MASTER THESIS

UNIVERSITY OF NORDLAND

**COMPASSION FATIGUE AND
COMPASSION SATISFACTION: A
STUDY OF YUKON CHILD
PROTECTION SOCIAL WORKERS**

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ABSTRACT

Front-line Child Protection Social Workers are exposed to child physical abuse, child sexual abuse, child neglect, and high risk crisis situations on a daily and on-going basis. Additionally, they must manage with excessive caseloads, high staff turnover, and lack of supports. These stresses and exposure to traumatic situations often changes Social Workers' view of themselves, view of the world and view of the work they do. Burnout, vicarious trauma, secondary traumatization, insidious trauma, secondary traumatic stress, and compassion fatigue are all labels that have been created as a means to define this transformation (Public Health Agency of Canada, 2001).

This research was an exploratory study examining the factors that cause risks of compassion fatigue and create potential for compassion satisfaction in Yukon Child Protection Social Workers. The aim of this study was to determine how ongoing exposure to traumatic incidents and information was impacting Yukon Child Protection Social Workers. To conduct this research Hudnall-Stamm's "Professional Quality of Life Scale" (2009) questionnaire, followed by semi-structured interviews were conducted on four Yukon Child Protection Social Workers.

The research noted that all participants had experienced personal and professional changes as a result of their work. The Professional Quality of Life Scale (PROQOL) determined that participants were at average risk for burnout and secondary traumatic stress; however, it quickly became evident in the semi-structured interviews that exposure to traumatic events was not the only factor that contributed to this risk. The participants also demonstrated an average potential for compassion satisfaction, with personal motivation to help families and their actual relationships with clients influencing this potential.

Key Words: Child Protection, Compassion Fatigue, Secondary Traumatic Stress, Burnout, Compassion Satisfaction, Yukon,

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~ Liza Manolis

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ABBREVIATIONS

CASW	Canadian Association of Social Workers
CF	Compassion Fatigue
CPSW	Child Protection Social Worker
CS	Compassion Satisfaction
CSDT	Constructivist self-development theory
EAP	Employee Assistance Program
F+CS	Family and Children's Services
IFSW	International Federation of Social Workers
ProQOL	Professional Quality of Life Scale
PTSD	Post-Traumatic Stress Disorder
STS	Secondary Traumatic Stress
YTG	Yukon Territorial Government

CHAPTER ONE
INTRODUCTION

It is generally understood that child protection is a stressful, emotionally charged field where Social Workers are exposed to trauma on a constant basis. This trauma often manifests itself in the form of witnessing or hearing about child physical/sexual abuse and neglect, receiving personal threats to one owns safety, dealing with angry, hostile and aggressive clientele, and ongoing decision making in high risk situations. Child protection social workers are often in crisis situations where they are forced to make assessments, judgements and decisions in the "heat of the moment," often with very little information. These decisions usually have life-long implications for the children they are hired to protect, society's most vulnerable, and the stress, worry and fear of making the wrong decision can also be traumatic. Child protection social workers are also faced with chronic stressors at work, including excessive and often unmanageable workloads, high staff turnover, increased work demands and limited supports.

This study is meant to discover, discuss, and analyze the factors that contribute to compassion fatigue and compassion satisfaction in Yukon child protection social workers. Additionally, this study is intended to explore how these factors influence each other and how they either hinder or alleviate the risk of compassion fatigue and potential for compassion satisfaction. In doing so, this study attempts to understand how trauma influences professional and personal change. Given the increasingly complex families and increasingly severe trauma that child protection workers are exposed to, in addition to work stressors, this study argues that it is imperative to understand how these experiences and stresses shape social work practice as well as how they personally impact child protection social workers.

This chapter is organized as follows: I first present a personal experience which became the inspiration for this study and then provide some general information about child protection practice in Canada. As a means to ensure a thorough understanding of the position of a Yukon child protection social worker, I have included an overview of the role and field of social work, followed up with a comprehensive summary of what child protection looks like in the Yukon, and provided a child protection social worker job description. The purpose of the study, problem

statement, and how this research is significant to the field of social work is then discussed. This chapter concludes with an explanation on how the thesis is organized.

1.1 Personal Experience

> I looked into the eight month olds lethargic eyes and tears immediately welled up in my own. There he lay, covered in bruises, burns, and broken bones. I picked up his listless body and held him close to my chest. He was silent. I was shaking. I knew I had been changed forever.

This excerpt was taken from my personal journal, fourteen months after that actual incident occurred. It was the seventh time I had written about that event and unbeknownst at the time, would become the inspiration for this research study. To explain, I have been working as a child protection social worker in Canada for over thirteen years, with seven of these years working in the Yukon - a territory in northern Canada. Throughout my employment as a child protection social worker I have witnessed an overwhelming amount of colleagues express being burnt-out, overwhelmed, severely stressed, and that they were unable to "take it anymore." They all shared stories of how seeing and hearing about constant abuse and neglect was exhausting, and they all struggled with leaving their work at work. As a result several of these peers ended up on medical leave, stress leave, or terminated their employment outright.

