

Impact of Stressors on Front-Line Child Welfare Supervisors

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ABSTRACT. The death of children, intense media scrutiny, and million dollar lawsuits are all potential stressors faced by child welfare professionals. Despite this, very little research or literature has explored the specific realities of stressors for the individual front-line child welfare supervisor. Therefore, as a contribution to the field of child welfare practice, this paper expands our understanding of this unique supervisory population through a detailed examination of the literature. This review links theory to practice through a series of case examples involving situations of child welfare supervisors who have been affected by workplace stressors. The paper provides both individual and organizational solutions to either prevent or intervene in situations involving child welfare supervisors who may be at risk of burnout and/or compassion fatigue. doi:10.1300/J001v26n01_12 [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2007 by The Haworth Press, Inc. All rights reserved.]

KEYWORDS. Supervision, child welfare supervision, front-line child welfare supervisors, stress, trauma

INTRODUCTION

The death of children, intense media scrutiny, and the risk of million dollar lawsuits are all potential stressors faced by child welfare practitioners (Abu-Bader, 2000; Anderson, 2000; Cyphers et al., 2005;

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The Clinical Supervisor, Vol. 26(1/2) 2007
Available online at <http://cs.haworthpress.com>
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doi:10.1300/J001v26n01_12

Gardell-Nelson & Harris, 2003; Ramierez, 2002; Regehr, Chau, Leslie, & Howe, 2002). Studies to date have focused almost entirely on the impact of stress and trauma on front-line child welfare workers with research showing that their work can result in high levels of emotional exhaustion (Anderson, 2000; Regehr et al., 2004). In contrast, there has been little research done on the impact of stressors on child welfare supervisors. While supervisors may be exposed to similar levels of stress and emotional trauma as the front line workers they supervise, their roles also involve extra responsibilities that might expose them to risk arising from the same or different stressors. This paper examines the unique aspects of the child welfare supervisory role. Through an examination of the literature and integration of case studies, the paper explores the practice and organizational context salient to this specific supervisory population.

THE ROLE OF THE CHILD WELFARE SUPERVISOR

The role of the child welfare supervisor is unique because of its oversight and administrative responsibilities, and the requirement for providing support to others that it entails. Typically, supervisors are responsible for overseeing large caseloads—sometimes large caseloads that can reach 200 case assignments. These situations often involve children at risk and can easily lead to circumstances that are unforeseen by the supervisor and/or front-line worker. This level of accountability requires that the supervisor have significant knowledge about the case situations. In turn, this level of knowledge results in significant exposure of the supervisor to intimate details of case situations involving child maltreatment. Although “second hand” in nature, the supervisor is being exposed to the specific details of trauma related to children (Ilfie & Steed, 2000). The supervisor, then, is not immune to the same stressors as his or her front-line counterparts.

The administrative responsibilities of the supervisory role often add to stress. Administrative pressures can include the demand to close protection investigations prematurely, reviewing and signing off on cases without paying attention to details, and assigning cases to already over-burdened workers (Shulman, 1993). Added to these administrative pressures are the risk assessment tools in child welfare practice. These tools were intended to provide the supervisor and worker with a framework for decision-making. Although a great majority of these tools have enhanced the reliability of case decision-making processes, the implementation of risk

assessment tools have added an extra administrative burden to supervisors and workers (Monroe, 2004, 2005; Rycus & Hughes, 2003).

In addition to oversight and administrative responsibilities, a unique aspect of the supervisory role is the support that they must provide to the front-line child protection worker. The worker often times turns to the supervisor for emotional support following a critical incident such as the death of a child or an assault by a client. A number of commentators emphasize the view that the supervisor can and should play a role in terms of mitigating the effects of traumatic case-related events involving front line staff members (Beder, 1998; Cearley, 2004; Itzhaky, 2001; Walsh, 2002). When a child dies, it is the worker and the supervisor who are frequently affected. However, it is typically the supervisor who is expected to provide emotional support to the worker following tragic circumstances. Research has shown that if front-line workers are provided with emotional support from their supervisors they are more likely to recover from a traumatic event (Cearley, 2004; Pearlman, 1999; Rooney & Leslie, 2004). The expectation of the supervisor providing this level of intense emotional support adds to the stress associated with their work.

