

**DCF ACADEMY FOR FAMILY AND
WORKFORCE KNOWLEDGE DEVELOPMENT
Best Practice Guide**

**Worker Support and Secondary Trauma
Companion to DCF Policy 11-6-7**

Introduction The Department of Children and Families recognizes that child welfare workers and interdisciplinary professionals at all levels of the agency shall inevitably encounter primary and secondary traumatic stress. It has become increasingly apparent that the psychological effects of exposure to trauma and violence extend beyond those directly affected. Secondary traumatic stress is becoming viewed as an occupational hazard that can result from providing direct services to traumatized populations (Bride, NASW, 2007; *Children's Voice*, Child Welfare League of America, March/April, 2009; Schultz, 2009, *Common Ground*).

Preventing and limiting the harmful affects of primary and secondary traumatic stress require an organizational culture of safety, trust, team support and an understanding of the impact of trauma on DCF staff.

The following best practice guidelines reflect the Department's policy on Worker Support and Secondary Trauma. These guidelines shall be implemented in all DCF Area Offices, Facilities, Regions and at Careline.

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Measures to Minimize Risk

The Academy for Family and Workforce Knowledge and Development, in conjunction with Area Office Directors, Regional Administrators and Superintendents, are responsible for developing protocols, procedures and training to minimize risk and assure the safety and support of DCF employees when confronted by primary and secondary traumatic stress. These measures include, but are not limited to, the following:

- crisis intervention and critical incident debriefing in the aftermath of a fatality or other significant incident (individual crisis counseling, group debriefing, post-incident referral);
- clear protocols, procedures and training for supervisors, administrators and members of local Worker Support Teams;
- maintaining open communication and coordinating responses within Area Offices, Facilities and Regions with Central Office;
- referrals to the Employee Assistance Program, Human Resources and other relevant resources;
- routine emphasis on preventive operations in local Area Offices, Facilities, Regions and at Careline, including: (a) psycho-education and debriefing; (b) preparedness and estimations of exposure; (c) planning and development of clear protocols for responding to crises; and (d) staff support, consultation and technical assistance; and
- inclusion of information and technical assistance related to primary and secondary traumatic stress within the DCF Academy for Family and Workforce Knowledge and Development, to be coordinated with the Statewide Worker Support Community of Practice and local Worker Support Teams.

Local Worker Support Teams shall meet regularly, summarize meetings, distribute summaries to all staff and have adequate representation across disciplines and job classes. Worker Support Team chairs shall include at least one manager and one direct care worker.

In addition to responding to crises, local Worker Support Teams shall seek to improve the quality of the work environment by developing a range of wellness and health activities.