While I have always been empathetic to colleagues who expressed these concerns, I was never able to fully understand the magnitude of what they were experiencing; that is, until that fateful night when I met the eight month old child described above. In addition to my day job as a child protection social worker, I had also been working as an on call social worker (social worker who works evenings and weekends in order to respond to any child protection emergencies outside regular office hours). I, along with my colleague, had been called to attend a home where it had been alleged that a mother had "beaten up" her son. No amount of training could have prepared us for what we would observe when we arrived to the home. To witness such a young child in such dire straits was overwhelming. His mother, a young, disadvantaged teen who had spent her life in foster care, admitted to punching, kicking, and burning her infant. We removed that child from his mother's care that evening. Had we not, I firmly believe he would have died.

The events of that evening haunted me for months. I played the night over and over in my head, and was often not able to sleep as I was thinking about what the first eight months of that child's life was like. I started to feel anxious at work when I was assigned a file with an infant, and I became a lot more emotional when hearing about other child abuse cases. It was then that I realized that, like some of my other peers, I too was feeling overwhelmed, struggling, and not sure if I could "take it anymore." I become fascinated in why such a huge amount of Child Protection Social Workers appeared to share this reality and as such, started to research this phenomenon. Through this research I discovered the ideas of burnout, counter-transference, vicarious trauma, and secondary traumatic stress.

1.2 Putting things in Context

The Canadian Association of Social Workers (CASW) has adopted the International Federation of Social Workers (IFSW) definition of Social Work; namely, that "the social work profession promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being. Utilizing theories of human behaviour and social systems, social work intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work (2012)." The field of social work is focused on problem solving and facilitating changes on individuals, societies, cultures, and organizations and is an interrelated system of practice, theory and values (IFSW, 2012). Social justice, human rights, respect for all individuals, and social inclusion are the driving forces behind the profession.

Social workers are helping professionals who use knowledge, skills, training and experiences to enhance individual and community well-being, problem solve relationships, promote social change, and address societal injustice, inequities and obstacles (Alberta College of Social Workers, 2012; IFSW, 2012). Utilizing evidence based knowledge and theories of human development, human behavior, and social systems, social work aims to analyze complex situations, and facilitate individual, social, cultural, and organizational change (Hare, 2004). Social work practice is broad in nature and interventions range from agency administration, community development and organization, political advocacy, social action, conscientization, social policy, counselling, family therapy, social pedagogy, case-management, brokering,

mediating, researching, investigation, and assisting people with obtaining resources and services (Alberta College of Social Workers, 2012; Hare, 2004; IFSW, 2012). It is a continuously evolving profession, responding to the ever changing needs of individuals and their environments; as such, it is imperative that social workers have extensive knowledge of human development, cultural systems, social policies, and economic policies (University of Calgary, 2012). Succinctly, social work is committed to improving the lives of individuals and of society in general and is particularly concerned with those who are poor, vulnerable, and oppressed (Hare, 2004).

1.3 Yukon Child Welfare System

In Canada, parents are responsible for the safety and well-being of their children; however, it is recognized that in cases of abuse and neglect intervention is necessary. "Child Welfare" refers to an established system of services "to provide services that supplement or substitute for parental care and supervision" and was developed as a means to protect the safety and well-being of children and stop child maltreatment (Canadian Encyclopedia, 2012). Every individual province and territory is responsible for providing this system of services with each having their own laws mandating prevention and intervention of child abuse and neglect, investigations, assessments, foster care, adoption services, out-of-home care, and support services to families. In the Yukon, the Yukon Territorial Government's (YTG) department of Family and Children's Services (F+CS) provides these services, and is legislated to do so under a law entitled the "Child and Family Services Act." This Act (2008) clearly outlines that "A child is in need of protective intervention if the child:

      (a) is/s likely to be, physically harmed by the child's parent;

      (b) is, or is likely to be, sexually abused or exploited by the child's parent;

      (c) is, or is likely to be, emotionally harmed by the conduct of the child's parent;

      (d) is, or is likely to be, physically harmed by a person and the child's parent does not protect the child

      (e) is, or is likely to be, sexually abused or exploited by a person and the child's parent does not protect the child

      (f) is, or is likely to be, emotionally harmed by a person's conduct and the child's parent does not protect the child;

(g) is being deprived of health care that, in the opinion of a health care provider, is necessary to preserve the child's life, prevent imminent serious physical or mental harm, or alleviate severe pain;

(h) is abandoned;

(i) has no living parent or no parent is available to care for the child and adequate provision for the child's care has not been made; or

(j) is under 12 years of age and has

(i) allegedly killed or caused serious injury to another person, or

(ii) on more than one occasion caused injury to another person or threatened, either with or without weapons, to cause injury to another person, either with the parent's encouragement or because the parent does not respond adequately to the situation, and the parent of the child does not provide services or treatment aimed at preventing a recurrence, or is unavailable or unable to consent to the services or treatment" (p. 16-17)

The Child and Family Services Act also includes a clause entitled "Duty to Report." This clause mandates any individual who suspects a child is being abused or neglected, or is in need of protective intervention, to contact Family and Children Services (F+CS). When an allegation of child abuse or neglect is received by F+CS, an investigation is initiated, as is required by law. The Yukon Child Protection Social Worker (CPSW) is then obliged to complete interviews, assess risk, determine if the allegations are verified, develop intervention plans, complete immediate and long term safety plans, monitor clients, prepare court documentation, facilitate family planning meetings, coordinate services with other service providers, and, in some cases, remove children from their caregiver(s). The Yukon CPSW is responsible for making decisions that can have life-long implications for the children and families they work with.

