3% (101)	43.4% (155)	19% (68)	357	2.72	.877
...provides information to me about the expected effects of trauma	12% (43)	50.7% (181)	29.4% (105)	7.8% (28)	357	2.33	.788
...identifies activities and resources to help me cope effectively with the stories my clients tell me about their pain and hardships	11.2% (40)	50.3% (180)	31.6% (113)	7% (25)	358	2.34	.768
...encourages me to take a “mental health” day when I have experienced a particularly difficult case or situation	17.1% (63)	42.7% (157)	28.8% (106)	11.4% (42)	368	2.35	.894
...is negative about workers who express their emotions ®	34.4% (129)	52.8% (198)	10.4% (39)	2.4% (9)	375	3.19	.713
...lets me know that fear, dread, and uncertainty are normal, expected, and natural reactions to my clients’ situations	8.0% (29)	40.6% (147)	46.4% (168)	5% (18)	362	2.48	.715
...encourages me to laugh	4% (15)	18.9% (71)	51.7% (194)	25.3% (95)	375	2.98	.777
...encourages me to vent pent-up feelings and emotions such as anger and pain	8.1% (30)	42% (155)	39% (144)	10.8% (40)	369	2.53	.794

<i>Item distribution: percentages and frequencies of responses continued</i>							
Item Stem	Strongly Disagree (1)	Disagree (2)	Agree (3)	Strongly Agree (4)	N	Mean	SD
My supervisor provides support regarding the emotional trauma I am exposed to by hearing about my clients' hardships and trauma	9% (32)	33.6% (119)	45.8% (162)	11.6% (41)	354	2.60	.809
...encourages me to talk to my colleagues about the trauma I hear about as a part of my work	11.4% (41)	42.1% (151)	36.8% (132)	9.7% (35)	359	2.45	.820
...says expressing emotions, specifically crying, is a sign of weakness @	49.9% (186)	43.4% (162)	5.4% (20)	1.3% (5)	373	3.42	.657
...supports me in balancing the demands of my job with my personal life	9.4% (35)	24.1% (90)	50.8% (190)	15.8% (59)	374	2.73	.838
...helps me prevent and address burnout	9.5% (35)	41% (151)	39.4% (145)	10.1% (37)	368	2.50	.802
...takes threats workers receive seriously	3.8% (14)	10.4% (38)	52.2% (191)	33.6% (123)	366	3.16	.755
...helps workers develop safety plans to protect themselves	6.3% (23)	28.4% (103)	45.5% (165)	19.8% (72)	363	2.79	.832
...offers opportunities to discharge the emotions that can build up in a day of work	8.7% (32)	41.4% (152)	41.4% (152)	8.4% (31)	367	2.50	.771
...discourages negativity	5.4% (20)	28.6% (106)	51.1% (189)	14.9% (55)	370	2.75	.770
...is easily frustrated by my need to discuss my feelings @	33.2% (121)	54.2% (198)	10.4% (38)	2.2% (8)	365	3.18	.701
...acknowledges, validates, and confirms the positive experiences in this work	4% (15)	15.8% (59)	61.8% (231)	18.4% (69)	374	2.95	.708
...expects me to only discuss my cases with him/her and not my colleagues @	33.2% (122)	55.7% (205)	9% (33)	2.2% (8)	368	3.20	.686
...tells me "I will get used to it" when I talk about a difficult case @	31.1% (114)	56% (205)	11.2% (41)	1.6% (6)	366	3.17	.680
...assists me in setting and assessing long-term case goals	5% (18)	31.6% (113)	50.8% (182)	12.6% (45)	358	2.71	.748
...gradually increases the complexity of my work assignments so that I am challenged	3.8% (14)	34.2% (125)	49.7% (182)	12.3% (45)	366	2.70	.729
...knows the type of tasks I find rewarding and gives me opportunity to do these	5.3% (19)	35.2% (127)	46.3% (167)	13.3% (48)	361	2.68	.769
...regularly evaluates my performance and gives me feedback	8.7% (32)	31.3% (115)	47.6% (175)	12.5% (46)	368	2.64	.810
...supports and affirms my competence in my work	6.4% (24)	19.3% (72)	53.4% (199)	20.9% (78)	373	2.89	.805
...challenges me to improve my work (e.g. constructive criticism)	4.3% (16)	23.1% (85)	58.2% (214)	14.4% (53)	368	2.83	.721

<i>Item distribution: percentages and frequencies of responses continued</i>							
Item Stem	Strongly Disagree (1)	Disagree (2)	Agree (3)	Strongly Agree (4)	N	Mean	SD
My supervisor tells me where I stand	6.2% (23)	33.3% (124)	49.2% (183)	11.3% (42)	372	2.66	.759
...promotes self-reflection	4.9% (18)	36.6% (134)	48.6% (178)	9.8% (36)	366	2.63	.727
...states clear expectations	7.2% (27)	21.4% (80)	54.3% (203)	17.1% (64)	374	2.81	.800
...is knowledgeable about effective ways to work with the clients we serve	1.9% (7)	7.5% (28)	60.4% (226)	30.2% (113)	374	3.19	.646
...is appropriately flexible when it comes to applying rules	4.5% (17)	14.4% (54)	57.9% (217)	23.2% (87)	375	3.00	.748
...challenges my biases and stereotypes about individuals	5.6% (20)	40.1% (144)	44.6% (160)	9.7% (35)	359	2.58	.742
...demonstrates leadership	6.4% (24)	11.7% (44)	49.9% (188)	32.1% (121)	377	3.08	.830
...is competent in doing his/her job	4.8% (18)	10.8% (41)	49.5% (187)	34.9% (132)	378	3.15	.793
...listens without giving advice or judgment	7.3% (27)	27.8% (103)	46.6% (173)	18.3% (68)	371	2.76	.834
...has expertise in this work	4.2% (16)	9.5% (36)	50.7% (191)	35.5% (134)	377	3.18	.769
...is non-judgmental of my questions and needs	4.9% (18)	18.3% (67)	49.3% (181)	27.5% (101)	367	2.99	.810
...helps me set boundaries with clients and colleagues—so that I am not doing more than I can handle	5.3% (19)	30.8% (111)	50.6% (182)	13.3% (48)	360	2.72	.759
...points out the positive attributes of my clients	4.7% (17)	25.1% (90)	57.3% (205)	12.8% (46)	358	2.78	.724
...has a good sense of humor	2.7% (10)	9.4% (35)	51.2% (191)	36.7% (137)	373	3.22	.722
...is knowledgeable of agency policies and procedures	.8% (3)	6.1% (23)	45.4% (171)	47.7% (180)	377	3.40	.641
...follows up with reminders of recommendations and assignments	4.6% (17)	24.2% (89)	48.4% (178)	22.8% (84)	368	2.89	.803
...is an ethical person	2.4% (9)	6.4% (24)	45.7% (172)	45.5% (171)	376	3.34	.706
...has good community relations	3% (11)	10.6% (39)	41.7% (154)	44.7% (165)	369	3.28	.771
I consider my caseload too high @	7.7% (26)	48.2% (162)	30.1% (101)	14% (47)	336	2.50	.829
My cases are complex, involving a combination of two or more issues, such as substance abuse, mental illness, developmental disabilities, abuse, neglect, limited social supports, or a lack of economic resources.	3% (10)	10.4% (35)	39.7% (133)	46.9% (157)	335	3.30	.776
I am able to vary the kinds of client problems I deal with throughout the day.	5.8% (20)	17.3% (60)	58.4% (202)	18.5% (64)	346	2.90	.762