Another reality for supervisors is that they are faced on a daily basis with the need to make crucial decisions, often times with little or no background information. Without adequate background case information, supervisors are often “shooting in the dark” when providing direction on cases they may know nothing about. As a result, the decisions that supervisors make in child welfare are only as good as the information that is provided to them. The role of the supervisors is to make life-altering decisions for children at risk of maltreatment based on case information as reported to them by staff members and/or via case-related information. If they are not provided with sufficient case background material then this in turn can result in tragic circumstances or poor quality decision-making.

The risk of ensuring protection to a child can be compounded by the lack of staff resources. In some jurisdictions, it is very difficult to find and retain front-line staff personnel. Supervisors ultimately are responsible for cases; in the absence of adequate staffing, supervisors are left with the responsibility of carrying out the investigation on their own while still maintaining the role of providing case direction to workers. The supervisor may also be faced with training and retaining personnel who have little or no social work background (American Public Services Association, 2005). Despite this lack of training, the supervisor is faced with continuing to assign cases to staff members who may lack the qualifications or competencies required to do the job. The supervisor, in turn,

has little or no control over the job performance of these front-line staff members.

THE IMPACT OF STRESSORS ON SUPERVISORS

Emerging exploratory research has examined the potential impact of stress on front-line child protection supervisors. One study explored the concept of job satisfaction rates among 75 front-line child welfare supervisors. Silver, Poulin, and Manning (1997) reported that supervisors had lower rates of job satisfaction compared to their front-line child protection colleagues. These findings were attributed to supervisors' extensive years of employment in the child welfare field and their chronic exposure to a stressful work environment. A second study conducted at a Canadian child welfare agency found that supervisors were significantly more likely to have experienced the death of a child ($p < .001$) and to have encountered internal reviews on cases ($p < .05$; Regehr et al., 2002). These findings highlight the unique stressors of child welfare supervisors and their exposure to significant stressful circumstances, unique to those of front-line workers.

The next section of this paper utilizes case studies as a means to operationalize key concepts related to the impact of stressors on front-line child welfare supervisors. The cases provide examples of stressors that supervisors face, as well as illuminating the related theoretical constructs of burnout, compassion fatigue, vicarious trauma, and secondary traumatic stress. Pseudonyms are used to describe the individuals described in the case studies, and all individuals are composites.

Case Study One

Michael obtained his Master's of Social Work Degree three years ago and has been an intake supervisor for five years. In the past six months he has dealt with a series of tragic case situations involving the deaths of three young children due to serious child maltreatment. The child welfare organization conducted case audits and determined that in one situation, Michael gave improper direction to one of his caseworkers resulting in the death of a child.

Michael's team has become concerned that he is "burned out." They believe that Michael was unfairly targeted and held responsible for the death of a child following an internal review of the case. Prior to the case

review, Michael had been working long hours and training a number of newer staff members. However, following the death of the child, his demeanor appeared to change. The team notes that Michael has appeared angry and withdrawn at team meetings. He used to laugh and joke with his team members, but now he simply retreats into his office. Previously, Michael seemed quite passionate about his work, but now he seems less caring about the children on his staff's caseloads. When staff members approach him about difficult case situations he provides little or no direction. Recently, one of his staff members became so concerned that she brought her concerns to the Director of Human Resources. The Director has not discussed these concerns brought to her by Michael's staff member. A month has gone by.

Burnout

Schaufeli and Enzmann (1998) defined "burnout" as a "persistent, negative, work-related state of mind in 'normal' individuals that is primarily characterized by exhaustion, which is accompanied by distress, a sense of reduced effectiveness, decreased motivation, and the development of dysfunctional attitudes and behaviors at work" (Schaufeli & Peeters, 2000, p. 21). Burnout is seen as a process that occurs slowly over time as the individual is exposed to chronic work stressors (Edelwich & Browsky, 1980; Sabin-Farrell & Turpin, 2003; Schaufeli & Peeters, 2000). In Michael's situation, it is clear that there has been a pattern of mounting stress resulting from the tragic deaths of children on his team. His team members have identified that since the tragedies occurred he appears exhausted and unable to perform his work-related duties.

Maslach and Leiter (1997), pioneers of measurement of burnout, conceptualize burnout as both an individual and organizational concern. The authors contended that individuals rather than organizations are typically seen to be the cause of their own demise in terms of experiencing difficulties with the emotional and psychological pressures stemming from the work (p. 18). In some situations, they argued, the individuals suffering from burnout may be seen as incompetent because they lack energy and drive for their work and commitment to their profession. This in turn leads to the cyclical problem of viewing the individuals as the problem instead of addressing the organizational and situational issues.