1.3.1 Job Overview: Yukon Child Protection Social Worker

The duties and responsibilities of the Yukon Child Protection Social Worker (CPSW) are clearly detailed in the job description on the Yukon Government's employment opportunities website (http://employment.gov.yk.ca). It explains that the CPSW is responsible for the provision of casework and counselling services in the areas of child protection, family services and children

in care. The CPSW investigates, assesses, counsels, provides support services to client children and families in the areas of child protection, family services and children in care, and provides consultation to team and Branch social workers in case and program development matters, and mentors and coaches other social workers.

1.3.2 Duties and Responsibilities

The main duties and responsibilities of the Child Protection Social Worker are to investigate, assess, counsel and provide support services to client children and families as a member of the Family Services or Intake Teams in the areas of child protection and family services, and prepare and maintain comprehensive records and documentation on all assigned cases. These duties are achieved through specific main functions; namely, through intake and screening (receiving and screening all incoming referrals regarding children who may be at risk of physical, sexual, emotional abuse or neglect to determine if there is enough evidence of risk to conduct an investigation or referral to other agency as appropriate; gathering data regarding the alleged maltreatment to assess the urgency or seriousness of the situation, and priority level of investigation), investigation and risk assessment (interviewing family members, child and collateral contacts, observing family interactions, and other types of data collection to validate or refute concerns; coordinating and conducting investigations with the police when criminal charges are being considered; weighing the interactive effect of risk and safety factors to establish the risk to the child(ren), which includes but is not limited to determining if the child has been physically abused, sexually abused, or neglected, is the child at risk of future harm from abuse or neglect, is the child in need of immediate protection and if so, what must be done immediately to protect the child from harm, what safety factors in the family can help to protect the child; identifying strategies and initiating interventions to provide immediate protection to children who are at high risk, including taking children to place of safety or into care; evaluating the families' strengths and limitations within their own cultural context), case management (conducting a thorough family assessment to identify the family's needs, strengths, and problem areas and identify the specific factors that must be changed to assure the safety of the child in the home; jointly developing with the client a specific and goal oriented plan for services to meet the family's identified needs; identifying and referring client to services and resources in the community that are appropriate to meet case objectives, and are consistent with culture and

values; conducting on-going assessment/evaluation of case plans through coordinated team approach with client and community resources; providing consultation to other service providers).

These functions also include court applications (analyzing case information to determine admissible evidence and its presentation to court; preparing affidavits for or presenting oral evidence in Court Hearings; preparing court documents; instructing Legal Counsel regarding type of court order sought and rationale for request; determining witnesses and preparing witness "can-say" statements), providing services to children admitted into care (explaining to the child why they are in care and involving them in ongoing planning wherever possible; developing Plans of Care for children in care in order to meet their individual social, physical, emotional, health, spiritual, intellectual and developmental needs; meeting with the child on a regular basis to ensure that their needs are being met; providing supportive counselling and problem-solving with foster caregivers; facilitating visits with parents and extended family, as well as, maintaining their involvement in the on-going care of their child wherever possible; completing comprehensive child studies and social histories; coordinating or assisting in the preparation of children in care for independent living; completing timely and comprehensive written reviews of case plans and maintains other relevant file documentation; identifying and obtaining appropriate assessments by psychologist, psychiatrist, physician, Child Development Centre, counsellors, etc.), counselling (influencing and motivating parents to take remedial action to ensure children remain safely with them and/or are returned to them from care/custody of the Director; providing therapeutic counselling to clients to strengthen their ability to provide care for their children; utilizing play therapy or specialized interviewing techniques with children to address therapeutic issues), providing supportive and preventative family services (conducting assessment of family and child's needs; interpreting and applying legislation and program policies and guidelines and communicating rights and responsibilities to families; providing, facilitating, and/or coordinating focused, goal-oriented counselling and/or play therapy activities; provide and/or facilitate access to support and prevention services such as family support workers, day care, homemakers or respite services.

It is quite apparent that the duties and responsibilities of the Yukon child protection social worker are extensive, complex, and significant. Child protection social workers aim to protect the most vulnerable, and consistently work with clients who have been severely traumatized. The work is dramatic and severe – working with abused and neglected children is obviously burdensome. Added to the fact that decisions made by the CPSW will have life-long consequences and implications for the children they work for and with, it should come as no surprise that CPSW experience significant amounts of stress and exposure to traumatic events and material. The factors that are contributing to compassion fatigue and satisfaction, and how Yukon CPSW cope with burnout and secondary traumatic stress will be explored in this study.