<i>Item distribution: percentages and frequencies of responses continued</i>							
Item Stem	Strongly Disagree (1)	Disagree (2)	Agree (3)	Strongly Agree (4)	N	Mean	SD
I am able to limit the number of clients I see back-to-back.	10.6% (36)	19.1% (65)	55.9% (190)	14.4% (49)	340	2.74	.833
I am able to vary the rhythm of my day, i.e. see clients, do paperwork, go to court, meet with my supervisor or colleagues, and attend meetings.	9% (31)	13.9% (48)	57.8% (200)	19.4% (67)	346	2.88	.823
My agency allows employees to create flexible work schedules i.e. respite, part-time, job sharing.	12.8% (45)	23.6% (83)	42.5% (149)	21.1% (74)	351	2.72	.940
My agency allows employees to rotate work assignments.	20.4% (69)	45.3% (153)	28.1% (95)	6.2% (21)	338	2.20	.834
I have time to take my lunch break on a regular basis.	7% (25)	18.2% (65)	54.1% (193)	20.7% (74)	357	2.89	.811
I am able to take my allowed breaks during my work day.	7.6% (27)	21% (74)	52.1% (184)	19.3% (68)	353	2.83	.825
The number of existing cases AND the complexity of cases is considered in determining caseloads.	16.3% (54)	33.4% (111)	41.6% (138)	8.7% (29)	332	2.43	.864
I have a desire to protect children.	0% (0)	0% (0)	23% (85)	77% (284)	369	3.77	.422
I do not have a commitment to help others. ®	74.3% (280)	15.4% (58)	4.2% (16)	6.1% (23)	377	3.58	.835
I have a commitment to promote the well-being of my clients.	.5% (2)	.8% (3)	33.9% (126)	64.8% (241)	372	3.63	.532
I am able to positively impact my clients.	.3% (1)	3.3% (12)	59.2% (215)	37.2% (135)	363	3.33	.553
I feel effective in doing my job.	1.1% (4)	4.8% (18)	58.5% (221)	35.7% (135)	378	3.29	.604
I do not feel appreciated by my agency. ®	21.7% (81)	39% (146)	25.4% (95)	13.9% (52)	374	2.68	.964
I feel adequately trained and prepared to accomplish positive outcomes with my clients.	2.2% (8)	13.2% (49)	63.1% (234)	21.6% (80)	371	3.04	.658
My office provides a nurturing environment that promotes my task accomplishments.	10.8% (41)	25.4% (96)	49.7% (188)	14% (53)	378	2.67	.849
My agency environment is pleasant and attractive.	11.1% (42)	27.2% (103)	50.8% (192)	10.8% (41)	378	2.61	.823
I have a private workspace where my clients can share sensitive information.	19.2% (71)	22% (81)	39% (144)	19.8% (73)	369	2.59	1.012
My agency provides an area for workers to relax and discuss sensitive topics away from clients.	17.7% (67)	30.1% (114)	40.1% (152)	12.1% (46)	379	2.47	.921
I feel safe in my work environment.	4.2% (16)	17.5% (66)	60.6% (229)	17.7% (67)	378	2.92	.718

<i>Item distribution: percentages and frequencies of responses continued</i>							
Item Stem	Strongly Disagree (1)	Disagree (2)	Agree (3)	Strongly Agree (4)	N	Mean	SD
My agency allows/creates time for workers to share their feelings.	11.9% (44)	39.1% (145)	39.9% (148)	9.2% (34)	371	2.46	.819
It is okay to acknowledge personal needs at my agency.	6.1% (23)	23% (86)	59.4% (222)	11.5% (43)	374	2.76	.732
I often feel angry at work. ®	19.1% (72)	58.5% (220)	17% (64)	5.3% (20)	376	2.93	.754
I often suffer from physical ailments, such as headaches, backaches, or intestinal problems. ®	20.9% (78)	39.3% (147)	28.9% (108)	11% (41)	374	2.70	.921
I express sarcasm toward my clients. ®	40% (148)	48.6% (180)	9.2% (34)	2.2% (8)	370	3.26	.714
I avoid staff activities required by the agency, such as staff meetings, supervision, and unit activities. ®	44.5% (167)	47.2% (177)	6.4% (24)	1.9% (7)	375	3.34	.683
I often feel anxious and dread going to work. ®	26.9% (101)	49.9% (187)	19.5% (73)	3.7% (14)	375	3.00	.784
I enjoy my work.	.3% (1)	10.1% (38)	61.3% (230)	28.3% (106)	375	3.18	.604
My clients' accomplishments are personally rewarding for me.	.5% (2)	8% (29)	59.6% (217)	31.9% (116)	364	3.23	.608
My agency allows time for workers to discuss their work.	4.6% (17)	22.1% (82)	58.8% (218)	14.6% (54)	371	2.83	.723
It is okay to need support and connect with my colleagues.	1.9% (7)	4.3% (16)	62.3% (233)	31.6% (118)	374	3.24	.615
I am embarrassed to express by feelings at work. ®	27.5% (103)	56.1% (210)	14.7% (55)	1.6% (6)	374	3.10	.692
The potential danger and random violence of my work environment is a source of job stress for me. ®	30.1% (111)	49.6% (183)	15.2% (56)	5.1% (19)	369	3.05	.811
The unpredictable hours I work are stressful to me. ®	26.2% (97)	49.5% (183)	17.8% (66)	6.5% (24)	370	2.95	.837
I am satisfied with my current job.	2.4% (9)	12% (45)	60.6% (228)	25% (94)	376	3.08	.678
I am satisfied with my salary.	18.9% (71)	39.4% (148)	34.6% (130)	7.2% (27)	376	2.30	.856
I am satisfied with the non-salary benefits I receive.	5.9% (22)	20.1% (75)	61.1% (228)	12.9% (48)	373	2.81	.729
I am satisfied with opportunities for promotion.	18.5% (68)	38.6% (142)	37.2% (137)	5.7% (21)	368	2.30	.834
I am satisfied with the organizational culture in my agency (defined as a place where learning, supportive supervision, and consultation are embraced).	10.8% (41)	31.2% (118)	49.7% (188)	8.2% (31)	378	2.55	.794

<i>Item distribution: percentages and frequencies of responses continued</i>							
Item Stem	Strongly Disagree (1)	Disagree (2)	Agree (3)	Strongly Agree (4)	N	Mean	SD
I would recommend this job to a friend/ colleague.	6.8% (26)	23.9% (91)	57.1% (217)	12.1% (46)	380	2.74	.755
If I could turn back the clock and revisit my decision to take this job, I would make the same decision.	4.5% (17)	14% (53)	58% (220)	23.5% (89)	379	3.01	.745
I will make a genuine effort to find a new job with another employer within the next year. ®	34.7% (130)	45.3% (170)	13.9% (52)	6.1% (23)	375	3.09	.852

Note: Strongly Disagree =1; Disagree=2; Agree=3; Strongly Agree=4

® reverse coded items

Frequencies in parentheses

Appendix F

Inter-Item Correlation Matrixes for each Factor Prior to Item removal

Item Name	Item #	1	2	3	4	5	6	7	8	9	10	11
Alternative perspective	1	1.00	.727	.629	.532	.624	.604	.572	.599	.601	.581	.561
Values & considers opinion	2		1.00	.730	.598	.702	.702	.602	.724	.731	.676	.665
Support difficult situations	3			1.00	.587	.662	.642	.527	.635	.635	.598	.624
Support on-job-training	4				1.00	.575	.577	.526	.630	.589	.493	.536
Cares about me	5					1.00	.834	.646	.742	.823	.672	.712
Treats with me respect	6						1.00	.749	.761	.819	.644	.683
Treats clients with respect	7							1.00	.640	.619	.557	.527
Recognizes & values work	8								1.00	.870	.632	.782
Appreciates me	9									1.00	.659	.806
Reason I stay on job	10										1.00	.700
Praises my work	11											1.00

Item Name	Item #	12	13	14	15	16	17	18	19	20	21
Alternative perspective	1	.571	.608	.436	.490	.390	.341	.539	.287	.685	.572
Values & considers opinion	2	.643	.696	.518	.570	.504	.477	.662	.372	.705	.598
Support difficult situations	3	.627	.657	.449	.525	.449	.465	.612	.366	.627	.537
Support on-job-training	4	.542	.539	.401	.555	.425	.414	.580	.325	.509	.460
Cares about me	5	.685	.731	.567	.601	.460	.462	.643	.437	.697	.650
Treats with me respect	6	.677	.697	.526	.551	.483	.454	.628	.391	.706	.623
Treats clients with respect	7	.554	.550	.434	.529	.355	.340	.486	.307	.573	.517
Recognizes & values work	8	.713	.706	.536	.633	.524	.519	.722	.437	.646	.608
Appreciates me	9	.739	.727	.567	.606	.522	.518	.723	.446	.707	.629
Reason I stay on job	10	.662	.651	.492	.541	.509	.474	.565	.389	.634	.556
Praises my work	11	.808	.677	.529	.607	.533	.558	.728	.478	.630	.580
Recognizes employee contributions	12	1.00	.692	.550	.621	.499	.524	.716	.419	.656	.574
Emotional support in difficult situations	13		1.00	.527	.593	.473	.516	.674	.409	.694	.650
Encourages laughter	14			1.00	.589	.462	.399	.521	.404	.509	.629
Positive experiences in work	15				1.00	.492	.472	.586	.415	.561	.551
Opportunity to do rewarding tasks	16					1.00	.513	.554	.426	.424	.452
Evaluates performance	17						1.00	.672	.532	.457	.379
Competence in work	18							1.00	.527	.639	.550
Where I stand	19								1.00	.386	.325
Non-judgmental of questions	20									1.00	.660
Good sense of humor	21										1.00

Note: item names in first column of table and numbers in second column correspond to same items in row across top of table.