A key organizational and situational feature of burnout is job mismatch—a significant factor in understanding the root causes of burnout. The essential elements of this "mismatch" can result from work overload,

lack of organizational support, and value conflicts arising from the work (Maslach & Leiter, 1997, p. 18; Storm & Rothman, 2003). Job mismatch may be an issue in Michael's situation. He is overworked and appears to be lacking organizational support for the emotional toll that the work is taking on him. Work overload and lack of control over the work are, unfortunately, typical features in child welfare practice. As noted above, supervisors in child welfare practice constantly are faced with urgent situations involving children at risk, managing limited staff resources, and assigning cases to beleaguered staff members.

The organizational context is also an important feature when analyzing the underlying problem of burnout in child welfare practice. As Maslach and Leiter (1997) stated, "burnout is a barometer of social dysfunction in the workplace" (p. 18). In Michael's situation the Director of Human Resources received an expression of concern from one of Michael's employees about his current demeanor following the chronic stress of supervising newer workers coupled with the tragic deaths of children assigned to his team members. As yet, the Director has not addressed these concerns. This may be compounding the problem, as burnout is considered a symptom of larger organizational problems through which many contributing factors culminate in individuals becoming distant and emotionally disconnected from their work. In child welfare practice, it is the emotional connection between the front-line worker, supervisor, and clients that is the most effective method of ensuring the overall protection of children. Child welfare staff members who have become burned out will no longer be able to use their empathetic skills and are at risk of failing to connect to both clients and colleagues on an interpersonal level.

Case Study Two

Paulette, a child welfare supervisor for 20 years, is known for her administrative competence. She obtained her Bachelor of Social Work degree 23 years ago prior to entering the child welfare field practice. As a front-line worker and in her early days as a supervisor, Paulette was considered a very warm, caring, and compassionate supervisor. She had worked as a front-line worker for many years and had been exposed to several tragic situations of child maltreatment that included children with broken bones, burns, and severe sexual abuse. A few years ago, an adult client was murdered by her ex-partner. Paulette was devastated by this tragedy and rarely spoke about the event. Following this incident,

she seemed to “shut down” and was viewed as a supervisor who focused exclusively on the administrative aspects of the work.

Although Paulette is very proficient in the administrative aspects of her work, she seems to lack an ability to provide emotional support to her staff members. Recently, a staff member was assaulted by a client, and Paulette told this individual that this incident is just part of the work and “comes with the territory.” The worker has since filed a grievance about this comment to the Union.

Compassion Fatigue

The term “compassion fatigue” is defined as the professional or caregiver’s reduced capacity or interest in being empathic to client situations (Adams, Boscarino, & Figley, 2005; Figley, 1995a, 1995b, 1999). As Pearlman (1999) stated, the role of the supervisor is to “buffer” the worker from the harsh emotional pain of the work (p. 59). This emotional buffering has the potential to lead to an erosion of the individual supervisor’s own emotional coping capacity. One could argue that a supervisor labeled as “unsupportive” may have simply learned, over time, to emotionally disengage him or herself from the harshness of the work. In the situation of Paulette, her attrition of emotional support for her staff members could be seen as a possible consequence of compassion fatigue. She has been a supervisor for 20 years, and it is likely that her ability to sustain her emotional support for staff members has diminished over the course of two decades of providing supervision within the context of child welfare practice.

Individuals who work in the helping professions are at inherent risk of developing compassion fatigue as a result of their heightened and constant need to be present and empathetic to their clients. In a sense, a helping professional uses his or her emotional involvement as a tool for connecting with clients. In child welfare practice, this skill is employed with parents and children who have suffered some form of maltreatment. The blunting or wearing down of these empathetic skills can leave the individual professional at risk of minimizing or denying the underlying issues and trauma confronted by children and families on a daily basis (Figley, 1995a, 1995b, 1999, 2002). This issue is of particular concern when it occurs with child welfare supervisors. Minimization and denial on the part of the supervisor can have very serious consequences for children and families if the supervisor becomes unable to conceptualize the potential risks to children because of his or her inability to view the case situation objectively.