1.4 Purpose of the Study and Problem Statement

The main purpose of this exploratory study is to investigate Yukon child protection social worker's traumatic work experiences and determine if and how this trauma has influenced personal and professional changes. In doing so, this study aims to answer the following research problem:

What factors contribute to the risk of Compassion Fatigue and to the potential for Compassion Satisfaction in Yukon Child Protection Social Workers?

This research question can be further subdivided, with the study's objective to also determine:

- How do Yukon child protection social worker's experience their everyday work?
- How do Yukon child protection social workers personally cope/deal with the work they do?
- What changes do Yukon child protection social workers experience personally, as a result of the work they do?
- How do these changes impact Yukon child protection social work practice?

This problem is important to study as doing so should provide data that could in turn be used to develop a greater understanding of how to prevent additional traumatic stress, as well as how to increase the quality of care to child protection families by treating the traumatic stress in child protection social workers (Figley, 1995). By researching the experiences of these workers, we

can learn how trauma affects personal and professional change, and ideally how to "care for those who care."

1.5 Significance of the Research for Social Work

As previously mentioned there are significant gaps in studies on compassion fatigue in child protection social workers, and a substantial lack in Canadian research specifically. This study was needed to not only help fill those gaps but to also contribute importation information to the field of social work and, more precisely, to the field of Social Work in Canada. Furthermore, studies on Yukon child protection social workers are non-existent, and this research was essential in order to give a voice to Yukon child protection social worker's and add their experiences and data to the limited body of knowledge that already exists.

The results of this study can further contribute to social work practice, policy, and research. This study provides accurate data regarding the factors that contribute to the risks of burnout and secondary traumatic stress, as well as the factors that contribute to compassion satisfaction amongst Yukon child protection workers. This data can in turn be used to develop a greater understanding of how to prevent additional traumatic stress and burnout, and how to increase compassion satisfaction. Discussion or research into effective interventions during and following trauma exposure could be further developed from this study. Additionally, preliminary data gathered surrounding how prevalent secondary traumatic stress and burnout in Yukon child protection social workers could be used a starting point to help understand how the institution/agency of child protection impacts this trauma. Further research could prove beneficial in determining how changes to the institution/agency/policy could influence the potential for compassion satisfaction.

1.6 Organization of the Thesis

This thesis is organized in the following manner. In Chapter two I present a review of the literature relevant to this study and define key concepts relevant to the research; specifically, compassion fatigue, burnout, compassion satisfaction, vicarious traumatization, and secondary traumatic stress.

Chapter three begins with a presentation of the theoretical perspectives utilized in this research. I first explain constructivist self-development theory, crisis theory, and resilience theory. I then explain the concept of compassion fatigue and satisfaction and present the "Professional Quality of Life Model," as the model that will guide its theoretical conceptualization.

In chapter four I discuss the research method I chose for this study. I explain the study's sampling and data collection methods, as well as introduce the study's key informants. The chapter ends with a discussion on the study's reliability and validity, ethical considerations, and method of data analysis.

Chapter five is where I present the findings of my study. The results are presented in segments of text as a means to have the participants' voices heard. This chapter focuses on the results of the Professional Quality of Life (ProQOL) scale questionnaire as well as the identified factors that contribute to both compassion fatigue and compassion satisfaction in Yukon child protection social workers. A discussion on the personal impacts of secondary traumatic stress experiences by Yukon child protection social workers is also included in this chapter.

In chapter six I attempt to critically examine the study's findings in relation to previous studies and discuss what these findings might mean. Compassion fatigue (burnout and secondary traumatic stress) is first analyzed, followed by the personal impacts of secondary traumatic stress experienced by Yukon child protection social workers. The chapter ends with an analysis on the findings surrounding the factors contributing to the potential for compassion satisfaction.

Chapter seven is the final chapter. I review the findings of the research then offer and discuss recommendations for social work practice, policy and future social work research.

1.7   Summary

In this chapter I have attempted to provide the inspiration for my research. I have also attempted to provide the reader with a brief but comprehensive understanding of both child protection and the role of the Yukon child protection social worker. The purpose of the study, problem

statement, and how this research is significant to the field of social work was then discussed. The chapter concluded with an explanation on how the thesis is organized.

CHAPTER TWO
LITERATURE REVIEW

In this chapter I present a review of the literature relevant to this study and introduce my topic and background for the questions for my research. I present existing literature on compassion fatigue and child protection social workers, and then define key concepts relevant to the research; specifically, compassion fatigue, secondary traumatic stress, burnout, compassion satisfaction, direct trauma, and vicarious traumatization.