Item Name	Item #	1	2	3	4	5	6	7	8	9	10	11
Threats	1	1.00	.352	.287	.116	.123	.116	.132	.271	.197	.242	.228
Long-term goals	2		1.00	.509	.084	.175	.182	.165	.318	.320	.217	.267
Challenging assignments	3			1.00	.096	.281	.105	.211	.235	.232	.116	.158
Caseload too high ®	4				1.00	.113	.167	.108	.176	.267	.263	.301
Vary client problems	5					1.00	.316	.305	.217	.108	.118	.084
Limit clients back-to-back	6						1.00	.667	.214	.237	.344	.317
Vary rhythm of day	7							1.00	.232	.216	.372	.369
Flexible schedule	8								1.00	.451	.174	.242
Rotate work assignments	9									1.00	.286	.298
Lunch break	10										1.00	.730
Allowed breaks	11											1.00

Item Name	Item #	12	13	14	15	16	17	18	19	20	21
Threats	1	.161	.204	.199	.121	.258	.218	.345	.321	.337	.185
Long-term goals	2	.227	.223	.164	.123	.185	.175	.381	.310	.399	.181
Challenging assignments	3	.227	.250	.194	.073	.184	.248	.284	.235	.276	.218
Caseload too high ®	4	.309	.220	.195	.057	.137	.200	.243	.196	.166	.143
Vary client problems	5	.153	.081	.080	-.002	.050	.113	.113	.022	.219	.025
Limit clients back-to-back	6	.221	.033	.122	.070	.036	.137	.192	.154	.234	.113
Vary rhythm of day	7	.260	.063	.138	.030	.095	.162	.288	.215	.302	.280
Flexible schedule	8	.234	.208	.142	.177	.281	.107	.330	.304	.307	.182
Rotate work assignments	9	.207	.202	.111	.147	.207	.206	.401	.323	.358	.212
Lunch break	10	.175	.270	.209	.179	.265	.280	.274	.264	.230	.184
Allowed breaks	11	.158	.285	.269	.152	.342	.260	.304	.335	.288	.228
Caseload assignments	12	1.00	.142	.130	-.021	.193	.118	.310	.280	.248	.192
Nurturing environment	13		1.00	.624	.483	.376	.453	.359	.416	.288	.184
Pleasant & attractive	14			1.00	.338	.463	.506	.328	.368	.250	.193
Private space w/ clients	15				1.00	.290	.315	.199	.173	.134	.057
Space away from clients	16					1.00	.451	.422	.411	.318	.115
Safe environment	17						1.00	.345	.364	.294	.146
Share feelings	18							1.00	.661	.585	.366
Acknowledge personal needs	19								1.00	.488	.322
Time to discuss work	20									1.00	.354
Okay to need support	21										1.00

Note: item names in first column of table and numbers in second column correspond to same items in row across top of table.

® reverse coded items

Item Name	Item #	1	2	3	4	5	6	7	8	9
Emotional impact	1	1.00	.658	.660	.623	.554	.615	.637	.649	.575
Available after traumatic event	2		1.00	.665	.660	.499	.527	.556	.642	.538
Expected effects of trauma	3			1.00	.820	.486	.601	.528	.600	.518
Resources to cope	4				1.00	.497	.655	.493	.654	.550
Mental health day	5					1.00	.547	.579	.565	.579
Normal reactions to trauma	6						1.00	.568	.642	.563
Vent feelings i.e. anger & pain	7							1.00	.703	.591
Support for trauma exposure	8								1.00	.643
Talk to colleagues	9									1.00

Item Name	Item #	10	11	12	13	14	15	16
Emotional impact	1	.492	.621	.511	.582	.560	.486	.496
Available after traumatic event	2	.552	.584	.498	.582	.526	.525	.493
Expected effects of trauma	3	.434	.566	.481	.564	.469	.519	.535
Resources to cope	4	.432	.579	.495	.554	.501	.501	.539
Mental health day	5	.542	.603	.420	.604	.458	.425	.465
Normal reactions to trauma	6	.464	.602	.454	.554	.479	.510	.486
Vent feelings i.e. anger & pain	7	.601	.674	.470	.671	.539	.537	.495
Support for trauma exposure	8	.591	.699	.534	.652	.484	.577	.555
Talk to colleagues	9	.523	.601	.434	.586	.435	.494	.503
Balancing job & personal life	10	1.00	.729	.551	.605	.476	.531	.434
Prevent burnout	11		1.00	.609	.684	.567	.609	.531
Develop safety plan	12			1.00	.603	.453	.524	.476
Opportunity to discharge emotions	13				1.00	.549	.546	.548
Self-reflection	14					1.00	.533	.483
Set boundaries	15						1.00	.671
Positive attributes of clients	16							1.00

Note: item names in first column of table and numbers in second column correspond to same items in row across top of table.

® reverse coded items

Factor 4 continued											
Item Name	Item #	21	22	23	24	25	26	27	28	29	30
Consistency	1	.564	.314	.647	.676	.564	.504	.497	.477	.593	.540
Creative Solutions	2	.540	.365	.584	.602	.524	.528	.408	.502	.558	.540
Explains decisions	3	.472	.357	.596	.607	.556	.451	.392	.465	.566	.521
Do what told ®	4	-.111	-.226	-.137	-.149	-.111	-.152	-.154	-.149	-.111	-.217
Guides decisions	5	.492	.368	.618	.629	.594	.542	.419	.469	.567	.536
Learn & improve	6	.521	.379	.659	.668	.550	.585	.512	.588	.563	.569
Learn the ropes	7	.458	.373	.593	.609	.469	.527	.471	.519	.515	.468
Attend trainings	8	.369	.279	.510	.524	.393	.409	.454	.471	.406	.431
Reinforces training	9	.478	.356	.632	.629	.501	.479	.478	.572	.509	.475
Help complete tasks	10	.445	.302	.559	.586	.487	.457	.369	.526	.456	.454
Manage caseload	11	.504	.301	.535	.583	.533	.467	.320	.566	.483	.457
Evenly distributes cases	12	.420	.197	.428	.480	.416	.422	.382	.377	.432	.396
Scrutinizes work ®	13	-.309	-.153	-.285	-.313	-.281	-.262	-.113	-.348	-.211	-.183
Advocates	14	.471	.337	.613	.569	.434	.441	.392	.483	.535	.450
Tasks to help families	15	.472	.336	.511	.581	.450	.509	.470	.452	.465	.516
Available to help	16	.476	.276	.655	.646	.530	.566	.497	.499	.548	.550
Discourages negativity	17	.276	.269	.337	.278	.287	.272	.305	.324	.284	.283
Constructive criticism	18	.497	.466	.484	.479	.334	.346	.325	.461	.418	.414
Clear expectations	19	.476	.385	.570	.583	.476	.434	.373	.534	.468	.500
Effective with clients	20	.570	.300	.600	.603	.489	.628	.478	.414	.562	.545
Flexible applying rules	21	1.00	.424	.573	.598	.496	.502	.407	.485	.556	.543
Challenges biases	22		1.00	.435	.378	.366	.270	.270	.326	.363	.379
Demonstrates leadership	23			1.00	.868	.578	.647	.569	.560	.688	.672
Competent	24				1.00	.602	.715	.594	.570	.682	.688
Listens	25					1.00	.516	.408	.513	.530	.528
Expertise	26						1.00	.590	.429	.563	.587
Policies & procedures	27							1.00	.385	.540	.575
Follows up	28								1.00	.487	.474
Ethical person	29									1.00	.722
Community relations	30										1.00

Note: item names in first column of table and numbers in second column correspond to same items in row across top of table.