Case Study Three

Dana is a child protection supervisor who recently was promoted to manage a team of cases involving domestic violence. She has been working with these case situations for 10 years and has gained a reputation as a strong advocate for women and children. She recently completed her Master's of Social Work on a part-time basis at the local university. When she began her role as the supervisor of the domestic violence unit, she instructed her workers not to meet with male caregivers who are perpetrators of violence in the home. She told one worker, "all men are abusive and no amount of counseling is going to help them." The local agency that provides counseling services to male batterers has become concerned because they are no longer receiving referrals from the child welfare agency. They requested a meeting with Dana who clearly demonstrated her anger and frustration with male perpetrators. The meeting was unproductive and Dana refused to consider the need for treatment for these male perpetrators.

Vicarious Trauma

Much of the literature has used the concepts of vicarious trauma and compassion fatigue interchangeably (Pearlman, 1999; Pearlman & Saakvitne, 1995; Saakvitne & Pearlman, 1996; Somer, Buchbinder, Peled-Avram, & Ben-Yizhack, 2004; Stamm, 1997, 1999). However, it is possible to distinguish vicarious trauma as a cumulative form of trauma: "as it implies that much of the therapist's cognitive world will be altered by hearing traumatic client material" (McCann & Pearlman, 1990, p. 136; Pearlman & Saakvitne, 1995; Sabin-Farrell & Turpin, 2003). In essence, the concept of vicarious trauma is one wherein the emotional and psychological schema of therapist is altered as a result of hearing the traumatic stories of their clients. The concept suggests that vicarious trauma can lead to changes in both self and professional identity (McCann & Pearlman, 1990). In Dana's case, she has witnessed so many episodes of domestic violence perpetrated by men against women that she has developed the belief that it is pointless to do any counseling work with the male perpetrators. Dana's worldview or cognitive schema now includes the belief that males who batter are "untreatable." This worldview has the potential to have significant consequences for her ability to supervise and manage a team that is comprised solely of domestic violence situations.

Case Study Four

Jonathon is a newer worker who has been employed at a child welfare agency for one year. He recently graduated with his Master's of Social Work and completed a previous placement in a child welfare setting. Jonathon presents as a very dedicated child protection worker who is fastidious about ensuring that he meets every standard. He becomes extremely upset with himself when he does not meet these standards. Recently, it came to the attention of Jonathon's supervisor that he was perhaps being too vigilant about the rules and regulations required to do the work. A foster parent had contacted the supervisor to indicate that Jonathon had conducted a visit with a young girl who had recently been apprehended because of her mother's alcoholism. The foster mother was concerned because Jonathon did not appear to be concerned with the needs of the children and scarcely spoke with the child during the visit. He seemed disinterested in the needs of the child and the foster mother sensed that he was more interested in saying that he had completed the visit as opposed to assessing the needs of the child.

Kim, Jonathon's supervisor, met with him and reviewed these concerns. Surprisingly, he became very emotional and disclosed that he himself had been a child in care and had been abused when living in a foster home at the age of 11. He explained that he felt he had to meet all of the rules and regulations for fear that a similar experience might occur with a child under his supervision. He wanted to make sure that all of the children under his supervision were safe, and by meeting the standards, he felt that he would be fulfilling this obligation.

Secondary Traumatic Stress

Secondary traumatic stress "(is) the natural, consequent behaviors and emotions resulting from knowledge about a traumatizing event experience by a significant other. It is the stress resulting from helping or wanting to help a traumatized or suffering person" (Figley, 1999, p. 10). The underlying assumption is that individuals respond differently to traumatic events. An individual's response is based on the person's life experience, the traumatic event itself, and the interplay between the person and their social and cultural environment (Gardell-Nelson & Harris, 2003; McCann & Pearlman, 1990a; McCann & Pearlman, 1990b). The supervisor in this case analysis must be able to "tune in" (Shulman, 1993, p. 37) to the potential issues of secondary trauma that may be present for some staff members. In Jonathon's case, he had a previous history with

child welfare services and abuse. His childhood background and trauma have played a role in how he interacts with clients. Supervisors in this situation must be aware about the role that secondary stress can play in their own lives and also in the lives of their staff members.