2.1 Background for the Study

The field of social work is highly emotionally charged and presents numerous ethical, physical, and emotional challenges for those social workers working in it. For child protection social workers these challenges range from excessive workloads, to making decisions that will have life-long implications for children and families, to ongoing exposure to stress and traumatic incidents. In fact, according to Figley, *all* child protection social workers experience repetitive and potentially cumulative exposure to direct trauma, solely by the nature of their work (1995). This direct trauma can include assaults, threats of assault, vandalism, verbal abuse, lack of cooperation from other professionals, lack of respect from society in general, lack of client resources, and unmanageable high case-loads (Horowitz, 1998). Research on child protection social workers and trauma is severely limited, and has mainly focused on what types of trauma have been experienced (Dane, 2000; Regeher et al, 2000). Moderate attention has been paid to how social workers cope with being exposed to stressful situation, and even less has been paid to how they cope with traumatic experiences. Arrington (2008) argues that in small amounts, stress can be helpful, providing a source of motivation; however, too much stress can be harmful and can threaten the professionals' physical and mental health, and place them at risk for injury, behavioral and/or serious health-related problems over time. In a national study on over thirty six hundred social workers, Arrington (2008) identified several work related stressors including having more responsibilities then they could handle, needing to complete routine tasks that have little intrinsic value, being expected to work long hours, receiving few resources to adequately accomplish work tasks, having conflicting or unclear job descriptions, getting minimal support

for co-workers and/or supervisors, heavy workload, overall inadequate compensation, difficult and challenging clients, and being unable to balance professional and personal life.

This study also found that social workers were suffering from a variety of stress-related health concerns; specifically, impaired immune functions, psychosomatic complaints, sleep disorders, impaired cognition, musculoskeletal disorders, psychological disorders, heart palpitations, cardiovascular problems, and fatigue (Arrington, 2008). The social workers reported coping strategies was of significant importance, with several sharing that they coped with stress by absenteeism from work, alcohol use, and use of prescription medicine (Arrington, 2008).

Another study examining sources of stress on one hundred and fourteen social workers working with children, adults with mental health, or the elderly, found that all respondents reported high levels of stress, higher levels of anxiety and depression, and job related mental distress (Bennett, Evans, & Tattersall, 1993). Of most significance to this researcher is that stress resulting from the organization, job factors, and relationships with clients was highest among social workers who worked with children (Bennet et al, 1993).

2.2 Stresses: workloads, turnover, public scrutiny

Although it is recognized that child protection social workers are employed in an emotionally charged, high risk field, little attention has been given in regards to how they deal with ongoing stress in their daily practice. There is overwhelming evidence that child protection social workers experience significant pressures related to excessive workloads (Canadian Association of Social Workers, 2004). Unlimited caseloads, overwhelming documentation requirements, court appearances, working with involuntary clients, lack of community resources, and the tremendous responsibility of protecting the most vulnerable of society's citizens are just some of the elements of the work load (Regehr et al 2000). In a preliminary study on Ontario child protection social workers, Regehr et al found that there was increased demand for accountability and case load documentation, resulting in social workers feeling overwhelmed with the additional expectations (2000). In a study investigating why child protection case-loads were significantly increasing in Ontario child welfare services, researchers found that a significant

shift in the types of maltreatment being investigated (with domestic violence and neglect cases increasing), combined with increasing public awareness and greater expectations for early intervention, were placing increasing stress on the already under-resourced child welfare social worker (Trocme, Fallon, MacLaurin, & Neves, 2005). This research also demonstrated a 34% increase in neglect investigations and recommended deferential responses be utilized as a means to keep up with this change (Trocme, Fallon, MacLaurin, & Neves, 2005). That research is very relevant to this study, as not only does the Yukon has extremely high incidents of neglect investigations but also deferential responses (responding differently according to the type of report received) have recently been introduced as policy.

Child protection social workers must not only balance the expectations of their clients, supervisors, managers, and policies, but also manage society's expectation that children must be protected from abuse, all while maintaining the family unit (Regehr et al, 2000). These chronic stressors have been identified as contributing to a staff turnover rate of forty-six to ninety percent in American child protection workers, and a doubling turnover rate among the Toronto child protection agencies (Regehr et al, 2000). Rakoczy, in her literature review on compassion fatigue in child welfare workers, noted that the average length of employment in the area of child welfare is one year; a reflection she believes is directly related to stress, burnout, and secondary traumatic stress (2009). A study of interest to this researcher is one from the Victorian Department of Human Services: they were attempting to interview people who resigned from working in child protection to find out why they left; however, a culture of censuring and censoring child protection staff left the research seriously comprised (Emslie, 2010). Of course, when not enough staff exist on the front line the workloads, pressures, and expectations increase for those remaining; a phenomenon this researcher experienced in her own experience working in the Yukon.

In addition to the workload stressors, public scrutiny weighs heavily on the shoulders of the child protection social worker. Carniol (2005) explains that society often views child protection workers as "baby snatchers," where proactive measures are viewed as "too intrusive" and protective measures are viewed as "too little too late;" as such, the worker is always in conflict with the expectations of society. When unavoidable adverse consequences occur, society blames

the child protection social worker and demands more standards and regulations; unfortunately, when this happens, upper management places emphasis on following a bureaucratic practice of checklists and procedures, rather than on professional judgment (Carniol, 2005). As such, these bureaucratic work environments, where workers must adhere to rigid policies, more paperwork and limited procedures, contribute to worker's level of job stress.