® reverse coded items

Factor 5: <i>Authoritarian Style of Supervision Inter-Item Correlation Matrix</i>												
Item Name	Item #	1	2	3	4	5	6	7	8	9	10	11
More work ®	1	1.00	.631	.172	.081	.199	.130	.087	.146	.133	.057	.065
Help others ®	2		1.00	.168	.061	.185	.153	.085	.179	.153	.100	.080
Report on colleagues ®	3			1.00	.560	.265	.263	.192	.239	.153	.069	.027
Discuss colleagues work ®	4				1.00	.245	.296	.209	.187	.190	-.019	.042
Negative about emotions ®	5					1.00	.552	.645	.476	.514	.186	.198
Emotions sign of weakness ®	6						1.00	.603	.467	.469	.097	.370
Frustrated by emotions ®	7							1.00	.491	.527	.081	.259
Discuss issues w/him/her ®	8								1.00	.503	.160	.257
“get used to it” ®	9									1.00	.242	.208
No commitment to others ®	10										1.00	.067
Avoid staff activities ®	11											1.00

Note: item names in first column of table and numbers in second column correspond to same items in row across top of table.

® reverse coded items

Item Name	Item #	1	2	3	4	5	6	7	8
Complex cases	1	1.00	-.087	-.160	-.096	-.124	-.056	-.112	-.212
Not appreciated ®	2		1.00	.403	.227	.404	.174	.155	.264
Feel angry at work ®	3			1.00	.493	.574	.317	.253	.359
Suffer physical ailments ®	4				1.00	.419	.176	.271	.271
Dread going to work ®	5					1.00	.518	.359	.331
Enjoy work	6						1.00	.224	.173
Violence stressor ®	7							1.00	.342
Unpredictable hours ®	8								1.00

Item Name	Item #	9	10	11	12	13	14	15	16
Complex cases	1	-.021	-.049	-.022	-.020	-.022	-.080	-.078	-.099
Not appreciated ®	2	.273	.193	.222	.221	.448	.362	.230	.239
Feel angry at work ®	3	.397	.130	.128	.195	.430	.414	.291	.302
Suffer physical ailments ®	4	.217	.071	.120	.211	.295	.302	.243	.247
Dread going to work ®	5	.510	.171	.164	.203	.478	.514	.450	.438
Enjoy work	6	.579	.226	.116	.149	.362	.362	.329	.378
Violence stressor ®	7	.219	.104	.188	.134	.163	.234	.152	.199
Unpredictable hours ®	8	.212	.149	.178	.191	.246	.304	.170	.309
Satisfied with job	9	1.00	.220	.204	.251	.439	.487	.477	.481
Satisfied with salary	10		1.00	.316	.435	.231	.250	.252	.251
Satisfied with benefits	11			1.00	.300	.194	.171	.192	.146
Opportunities for promotion	12				1.00	.396	.302	.347	.243
Organizational culture	13					1.00	.521	.442	.323
Recommend job	14						1.00	.532	.380
Revisit decision to accept position	15							1.00	.389
Intentions to leave ®	16								1.00

Note: item names in first column of table and numbers in second column correspond to same items in row across top of table.

® reverse coded items

Item Name	Item #	1	2	3	4	5	6	7	8
Protect children	1	1.00	.499	.257	.175	.181	.050	.213	.148
Promote client well-being	2		1.00	.431	.293	.251	.126	.328	.083
Positively impact clients	3			1.00	.582	.389	.144	.278	.144
Effective in job	4				1.00	.429	.183	.253	.172
Adequately trained	5					1.00	.114	.207	.263
Express sarcasm toward clients ®	6						1.00	.201	.135
Clients accomplishments rewarding	7							1.00	.173
Embarrassed to express feelings ®	8								1.00

Note: item names in first column of table and numbers in second column correspond to same items in row across top of table.

® reverse coded items

Appendix G

Pattern Matrix Factor Loadings

Pattern Matrix Factor Loadings							
Item # & stem	Factor 1	Factor 2	Factor 3	Factor 4	Factor 5	Factor 6	Factor 7
1. Consistency				.513			
2. Creative Solutions	.330**			.340			
3. Alternative Perspective	.350**			.350**			
4. Explains Decisions	.302**			.416			
5. Values & Considers Opinion	.532						
6. Supports Difficult Case	.394			.328**			
7. Makes Decisions ®				-.140*			
8. Guides decisions	.356**			.362			
9. Learn & Improve				.573			
10. Ropes of Agency				.503			
11. On-Job-Training	.309						
12. Attend training				.318			
13. Reinforces training				.457			
14. Help complete tasks				.427			
15. Manage caseload				.462			
16. Distributes cases evenly				.432			
17. Scrutinizes Work ®				-.392			
18. Advocates	.302**			.344			
19. Gives workers more work ®					.315		
20. Workers caught up help others ®					.342		
21. Tasks help families				.453			
22. Genuinely cares	.674						
23. Respects me	.646						
24. Respects clients	.423						
25. Recognizes & values work	.782						
26. Appreciates me	.864						
27. Reason stay on job	.378			.352**			
28. Praises work	.721						
29. Recognizes contributions	.571						
30. Report on colleagues ®					.451		
31. Discusses colleagues issues ®					.382		
32. Available to help				.389			
33. Emotional support	.471						
34. Share feelings				-.714			
35. Available after trauma				-.606			
36. Expected effects of trauma				-.893			
37. Shares resources				-.898			
38. Mental health day				-.608			
39. Negative expressing emotions ®					.590		
40. Normal reactions to trauma				-.692			
41. Laugh	.408						
42. Vent emotions				-.560			
43. Support for emotional trauma				-.683			
44. Talk to colleagues				-.628			
45. Expressing emotions weakness ®					.585		
46. Balance work & personal life	.332**			-.349			

Pattern Matrix Factor Loadings continued							
Item # & stem	Factor 1	Factor 2	Factor 3	Factor 4	Factor 5	Factor 6	Factor 7
93. Positive impact							.587
94. Effective job							.494
95. Appreciate by agency ®						-.306	
96. Adequately trained							.403
97. Nurturing environment		.266*					
98. Pleasant environment		.258*					
99. Private workspace		.204*					
100. Space separate from clients		.368					
101. Safe work environment		.370					
102. Share feelings		.489	-.319**				
103. Acknowledge personal needs		.467					
103. Angry ®						-.431	
105. Physical ailments ®						-.293*	
106. Express sarcasm ®							.254*
107. Avoid staff activities ®					.266*		
108. Anxious & dread work ®						-.499	
109. Enjoy work						-.438	.339**
110. Personal rewarding							.425
111. Time to discuss work		.409					
112. Okay need support & connect		.294*					
113. Embarrassed express feelings ®							.203*
114. Potential danger ®						-.260*	
115. Unpredictable hours ®						-.454	
116. Satisfied current job						-.524	.304
117. Satisfied salary						-.317	
118. Satisfied benefits						-.261*	
119. Satisfied promotion opportunities						-.346	
120. Organization culture						-.405	
121. Recommend job						-.515	
122. Same decision						-.511	
123. Find new job ®						-.545	

Extraction Method: Maximum Likelihood. Rotation Method: Oblimin with Kaiser Normalization. Rotation converges in 55 iterations. Communalities Principal Component Analysis (PCA) Initial Unrotated Solution.

