

Addressing Work-related Traumatic Stress

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES

Exploration of Needs

The Quality Improvement Center for Workforce Development (QIC-WD) worked with the Nebraska Department of Children and Family Services (DCFS) to conduct a [needs assessment](#). The team leveraged: (1) administrative data, primarily from the Nebraska Department of Children and Family Services' Human Resource department (DCFS-HR); (2) formal surveys of child welfare staff and supervisors; (3) QIC-WD team expertise; and (4) subjective perceptions and expertise from the [Nebraska Workforce Project Team](#) members.

DCFS-HR data included metrics and processes related to recruitment, hiring, and retention; culture and climate; and other workforce processes and initiatives, such as onboarding, mentoring, supervision, performance management, and employee recognition. In total, the Nebraska Workforce Project Team engaged with the QIC-WD in a 5-month needs assessment process. The goal was to identify areas of opportunity that addressed critical workforce needs within the agency *and* met a set of criteria specific to the QIC-WD.

Identification of Priority Needs

Burnout, depersonalization, professional development, working relationships, supervision, career ladders, and secondary traumatic stress (STS) were all identified as potential areas for intervention. The Nebraska Workforce Project Team performed [root-cause analyses](#) to better understand the underlying issues and dynamics for each area of opportunity. When the team discussed some issues, constraints were identified that the project could not overcome (i.e., timeline, cost, influence of systems outside of child welfare). Then, [theories of change](#) were

developed to step through the “if/then” logic of the outcomes necessary to achieve the ultimate desired changes related to workforce retention and improved child and family outcomes. The [theory of change that addressed work-related traumatic stress](#) was ultimately used to guide program development. (See the [Intervention Background](#) for more information on STS and its prevalence among DCFS child welfare workers.)

Intervention Selection

Based on an extensive review of both qualitative and quantitative data, the Nebraska Workforce Project Team decided to develop and test a comprehensive strategy to address chronic and acute work-related traumatic stress for the division's Children and Family Service Specialists (CFSS) and their supervisors. No single, existing intervention met the project needs so DCFS and the QIC-WD partnered to develop [CFS Strong—Building a Resilient Workforce](#) (known as *CFS Strong*), a compilation of activities to proactively and reactively support child welfare workers throughout their career at DCFS. *CFS Strong* aimed to address numerous root causes identified through the QIC-WD needs assessment process, including: (1) the high prevalence of STS and burnout in frontline workers and supervisors, (2) the desire to provide a direct service to frontline staff and convey organization support for employee wellbeing, and (3) supporting efforts to increase personalization and engagement with families.

The [intervention](#) will be [evaluated](#) to determine if efforts to address work-related traumatic stress can positively impact worker retention and decrease CFSS turnover.