2.3 Burnout

The work of child protection social workers is so complex and multifaceted and as a result of exposure to chronic stressors, including difficult clients, excessive paperwork, and public scrutiny, workers may experience burnout (Regehr et all, 2000). In fact, burnout is more common among child protection social workers than among all other social work professionals; a fact that Anderson believes is directly related to high caseloads, high staff turnover, and the immense complexity of the job (2000).

> Maslach characterized the phenomena of burnout as:
>
> A syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who do people work of some kind. It is a response to the chronic emotional strain of dealing extensively with other human beings, particularly when they are troubled or having problems. A pattern of emotional overload and subsequent emotional exhaustion is at the heart of the burnout syndrome (1982, p. 3)

In 1988, Pines and Aronson simplified the definition, describing it as "a state of physical, emotional and mental exhaustion caused by long term involvement in emotionally demanding situations" (p. 9). As related to human service workers, Cherniss described burnout as the "loss of enthusiasm, excitement, and sense of mission in one's work" (1980, p. 16). Burnout is *a process* where, due to job stress and strain, feelings of anxiety, depression, isolation and helplessness occur, and where a previously dedicated professional disengages from their work (Conrad & Kellar-Guenther, 2006). Other symptoms of burnout include headaches, exhaustion, boredom, addictions, self-doubt, loss of life's purpose, struggles with interpersonal relationships, and overall negative view about their life, others, and their work (Salston & Figley, 2003). One study on veteran child protection social workers (defined in the study as those with at least two years of experience) found that sixty two percent of participants scored in the high range of

emotional exhaustion, the essence of burnout (Anderson, 2000). Another found that the majority of its forty-four respondents reported high levels of emotional exhaustion and depersonalization, combined with a low to moderate sense of personal accomplishment (Stevens & Higgins, 2002). In addition, a study on burnout and child protection social workers found that over forty percent were experiencing burnout and contemplating leaving the field, thus suggesting a potential crisis for child protection work (Bennett, Plint, & Clifford, 2005). Jones (2007) researched the relationship between one hundred and twenty nine Texan child protection social worker's level of education and burnout, and found that high levels of burnout were significantly related to workload stresses and had little to do with education; thus suggesting that the risk of burnout applies to all child protection social workers. Additionally, in her study on burnout and veteran child protection social workers, Anderson (2000) concluded that the majority of the subjects were emotionally exhausted and that experience in the field played a little role in the social workers ability to prevent and cope with burnout. Overall, social work research has indicated high rates of burnout among child protection social workers, but this burnout literature has focused primarily on the exhibited burnout symptoms and has failed to explain or address how specifically working with trauma victims influence burnout (Dane, 2000).

2.4 Exposure to Traumatic Events and Vicarious Trauma

By virtue of the work itself; namely, working with children and families who have or are experiencing trauma, all child protection social workers are at risk of experiencing secondary traumatic stress and vicarious trauma (Carniol, 2005; Figley, 1995). According to McCann and Pearlman (1990), whose research focused solely on therapists, vicarious trauma is an unavoidable result of trauma work.

The term "vicarious trauma" refers to a "process of change resulting from empathic engagement with trauma survivors" (Pearlman, 1999). The term is credited to McCann and Pearlman who initially coined the term for therapists (1990). Helm (2008) explains that while one client story can elicit a traumatic response in a therapist, it is the ongoing repeated exposure to traumatic material that leads to vicarious trauma. This trauma can persist for months and years and can be quite painful (McCann & Pearlman, 1990). When one experiences vicarious trauma their inner

experiences and views of the world are affected, and changes to self-identity, spirituality, psychological needs, and abilities can occur (Sabin-Farrell & Turpin, 2002). To further illuminate the concept, Saakvitne and Pearlman explain,

> Vicarious traumatization is our strong reactions of grief, rage, and outrage, which grow as we repeatedly hear about and see people's pain and loss and are forced to recognize human potential for cruelty and indifference, and it is our numbing, our protective shell, and our wish not to know, which follow those reactions (1996, p. 41).

Anxiousness, feeling overwhelmed, unable to experience pleasure, resentment, exhaustion, self-loathing, thinking they are unworthy of love, feeling unsafe, withdrawing socially and experiencing intense moments of sadness and anger are all symptoms of vicarious trauma (Helm, 2008). In her study "Is vicarious trauma the culprit?" on three hundred and five child protection social workers, Jankoski found that the participants exhibited factors that contributed to vicarious trauma; specifically, sense of hopelessness, disconnectedness from loved ones, changes in their worldview, lack of trust for others, and the perception that everyone is a perpetrator (2010).