* indicates highest factor loading for the items which are less than .3

**indicates secondary factor loadings of at least .3, with primary loading < .5

® reverse coded items

Appendix H

Item-Total Statistics for SOS Instrument Sections I and II Subscales:

Prior to Item Removal

Factor 1 (21 items) <i>Relational Style of Supervision</i> Scale Alpha: .966	Corrected Item-Total Correlation	Cronbach's Alpha if Item deleted
Accept alternative perspective	.706	.964
Values & considers my opinions	.819	.963
Supports difficult case situations	.750	.964
Supportive of any on-the-job training	.668	.965
Genuinely cares about me	.841	.963
Treats me with respect	.829	.963
Treats clients with respect	.683	.965
Recognizes and values my work	.851	.963
Appreciates me	.872	.963
Important reason I stay on job	.758	.964
Praises my work	.833	.963
Recognizes each employee for their contributions	.814	.963
On my side w/emotional support in difficult situations	.812	.963
Encourages me to laugh	.646	.965
Acknowledges, validates, and confirms the positive experiences in this work	.716	.964
Knows tasks I find rewarding and gives me opportunity to do these	.609	.966
Regularly evaluates performance and gives feedback	.612	.966
Supports and affirms my competence in my work	.803	.963
Tells me where I stand	.519	.966
Non-judgmental of my questions and needs	.786	.964
Has a good sense of humor	.717	.964

Factor 2 (21 items) <i>Organizational Support</i> Scale Alpha: .865	Corrected Item-total Correlation	Cronbach's Alpha if Item deleted
Takes threats workers receive seriously	.416	.860
Assists in setting and assessing long-term case goals	.469	.858
Gradually increases complexity of my work assignments to challenge	.413	.860
I consider my caseload too high ®	.336	.863
I vary client problems I deal with throughout day	.253	.865
I limit number clients I see back-to-back	.377	.862
I am able to vary the rhythm of my day	.434	.859
Agency allows employees to create a flexible schedule	.459	.859
Agency allows employees to rotate work assignments	.478	.858
Have time to take lunch break on regular basis	.501	.857
Able to take my allowed breaks during my work day	.541	.855
Number of existing cases and complexity of cases are considered in determining caseloads	.367	.862
Office provides nurturing environment that promotes my task accomplishment	.547	.856
Agency environment pleasant and attractive	.505	.858
I have a private workspace where my clients can share sensitive information	.294*	.866*
Agency provides area for workers to relax and discuss sensitive topics away from clients	.488	.857
Feel safe in work environment	.491	.858
Agency allows/creates time for workers to share their feelings	.646	.852
Okay to acknowledge personal needs to my agency	.592	.855

Factor 2 continued		
Agency allows time for workers to discuss their work	.578	.855
Okay to need support and connect with my colleagues	.363	.862

*an item with corrected item-total correlation < .3 or negative and whose α is higher if item is deleted

® reverse coded

Factor 3 (16 items) <i>Affective Support</i> Scale Alpha: .952	Corrected Item-total Correlation	Cronbach's Alpha if Item Deleted
Encourages me to share thoughts and feelings of emotional impact of work	.763	.948
Available w/in 24 hours after traumatic event	.743	.948
Provides information about expected effects of trauma	.736	.949
Identifies activities and resources to help cope with client stories of pain	.746	.948
Encourages mental health day after experiencing difficult case/situations	.680	.950
Tells me fear, dread, and uncertainty are normal, natural expected reactions	.720	.949
Encourages me to vent pent up feelings and emotions of anger and pain	.757	.948
Provides support regarding emotional trauma exposure	.807	.947
Encourages talking to colleagues about trauma I hear as part of work	.709	.949
Supports me balancing demands of job with personal life	.694	.949
Helps me prevent and address burnout	.815	.947
Helps workers develop safety plans to protect themselves	.651	.950
Offers opportunity to discharge the emotions that can build up in a day	.780	.948
Promotes self-reflection	.651	.950
Helps set boundaries with clients and colleagues so I am not doing more	.692	.949
Points out the positive attributes of my clients	.668	.950

Factor 4 (30 items) <i>Instrumental Support</i> Scale Alpha: .951	Corrected Item-total Correlation	Cronbach's Alpha if Item deleted
Demonstrates consistency	.732	.948
Encourages creative solutions	.748	.948
Explains decision I do not agree with	.714	.949
makes decisions and I do what I am told ®	-.179*	.956*
Guides me in making my own decision	.758	.948
Helps me learn and improve	.801	.948
Help me learn the ropes of agency	.733	.948
Encourages me to attend relevant training/ workshops	.625	.949
Reinforces information and skills learned in training	.748	.948
Provides help to complete tasks and paperwork	.687	.949
Helps manage caseload	.684	.949
Evenly distributes cases among workers	.577	.950
scrutinizes work for completeness and accuracy ®	-.364*	.958*
Advocates for workers needs with upper administration	.693	.949
Understands tasks must accomplish to help families	.651	.949
Available when I ask for help	.708	.949
Discourages negativity	.408	.951
Challenges me to improve my work e.g. constructive criticism	.551	.950
States clear expectations	.669	.949
Knowledgeable about effective ways to work with clients we serve	.654	.949
Appropriately flexible when it comes to applying rules	.677	.949
Challenges my biases and stereotypes about individuals	.465	.951

Factor 4 continued		
Demonstrates leadership	.825	.947
Competent in doing his/her job	.841	.947
Listens without giving advice or judgment	.682	.949
Has expertise in this work	.693	.949
Knowledgeable of agency policies and procedures	.619	.949
Follows up with reminders of recommendations and assignments	.666	.949
An ethical person	.737	.948
Good community relations	.717	.949

*an item with corrected item-total correlation < .3 or negative and whose α is higher if item is deleted

® reverse coded

Factor 5 (11 items) <i>Authoritarian Style</i> Scale Alpha: .776	Corrected Item-total Correlation	Cronbach's Alpha if Item deleted
My supervisor gives workers who are caught up more work ®	.301	.762
...constantly asks workers caught up to help other workers ®	.317	.760
...asks me to report what colleagues are doing and saying ®	.382	.752
...discusses colleagues work performance/issues with me ®	.323	.761
...is negative about workers who express their emotions ®	.631	.721
...says expressing emotions, specifically crying, is a sign of weakness ®	.616	.726
...is easily frustrated by my need to discuss my feelings ®	.566	.730
...expects me to only discuss my cases with him/her not colleagues ®	.558	.732
...tells me "I will get used to it" when I talk about a difficult case ®	.558	.732
I do not have commitment to help others ®	.174*	.781*
I avoid staff activities required by agency ®	.265	.765

*an item with corrected item-total correlation < .3 or negative and whose α is higher if item is deleted

® reverse coded

Factor 6 (16 items) <i>Job Satisfaction</i> Scale Alpha: .835	Corrected Item-total Correlation	Cronbach's Alpha if Item deleted
Case complex, involves combination 2 or more issues	-.146*	.856
I do not feel appreciated by my agency ®	.459	.836
I often feel angry at work ®	.570	.819
I often suffer from physical ailments ®	.428	.828
I often feel anxious and dread going to work ®	.678	.812
I enjoy my work	.488	.825
The potential danger and random violence of my work environment is a source of job stress ®	.352	.832
The unpredictable hours I work are stressful to me ®	.409	.828
I am satisfied with my current job	.606	.819
Satisfied with my current salary	.355	.831
Satisfied with my non-salary benefits	.321	.833
Satisfied with opportunities for promotion	.437	.827
Satisfied with the organizational culture in my agency	.618	.816
I would recommend this job to a friend/colleague	.631	.816

Factor 6 continued		
If I could turn back the clock and revisit my decision to take this job I would make the same decision	.542	.831
I will make a genuine effort to find a new job with another employer within the next year ®	.517	.833

*an item with corrected item-total correlation < .3 or negative and/or whose α is higher if item is deleted

® reverse coded

Factor 7 (8 items) <i>Self-Efficacy</i> Scale Alpha: .700	Corrected Item-total Correlation	Cronbach's Alpha if Item deleted
Desire to protect children	.350	.682
Commitment to promote well-being of clients	.461	.657
Able to positively impact clients	.548	.638
Feel effective in doing my job	.519	.641
Feel adequately trained and prepared to accomplish positive outcomes with my clients	.450	.657
I express sarcasm toward my clients ®	.228*	.714*
My clients accomplishments are personally rewarding to me	.396	.670
I am embarrassed to express my feelings at work ®	.268*	.703*