FACTORS INFLUENCING THE IMPACT OF STRESSORS ON SUPERVISORS

Child welfare supervisors are an integral link to ensuring effective service delivery and effective client outcomes for children and families. Supervisors experiencing stress in their work may be unable to make appropriate case decisions. They may overreact or, conversely, fail to respond adequately to case situations. The critical analysis and objectivity required to effectively analyze and provide direction on cases can be impaired by the stress and possible physical and emotional fatigue that can occur when dealing with multiple crises on a daily basis (Harkness & Hensley, 1991; Winefield & Barlow, 1995). Because the supervisor is responsible for ensuring effective client service delivery, impaired judgment resulting from the pressure of their work can lead to poor or impaired decision-making capacity. Decision-making within the context of a high-pressure environment is cause for concern for any supervisor operating in a chronically crisis oriented environment. If a supervisor is unable to provide this level of support, it can potentially lead to poor staff morale as a result of staff members' inability to process traumatic occurrences in the workplace.

Risk Factors

Exploratory research has examined the possibility that certain personality profiles have greater difficulty adjusting to the pressures of child welfare work, including supervisory work. Individuals who are shy, mistrustful, nervous in relation to others, and sensitive to rejection have been found to be more likely at risk of stress or emotional reactions in relation to the trauma of child welfare practice (Regehr et al., 2004). Other child welfare workforce studies have found that a staff person's previous history of trauma or victimization in his or her own past contributed to difficulties with child welfare work (Cunningham, 2003; Stevens & Higgins, 2002). In addition, a history of child maltreatment may have a negative impact on staff retention, client service delivery,

and the emotional health of front line workers and supervisors (Gardell-Nelson, 2003).

Protective Factors

Child welfare workforce studies have consistently shown that educational level can be a protective factor against burnout, low rates of job satisfaction, and emotional suffering from the work (Abu-Bader, 2000; American Public Human Services Association [APHSA] 2005; Everly, Boyle, & Lating, 1999). These have emphasized the importance of the need for professionally trained social workers, particularly with a Master's of Social Work (MSW) degree. Having an educational background in social work practice allows for individuals to gain a perspective and theoretical context for issues relating to child protection work. These issues include history of maltreatment, the cycle of poverty, and societal issues that perpetuate the cycle of abuse and domestic violence.

Organizational Factors

Other research has shifted the focus from individual factors to the organizational context of child welfare work. Many studies have shown how often individuals are held accountable for decision-making in child welfare practice, deflecting attention away from organizational responsibility for decision-making. When case situations go wrong, there is a tendency for the individual as opposed to organizations to be held responsible (Monroe, 2005; Rzepnicki & Johnson, 2005). The resultant effect is that individual workers and supervisors are seen as liable, which increases the stress associated with the job. Monroe (2005) stated that there is a need to change the focus from individual to organizational responsibility. In doing so, one might uncover the underlying structural elements that create mistakes and poor decision-making practices within the context of child welfare.

However, shifting to the organizational context is challenging. It requires a shift in culture that supports open dialogue about stressors and the potential impact on individuals working with situations of child maltreatment (Beder, 1998). Supervisors may be viewed as functioning improperly if they require emotional support for the work they do. An organizational culture that recognizes the impact that the work can have on individuals will have a substantial impact on the supervisor feeling free to speak about such issues and obtain the necessary assistance if required (Bell, Kulkarni, & Dalton, 2003). This level of openness must

begin at the top levels of management and usually includes executive directors who can articulate the stress and impact that the work has on their organizational workforce.

There are a number of different ways an organization can provide support to supervisors. Most organizations have employee assistance programs that can be utilized to offer educational sessions to staff members that highlight the emotional impact of the work and identify strategies for managing stress. An off-shoot of employee assistance programs is a program developed by the Toronto Children's Aid Society called the Peer Support program (Howe, 2006). This model utilizes the skills and supports of existing child welfare staff to provide emotional support to colleagues following a critical event such as the death of a child and can create an organizational climate of support within the child welfare agency.

Other organizational strategies could include peer supervision for supervisors. This venue provides individuals the opportunity to share details about difficult case situations and develop relationships with their peer group. As well, child welfare organizations could provide job rotations that would facilitate the individual supervisor to move out of high stress situations and affords them the opportunity to develop different skills in various aspects of the work. For example, after two years, intake supervisors would automatically be transferred to foster care, and vice versa.