Having the opportunity to debrief after client work, as well as limiting exposure to traumatic material relevant to one's psychological needs can assist with the vicarious trauma remaining a temporary, and preventing a permanent, response (McCann & Pearlman, 1990). Additionally, the agency culture should, according to Helm (2008) be one where those that are struggling can seek support and assistance without judgment, and where education about vicarious trauma is directed and utilized as a means to understand it, prevent it from occurring, and intervening if and when it does.

2.5 Secondary Traumatic Stress

Charles Figley, a therapist concerned about his colleagues' inability to deal with the pain of others and their subsequent abandonment of clinical research and work, developed the concept of secondary traumatic stress; namely, "the natural consequent behaviors and emotions resulting from knowing about a traumatizing event experienced by a significant other - the stress resulting from helping or wanting to help a traumatized or suffering person" (1995, p. 7). Secondary traumatic stress (STS) is a syndrome of symptoms identical to post- traumatic stress disorder (PTSD), but the onset of the symptoms is what separates them from each other. Whereas those

suffering from PTSD have directly experienced the traumatic event, those with STS have been exposed to knowledge about the traumatic event (Figley, 1995). Professionals who work with traumatized individuals may experience the same trauma-induced symptoms as their clients; namely, flashbacks, sleep disturbances, irritability, outbursts of anger, difficulty concentrating, detachment from others, dreams and/or nightmares of traumatic event, sadness, prolonged grief, mood swings, cynicism, and exhaustion, just to name a few (Conrad, 2012; Figley, 1995; Jankoski, 2010). The personal impacts of STS affects cognitive, emotional, behavioural, spiritual, interpersonal, and physical domains; additionally, STS impacts professional functioning in the areas of job performance, morale, behavioural, and interpersonal relations (Figley, 1995). Unlike PSTD, secondary traumatic stress is not a disorder, nor is it diagnosed via the Diagnostic and Statistical Manuel of Mental Disorder. Although both the victim and the helper manifest the same symptoms of PTSD, the primary difference between PTSD and STS is the experience of that traumatic event – whereas the victim experiences the trauma directly, the helper experiences the event second hand, by listening to or witnessing it (Conrad, 2012; Helm, 2008).

The majority of research on secondary trauma has been cultivated from the "original" secondary trauma study, in which emergency medical responders were found to be demonstrating symptoms of post-traumatic stress disorder; however, this research has been limited to therapists, police officers, and first responder (Beaton & Murphy, 1995). And despite the fact that there is a growing recognition that exposure to traumatic events can result in trauma responses by those helpers, little research has focused on trauma responses in child welfare workers (Regeher et al, 2000).

In their study on one hundred and seventy five Toronto child protection social workers, Regeher et al found that approximately half of the subjects reported having been the subject of a threat of violence from a client, and almost twenty-five percent had been assaulted (2000). Other workers had experienced the death of children and adult clients, which they reported to cause them emotional distress; evidenced by the high traumatic stress indicator scores among all the social workers (Regeher et al, 2000). The study concluded that as a result of exposure to critical events, all child protection social workers have the potential to experience symptoms of post-traumatic stress (Regeher et al, 2000).

Bride (2005), on his study on the prevalence of secondary traumatic stress among social workers, found similar results; noting, "social workers engaged in direct practice are highly likely to be secondary exposed to traumatic events through their work with traumatized populations, and many social workers are likely to experience at least some symptoms of secondary traumatic stress" (p 63).

Another study discovered that *all* of its child protection social worker subjects described secondary trauma - with sadness, detachment, self-blame, inability to concentrate, irritability, anxiety, vulnerability, increased startled response, sleeplessness, and intrusive images of the trauma all overwhelmingly being reported (Dane, 2000).

An extensive study of three hundred and sixty three Colorado child protection social worker levels of compassion fatigue, burnout, and compassion satisfaction found that approximately fifty percent of its respondents suffered from "high to very high" incidents of compassion fatigue (Conrad, Kellar-Guenther, 2006). Interestingly, over seventy percent expressed a high potential for compassion satisfaction, and almost eight percent were at risk of burnout. Conrad and Kellar-Guenther thus suggested that compassion satisfaction could be a mitigating factor in preventing burnout. Despite this suggestion no research has been initiated to explore this idea; in fact, studies on compassion satisfaction in social workers are non-existent.

2.6 Differentiating Compassion Fatigue, Burnout, Vicarious Trauma and STS

It is important to note that research on trauma work has resulted in much confusion over the terms used to describe it. In fact, *despite being separate phenomena and concepts,* compassion fatigue, burnout, vicarious trauma, and secondary traumatic stress have all been used interchangeably in the research to describe the effects of working with trauma victims (Sabin-Farell & Turpin, 2003).

Helm (2008) noted that the terms vicarious trauma and secondary traumatic stress are used interchangeably in the research, but that they are two separate schemes. While vicarious trauma

affects the helper's inner experiences and world view and focuses on the specific cognitive changes of those that work with trauma victims, secondary traumatic stress focuses on their symptoms and emotional responses (Sabin-Farell & Turpin, 2003). Vicarious trauma results from ongoing exposure to traumatic material, where secondary traumatic stress can occur from work with one single client (Helm, 2008; Figley, 1995). Finally, both secondary traumatic stress and vicarious trauma are specific concepts related to those that work with trauma survivors, whereas burnout can occur with any work (Sabin-Farell & Turpin, 2003).