*an item with corrected item-total correlation < .3 or negative and whose α is higher if item is deleted

® reverse coded

Appendix I

Item-Total Statistics for SOS Instrument Sections I and II Subscales:

After Item Removal

Factor 1 (17 items) <i>Relational Style of Supervision</i> Scale Alpha: .958	Corrected Item-total Correlation	Cronbach's Alpha if Item Deleted
Values & considers my opinions	.788	.955
Supportive of any on-the-job training	.658	.957
Genuinely cares about me	.832	.954
Treats me with respect	.821	.954
Treats clients with respect	.669	.957
Recognizes and values my work	.857	.953
Appreciates me	.875	.953
Praises my work	.831	.954
Recognizes each employee for their contributions	.808	.954
On my side w/emotional support in difficult situations	.796	.954
Encourages me to laugh	.651	.957
Acknowledges, validates, and confirms the positive experiences in this work	.721	.956
Knows tasks I find rewarding and gives me opportunity to do these	.610	.958
Regularly evaluates performance and gives feedback	.621	.958
Supports and affirms my competence in my work	.811	.954
Tells me where I stand	.531	.959*
Has a good sense of humor	.704	.956

* Higher if item deleted

Factor 2 (13 items) <i>Organizational Support</i> Scale Alpha: .820	Corrected Item-total Correlation	Cronbach's Alpha if Item deleted
Assists in setting and assessing long-term case goals	.458	.807
Gradually increases complexity of my work assignments to challenge	.362	.814
I limit number clients I see back-to-back	.402	.812
I am able to vary the rhythm of my day	.487	.805
Agency allows employees to create a flexible schedule	.461	.808
Agency allows employees to rotate work assignments	.496	.804
Have time to take lunch break on regular basis	.507	.804
Able to take my allowed breaks during my work day	.543	.801
Number of existing cases and complexity of cases are considered in determining caseloads	.368	.815
Agency provides area for workers to relax and discuss sensitive topics away from clients	.420	.811
Feel safe in work environment	.405	.811
Okay to acknowledge personal needs to my agency	.532	.803
Agency allows time for workers to discuss their work	.546	.801

Factor 3 (14 items) <i>Affective Support</i> Scale Alpha: .946	Corrected Item-total Correlation	Cronbach's Alpha if Item Deleted
Encourages me to share thoughts and feelings of emotional impact of work	.776	.941
Available w/in 24 hours after traumatic event	.739	.942
Provides information about expected effects of trauma	.746	.942
Identifies activities and resources to help cope with client stories of pain	.760	.941
Encourages mental health day after experiencing difficult case/situations	.679	.944
Tells me fear, dread, and uncertainty are normal, natural expected reactions	.726	.942
Encourages me to vent pent up feelings and emotions of anger and pain	.750	.942
Provides support regarding emotional trauma exposure	.804	.940
Encourages talking to colleagues about trauma I hear as part of work	.708	.943
Helps me prevent and address burnout	.792	.941
Helps workers develop safety plans to protect themselves	.635	.945
Offers opportunity to discharge the emotions that can build up in a day	.766	.941
Promotes self-reflection	.644	.944
Points out the positive attributes of my clients	.641	.944

Factor 4 (19 items) <i>Instrumental Support</i> Scale Alpha: .953	Corrected Item-total Correlation	Cronbach's Alpha if Item deleted
Demonstrates consistency	.721	.950
Helps me learn and improve	.800	.949
Help me learn the ropes of agency	.735	.950
Encourages me to attend relevant training/ workshops	.630	.952
Reinforces information and skills learned in training	.740	.950
Provides help to complete tasks and paperwork	.693	.951
Helps manage caseload	.696	.951
Evenly distributes cases among workers	.581	.953
Understands tasks must accomplish to help families	.655	.952
Available when I ask for help	.709	.951
Knowledgeable about effective ways to work with clients we serve	.670	.951
Appropriately flexible when it comes to applying rules	.671	.951
Demonstrates leadership	.817	.949
Competent in doing his/her job	.847	.948
Listens without giving advice or judgment	.681	.951
Has expertise in this work	.700	.951
Knowledgeable of agency policies and procedures	.632	.952
Follows up with reminders of recommendations and assignments	.668	.951
Good community relations	.700	.951

Factor 5 (9 items) <i>Authoritarian Style</i> Scale Alpha: .781	Corrected Item-total Correlation	Cronbach's Alpha if Item deleted
My supervisor gives workers who are caught up more work ®	.323	.780
...constantly asks workers caught up to help other workers ®	.334	.779
...asks me to report what colleagues are doing and saying ®	.416	.768
...discusses colleagues work performance/issues with me ®	.373	.776
...is negative about workers who express their emotions ®	.617	.738
...says expressing emotions, specifically crying, is a sign of weakness ®	.589	.744
...is easily frustrated by my need to discuss my feelings ®	.563	.747
...expects me to only discuss my cases with him/her not colleagues ®	.521	.753
...tells me "I will get used to it" when I talk about a difficult case ®	.399	.753

® reverse coded

Factor 6 (11 items) <i>Job Satisfaction</i> Scale Alpha: .853	Corrected Item-total Correlation	Cronbach's Alpha if Item deleted
I do not feel appreciated by my agency ®	.498	.846
I often feel angry at work ®	.558	.840
I often feel anxious and dread going to work ®	.651	.832
The unpredictable hours I work are stressful to me ®	.407	.851
I am satisfied with my current job	.606	.837
Satisfied with my current salary	.383	.853
Satisfied with opportunities for promotion	.475	.846
Satisfied with the organizational culture in my agency	.638	.834
I would recommend this job to a friend/colleague	.664	.832
If I could turn back the clock and revisit my decision to take this job I would make the same decision	.585	.838
I will make a genuine effort to find a new job with another employer within the next year ®	.549	.840

® reverse coded

Factor 7 (6 items) <i>Self-Efficacy</i> Scale Alpha: .727	Corrected Item-total Correlation	Cronbach's Alpha if Item deleted
Desire to protect children	.364	.716
Commitment to promote well-being of clients	.516	.675
Able to positively impact clients	.606	.647
Feel effective in doing my job	.528	.669
Feel adequately trained and prepared to accomplish positive outcomes with my clients	.430	.702
My clients accomplishments are personally rewarding to me	.359	.722

Appendix J

Supervisory and Organizational Support (SOS) Survey:

Final Version



SUPERVISORY

And

ORGANIZATIONAL

SUPPORT

SURVEY

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Supervisory and Organizational Support Survey
Information Sheet

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<p>I. Purpose of this Research/Project Due to the high turnover rates in local Departments of Social Services (LDSS) a survey to measure the possible causes and remedies to help decrease turnover has been developed. You are asked to help determine if this is a valid measurement of organizational and supervisory supports needed to decrease the high turnover rates.</p> <p>II. Procedures I would like you to complete a paper and pencil survey, which will take approximately one hour. This survey will be administered on-site to local DSS employees at 14 other offices in Central and Southwestern Virginia. This information sheet explains the purpose of the study, how the information you share will be reported, and the risks to you that could occur because of your participation. Each survey is given to you in an envelope; please return the survey in this envelope. If you choose not to participate please stay in the room until the others complete their surveys. I brought material about vicarious trauma to share with you. Due to the length of the survey and the amount of time required to complete the survey refreshments are provided. Please feel free to help yourself as you wish. Also, if you need to get up and stretch or go to the restroom while completing the survey, please do so quietly.</p> <p>III. Risks There are no more than minimal risks involved in participating in this study, the same as though you were answering a phone or Internet survey. If, as a result of your participation in this research project, it is determined that counseling is needed, a list of local services will be provided. Any cost associated with counseling services will be your responsibility.</p>	<p>IV. Benefits There are several benefits for you as a result of completing this survey. Identifying organizational and supervisory characteristics associated with job satisfaction and decreased levels of vicarious/secondary trauma can be helpful to human service agencies in retaining a competent and committed workforce. This survey will allow you an opportunity to evaluate your supervisor and organization anonymously. There have been no promises or guarantees of benefits made to encourage your participation.</p> <p>V. Extent of Anonymity and Confidentiality This data has no identifying information as no names are requested, thus your responses remain anonymous. The surveys will not be shared with any DSS representatives and only aggregate information will be shared. I will use this information for my dissertation. A report on the results will be provided to the LDSS offices that participated. If you wish a copy please give me your name and mailing address.</p> <p>VI. Compensation No compensation will be provided for your participation in this study.</p> <p>VII. Freedom to Withdraw You are free to withdraw from this study at any time without penalty. You may choose not to answer certain questions. However, answering all questions will help me validate the survey so that it can be used with other human service employees elsewhere.</p>
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I appreciate your willingness to participate in this study. Any questions or comments about this research can be directed to me (see above), Dr. Peggy Meszaros, or David Moore, our contact information is:

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Supervisor and Organizational Support Survey

DIRECTIONS: This survey is designed to ask about your current work situation. The information you share will be reported in aggregate, no single person will be identified and your information will remain confidential. Please respond to each of the following items as it relates to your current DSS job. It is important to answer all questions as thoroughly as possible. If you wish to comment on any question or qualify your answer, please use the margins or a separate sheet of paper.