A Model of Skillful Supervision

It is clear that the child welfare supervisors and social worker supervisors in general have a significant number of challenges and stressors to deal with on a daily basis. However, good supervision can and does exist. Many social work and child welfare professionals are able to cope and thrive in a field that is filled with constant crises. A model of skillful supervision might include:

- A supervisor who can self-identify when issues and stressors are becoming overwhelming and then takes the time to set limits. This could include taking a vacation, a coffee with colleagues or a walk around the block. Getting away from the work is sometimes the best way for supervisors to retain their objectivity;
- A supervisor who promotes self-care for themselves and their staff members. An individual who constantly strives to integrate components of self-care and a healthy lifestyle is likely able to buffer him or herself from the stress, and sets an important role model for staff members that he or she is supervising;

- A supervisor who uses humour and laughter as a way of combating stress. Humour goes a long way towards promoting a positive work environment for all staff members, including oneself;
- A supervisor who is able to let go of a case and seeks a case transfer when he or she feels he or she is beginning to lose objectivity. Supervisors, not just front-line staff members, also require the ability to distance themselves from case situations that are becoming too difficult or overwhelming;
- A supervisor who is willing to learn and grow professionally. Burnout, in particular, is a sign that an individual is stagnating in his or her career. One's ability to take on new professional challenges and experiences creates an environment for engaging with the work, and allows for distance from case situations. For example, taking a professional development series on domestic violence may allow for a supervisor to see more objectively the patterns that become entrenched for clients in these situations;
- An organization that recognizes the many potential stressors facing supervisors, acknowledges shared responsibility for managing stressors, and provides support to supervisors and workers.

Moving Forward

It appears undeniable that the unique population of child welfare supervisors requires special attention. The child welfare profession needs to recognize the specific factors that contribute to the stress and burnout of supervisors and identify ways to mitigate risk factors before individuals become severely impaired as a result of the traumatic material they are exposed to. To identify, recognize, and prevent burnout, compassion fatigue, vicarious trauma, and secondary traumatic stress, both individuals and organizations must acknowledge that the emotional aspect of the work can take a toll on supervisors. Keeping in mind the risk and protective factors associated with the impact of stressors on child welfare supervisors, and the organizational context in which it resides, the following strategies are offered as we collectively move forward:

1. Development and implementation of pre-screening tools that would assess the suitability of individuals entering the field of child welfare practice, especially supervisory practice;
2. Regular use of Employee Assistance Programs that could meet with staff members on a regular basis (team meetings, retreat days) to pro-

- vide insight and information about the warning signs of burnout, compassion fatigue, vicarious trauma, and secondary traumatic stress;
3. Provision of regular and frequent supervision to front-line supervisors. Supervisors also require the emotional support of their own respective manager. Also, regular supervision can assist individuals in terms of focusing on case decision-making skills and provides the supervisor with a sense of shared accountability for the decision-making process;
 4. Development of peer supervision within child welfare agencies to enable individuals to share details about difficult situations, and develop more collegial relationships with their peers;
 5. Creation of job rotation to facilitate individuals moving out of high stress situations and affording them the opportunity to develop different skills in various aspects of the work. For example, after two years, intake supervisors could automatically be transferred to foster care and vice versa;
 6. Provision of regular professional development opportunities within child welfare organizations to educate about the concepts of burnout, compassion fatigue, vicarious trauma, and secondary traumatic stress. These training sessions could highlight the potential warning signs of emotional fatigue for both supervisors and front-line workers;
 7. Implementation of a Peer Support Program as a way to promote a caring community, whereby all individuals in the organization recognize and are prepared to provide support in situations involving a traumatic event for either a supervisor or a front-line staff member. This in turn can lead to a culture of learning rather than blaming individuals for case decisions;
 8. More intensive research on the specific impact of stress on front-line child welfare supervisors, which would preferably utilize a mixed methods design employing a supervisory survey and qualitative interviews;
 9. Research that explores educational background as a protective factor and mitigator of stress and burnout in child welfare supervisors.

CONCLUSION

The impact of stressors on front-line child welfare supervisors is an area that has received relatively little attention in the literature exploring the impact of stress and burnout on child welfare professionals. Exploratory

studies on this topic to date have identified that this group of professionals have specific needs in relation to the potential emotional impact of the work. Therefore, it is imperative that the future child welfare workforce is required to pursue the underlying issues and systemic barriers that contribute to the emotional exhaustion and fatigue that is a key risk factor for child welfare supervisors.

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