I. Supervision: All questions in this section are related to your current immediate supervisor and your relations with this person.

1. My supervisor is Male _____ Female _____

2. How long have you been supervised by your current immediate supervisor? (check only one response)

_____ less than 1 month	_____ more than 3 years up to 5 years
_____ 1 to 6 months	_____ more than 5 years up to 7 years
_____ more than 6 months up to 1 year	_____ more than 7 years up to 9 years
_____ more than 1 year up to 2 years	_____ more than 9 years up to 15 years
_____ more than 2 years up to 3 years	_____ more than 15 years

3. Including yourself, how many workers does your supervisor supervise? _____ (number)

4. How often do you meet individually (face-to-face) with your supervisor for at least 30 minutes? Check only one response.

_____ more than once a week	_____ once a month
_____ once a week	_____ less than once a month
_____ every 2 weeks	_____ only when I request it
_____ other, please specify _____	

Indicate the topics discussed during these meetings (check all that apply) and indicate if you felt very, somewhat or not at all supported by your supervisor when you discussed the issues.					
During meetings with my supervisors we typically discuss:	check one per item		During these discussions my supervisor was (circle the appropriate number):		
	Yes	No	Not at all supportive	Somewhat Supportive	Very Supportive
5. all cases on my caseload			1	2	3
6. cases my supervisor wants to discuss			1	2	3
7. cases that I ask to discuss			1	2	3
8. legal (court) cases			1	2	3
9. high profile or problem cases			1	2	3
10. feelings my cases bring up for me			1	2	3
11. community services or resources available for my clients			1	2	3
12. foster care plans/service plans			1	2	3
13. case progress			1	2	3
14. client's successes and accomplishments			1	2	3
15. how I am coping with tough cases			1	2	3
16. practice/clinical skills			1	2	3
17. other, please specify:					
a. _____					
b. _____					

(over)

Please circle the number that shows how much you agree or disagree with each of the following statements about your immediate supervisor by circling the appropriate number.				
Regarding your relationship with your current supervisor, my supervisor	Strongly disagree	Disagree	Agree	Strongly Agree
18. values and considers my opinions	1	2	3	4
19. is supportive of any on-the-job training I attend	1	2	3	4
20. genuinely cares about me	1	2	3	4
21. treats me with respect	1	2	3	4
22. treats clients with respect	1	2	3	4
23. recognizes and values my work	1	2	3	4
24. appreciates me	1	2	3	4
25. praises my work	1	2	3	4
26. recognizes each employee for their contributions	1	2	3	4
27. is "on my side" with emotional support, even in difficult situations	1	2	3	4
28. encourages me to laugh	1	2	3	4
29. acknowledges, validates, and confirms the positive experiences in this work	1	2	3	4
30. knows the type of tasks I find rewarding and gives me opportunity to do these	1	2	3	4
31. regularly evaluates my performance and gives me feedback	1	2	3	4
32. supports and affirms my competence in my work	1	2	3	4
33. tells me where I stand	1	2	3	4
34. has a good sense of humor	1	2	3	4

Regarding task (instrumental) support, my supervisor	Strongly Disagree	Disagree	Agree	Strongly Agree
35. demonstrates consistency	1	2	3	4
36. helps me learn and improve	1	2	3	4
37. helps me learn the ropes of agency (includes politics, community resources, etc.).	1	2	3	4
38. encourages me to attend relevant training and workshops	1	2	3	4
39. reinforces information and skills learned in training	1	2	3	4
40. provides the help I need to complete my required tasks, including paperwork	1	2	3	4
41. helps me manage my caseload	1	2	3	4
42. evenly distributes cases among workers	1	2	3	4
43. understands the tasks that must be accomplished to help families	1	2	3	4
44. is available to me when I ask for help	1	2	3	4
45. is knowledgeable about effective ways to work with the clients we serve	1	2	3	4
46. is appropriately flexible when it comes to applying rules	1	2	3	4
47. demonstrates leadership	1	2	3	4
48. is competent in doing his/her job	1	2	3	4
49. listens without giving advice or judgment	1	2	3	4
50. has expertise in this work	1	2	3	4
51. is knowledgeable of agency policies and procedures	1	2	3	4
52. follows up with reminders of recommendations and assignments	1	2	3	4
53. has good community relations	1	2	3	4

(continue)

Regarding emotional (affective) support, my supervisor	Strongly Disagree	Disagree	Agree	Strongly Agree
54. encourages me to share thoughts and feelings of emotional impact of work	1	2	3	4
55. is available w/in 24 hours after a traumatic event, to allow me to describe the event in detail and talk about the emotional and cognitive impact it had on me.	1	2	3	4
56. provides information about the expected effects of trauma	1	2	3	4
57. identifies activities and resources to help me cope effectively with the stories clients tell me about their pain and hardships	1	2	3	4
58. encourages me to take a “mental health” when I have experienced a particularly difficult case or situation	1	2	3	4
59. lets me know that fear, dread, and uncertainty are normal, natural, and expected reactions to my clients’ situations.	1	2	3	4
60. encourages me to vent pent-up feelings and emotions such as anger and pain	1	2	3	4
61. provides support regarding the emotional trauma I am exposed to by hearing about my clients’ hardships and trauma.	1	2	3	4
62. encourages me to talk to my colleagues about the trauma I hear about as a part of my work	1	2	3	4
63. helps me prevent and address burnout	1	2	3	4
64. helps workers develop safety plans to protect themselves	1	2	3	4
65. offers opportunity to discharge the emotions that can build up in a day of work	1	2	3	4
66. promotes self-reflection	1	2	3	4
67. points out the positive attributes of my clients	1	2	3	4

Regarding their style of supervision , my supervisor	Strongly Disagree	Disagree	Agree	Strongly Agree
68. gives workers who are caught up more work	1	2	3	4
69. constantly asks workers who caught up to help workers who never get their work done on time.	1	2	3	4
70. asks me to report what my colleagues are doing and saying	1	2	3	4
71. discusses colleagues work performance or ‘issues’ with me	1	2	3	4
72. is negative about workers who express their emotions	1	2	3	4
73. says expressing emotions, specifically crying, is a sign of weakness	1	2	3	4
74. is easily frustrated by my need to discuss my feelings	1	2	3	4
75. expects me to only discuss my cases with him/her and not my colleagues	1	2	3	4
76. tells me “I will get used to it” when I talk about a difficult case	1	2	3	4

(over)

Job Satisfaction: The following questions relate to your satisfaction with aspects of your job.

Please circle the number that shows how much you agree or disagree with each of the following statements.				
The following statements refer to job satisfaction and stressors.	Strongly Disagree	Disagree	Agree	Strongly Agree
22. I am satisfied with my current job.	1	2	3	4
23. I am satisfied with my salary.	1	2	3	4
24. I am satisfied with opportunities for promotion.	1	2	3	4
25. I am satisfied with the organizational culture in my agency (defined as a place where learning, supportive supervision, and consultation are embraced).	1	2	3	4
26. I would recommend this job to a friend/ colleague.	1	2	3	4
27. If I could turn back the clock and revisit my decision to take this job, I would make the same decision.	1	2	3	4
28. I will make a genuine effort to find a new job with another employer within the next year.	1	2	3	4
29. I do not feel appreciated by my agency	1	2	3	4
30. I often feel angry at work	1	2	3	4
31. I often feel anxious and dread going to work	1	2	3	4
32. The unpredictable hours I work are stressful to me	1	2	3	4

If you are planning to find another job at another agency in the next year, please answer questions 33 & 34.
If you plan to stay in your current job, skip to question 35.

33. If you are looking for a new job or plan to look within the next year, list the three most important reasons why you have considered looking elsewhere:

- a. _____
- b. _____
- c. _____

34. List three changes that would make it possible for you to continue in your current job.

- a. _____
- b. _____
- c. _____

35. If you plan to stay in your current job or with your current agency, list the three most important reasons why you plan to stay.

- a. _____
- b. _____
- c. _____

(over)

III. Personal and Professional Reactions: The following questions are related to your personal and professional experiences/reactions to your current work.

1. Do you feel your work with traumatized (abused and neglected) children or adults, or impoverished families has had an effect on you? ____ yes _____ no

a. If so, how? _____

b. If not, why not? _____

The following is a list of statements made by persons who have been impacted by their work with traumatized clients. Read each statement then indicate how frequently the statement was true for you in the past seven (7) days by circling the corresponding number next to the statement.

NOTE: "Client" is used to indicate persons with whom you have been engaged in a helping relationship. You may substitute another noun that better represents your work such as consumer, patient, recipient, etc.

	Never	Rarely	Occasionally	Often	Very Often
2. I felt emotionally numb.	1	2	3	4	5
3. My heart started pounding when I thought about my work with clients.	1	2	3	4	5
4. It seemed as if I was reliving the trauma(s) experienced by my clients.	1	2	3	4	5
5. I had trouble sleeping.	1	2	3	4	5
6. I felt discourage about the future.	1	2	3	4	5
7. Reminders of my work with clients upset me.	1	2	3	4	5
8. I had little interest in being around others.	1	2	3	4	5
9. I felt jumpy.	1	2	3	4	5
10. I was less active than usual	1	2	3	4	5
11. I thought about my work with clients when I didn't intend to.	1	2	3	4	5
12. I had trouble concentrating.	1	2	3	4	5
13. I avoided people, places, or things that reminded me of my work with clients.	1	2	3	4	5
14. I had disturbing dreams about my work with clients.	1	2	3	4	5
15. I wanted to avoid working with some clients.	1	2	3	4	5
16. I was easily annoyed.	1	2	3	4	5
17. I expected something bad to happen.	1	2	3	4	5
18. I noticed gaps in my memory about meetings with my client.	1	2	3	4	5

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(continue)

Below is a list of coping methods and self-care strategies some workers use to deal with work stress. Please indicate for each one: how often you use this methods and whether you find it helpful.							
1= never 2=rarely 3=occasionally 4=often 5=very often							
	I use this strategy (circle one number)					Does it help you reduce work- related stress? (Circle one)	
19. Discussing cases with colleagues	1	2	3	4	5	YES	NO
20. Spending time with family, friends, and children	1	2	3	4	5	YES	NO
21. Seeking extra supervision regarding specific issues or clients	1	2	3	4	5	YES	NO
22. Discussing feelings about my work	1	2	3	4	5	YES	NO
23. Seeking therapy myself	1	2	3	4	5	YES	NO
24. Exercise	1	2	3	4	5	YES	NO
25. Meditation and/or yoga	1	2	3	4	5	YES	NO
26. Leaving client-related concerns at work	1	2	3	4	5	YES	NO
27. Seeking further training (academic, workshop, conference, etc.)	1	2	3	4	5	YES	NO
28. Participating in a support group with colleagues	1	2	3	4	5	YES	NO
29. Praying for guidance and/or strength.	1	2	3	4	5	YES	NO
30. Take quiet time to reflect on my day's events and how they have impacted me	1	2	3	4	5	YES	NO
31. Avoiding reminders of work when I am not at the office	1	2	3	4	5	YES	NO
32. Schedule activities at work ahead of time, anticipating stressful events and their impact on me	1	2	3	4	5	YES	NO
33. Treating myself with respect	1	2	3	4	5	YES	NO
34. Making time to do things that contribute to my health and well-being	1	2	3	4	5	YES	NO
35. Self-medicating with alcohol and/or drugs	1	2	3	4	5	YES	NO
36. Creating time for me to be carefree, to play, and have no responsibilities.	1	2	3	4	5	YES	NO
37. Finding time to recall and name rewards of my work.	1	2	3	4	5	YES	NO
38. Taking time for activities that allow me to get away from painful feelings related to my work.	1	2	3	4	5	YES	NO
39. Performing community service/volunteer work (with non-trauma population)	1	2	3	4	5	YES	NO
40. Relying on my spiritual beliefs.	1	2	3	4	5	YES	NO
41. use of antidepressant or other prescribed medications	1	2	3	4	5	YES	NO
42. Other:	1	2	3	4	5	YES	NO
43. Other:	1	2	3	4	5	YES	NO

IV. Demographic information: the following information is related to your personal life, please answer all questions.

1. What is your current **age**: _____ (years)

2. What is your **gender** (check one)

Male: _____ Female: _____ Other (specify): _____

(over)

Education: Questions 21 through 24 relate to your educational experience.

21. What is the highest level of education you have completed?

- Less than High School
- High School or Equivalent (GED)
- Associate Degree (AA): Major _____
- Bachelor's degree Major _____
- Master's degree Major/concentration: _____
- Doctorate degree Major/concentration: _____

22. During your educational experience, did you receive a Title IV-E child welfare stipend? (Check one)

- no
- yes,
 - _____ years (number) at BSW
 - _____ years (number) at MSW

Please circle the number that shows how much you agree or disagree with each of the following statements				
My education	Strongly disagree	Disagree	Agree	Strongly Agree
23. provided me with knowledge and understanding of vicarious/secondary trauma				
24. prepared me to deal with vicarious/secondary trauma I experience on this job.				

Training:

25. Have you taken the three Virginia Institute for Social Services Training Activities (VISSTA) mandated Child Protective Services (CPS) courses or an equivalent course?

- No Yes

26. Have you ever received any specialized training about secondary or vicarious trauma?

- No
- yes, titles of training and dates received: _____
- _____
- _____
- _____

Salary:

27. What is your annual salary in your current position at this agency (check one)?

- a. less than \$15,000 e. \$30,001--\$35,000
- b. \$15,001 -- \$20,000 f. \$35,001 -- \$45,000
- c. \$20,001 -- \$25,000 g. \$45,001--\$55,000
- d. \$25,001 -- \$30,000 h. more than \$55,000

(over)

Work history:

28. What is your current position (title)? _____

29. Is your current position in DSS your first full-time job? ____ yes ____ no

30. Please identify the DSS service areas/units in which you work or have worked (check all that apply) and indicate how long you worked in each.

	From (Mo/Yr)	To (Mo/Yr)
a. ____ Adult Services	From _____	To _____

b. ____ Eligibility Services	From _____	To _____
------------------------------	------------	----------

in what area/unit: _____

c. ____ Child Protective Services (CPS)	From _____	To _____
---	------------	----------

d. ____ Adoptions/Permanency	From _____	To _____
------------------------------	------------	----------

e. ____ Foster Care	From _____	To _____
---------------------	------------	----------

f. ____ Family Preservation	From _____	To _____
-----------------------------	------------	----------

g. ____ Administrator	From _____	To _____
-----------------------	------------	----------

of what program: _____

h. ____ Supervisor	From _____	To _____
--------------------	------------	----------

of what area/unit: _____

i. ____ Other	From _____	To _____
---------------	------------	----------

(Please specify) _____

32. In the past 3 months what is the number of hours you have spent on call? _____

33. If you would like to add any additional information about your supervisor's or agency's support or comments about emotional difficulties related to your work, please do so below or on the back of this page.

Thank you for taking time to complete this survey and share your thoughts.

Updated 2/20/08