Burnout and secondary traumatic stress are similar in that their symptoms can manifest themselves in the form of anxiety, depression, loneliness and hopelessness; however, unlike secondary traumatic stress, burnout is a *process* (Conrad & Kellar-Guenther, 2006) As such, it is possible for secondary traumatic stress to be a contributing factor to burnout (Conrad & Kellar-Guenther, 2006). Figley believes burnout can be easily resolved (by changing jobs), but that that is not the case for someone experiencing vicarious trauma or secondary traumatic stress (1995).

2.7 Summary

In this chapter I have attempted to present a thorough review of the limited body of knowledge relevant to this study, as well as identify the numerous gaps in the literature. I provided definitions of terms relevant to the research and provided examples of these ideas as related to child protection social workers.

CHAPTER THREE
THEORY

In this chapter I present the theoretical perspectives utilized in this research. I first explain constructivist self-development theory, crisis theory, and resilience theory. I then explain the "Professional Quality of Life Model" as a means to conceptualize the concept of compassion fatigue and satisfaction.

3.1 Theory Introduction

The main purpose of this exploratory study was to investigate Yukon child protection social worker's traumatic work experiences and determine if and how this trauma has influenced personal and professional changes. As such, constructivist self-development theory, crisis theory, and resilience theory have been utilized as a means to explain trauma, resiliency, and provide an understanding of the experiences of the Yukon child protections social worker.

Apart from investigating traumatic experiences of Yukon child protection social workers, this study is also meant to identify specific factors that contribute to compassion fatigue and compassion satisfaction. The theory of compassion fatigue and satisfaction, along with its accompanying "Professional Quality of Life Model," was utilized as a means to determine these factors as well as provide a clear understanding of the compassion fatigue and satisfaction experienced by Yukon child protection social workers.

3.2 Constructivist Self-Development Theory

Constructivist self-development theory (CSDT) is a developmental and interpersonal theory with a trauma focus (Jankoski, 2010). It stems from psychological trauma theory; that is, a theory that asserts that predictable symptom patterns can result when people are exposed to overwhelming life events (Bloom, 1999). Trauma theory maintains that

> psychic trauma occurs when a sudden, unexpected, overwhelming intense emotional
> blow or a series of blows assaults the person from outside. Traumatic events are external,
> but they quickly become incorporated into the mind (Terr, as cited in Bloom, 1999, p. 1)

Constructivist self-development theory was developed by McCann and Pearlman, who worked with traumatized clients and found that those helpers who worked with victims may experience persistive, disruptive and painful psychological effects as a result of the work they do (Jankoski, 2010). They labeled this vicarious trauma (as discussed earlier) and developed CSDT to compliment it. The major idea surrounding CSDT is that individuals create their own reality while interacting with their environment; that is, they cope with traumatic events based on their experiences and circumstances (Jankoski, 2010; Saakvitne & Pearlman, 1996). From the CSDT perspective, any subsequent responses as a result of trauma are viewed as adaptations of the events, and that these adaptations are all-encompassing in that they can affect every part an individual's life. A child protection social worker, for example, may begin to believe that most males are pedophiles and subsequently behave in a way consistent with that belief.

Constructivist self-development theory asserts that there are five components of self, each of which that are affected by trauma. The five components of self are: (1) frame of reference, (2) self-capacities, (3) ego resources, (4) psychological needs and cognitive schemas, and (5) memory and perception (Saakvitne & Pearlman, 1996). Frame of reference refers to one's personal view of the world, relationships, themselves, and their sense of identity. Self-capacities refer to one's ability, and feel worthy of, love, and handle intense, powerful, strong emotions. Self-capacities speak to self-esteem and maintaining relationships with others. Ego resources refer to empathy, and the ability for individuals to meet their psychological needs (Trippany, White Kress, and Wilcoxon, 2004). These resources can include good interpersonal skills as well as the ability to set limits, predict consequences, and self-protect. Psychological needs and cognitive schemas relate to an individuals need for safety, trust, esteem, intimacy, and control (Trippany, White Kress, and Wilcoxon, 2004).. Memory and perception is the last component of self, and refers to the idea that traumatic events can cause memories to become fragmented or recalled without emotion.

Child protection social workers are consistently exposed to traumatic events at work, and it is their job to engage with other's that have had traumatic experiences. As a result of this, child protection social workers are at risk of secondary traumatic stress and vicarious trauma. Trauma theory, and its offspring constructivist self-development theory, offers a means to understand this

trauma and its subsequent effects. The strength of this theory lies in its ability to have a balanced emphasis; that is, it's ability to see both the traumatic incident in the environment and the subsequent individual effects. In these regards, this theory has been invaluable to my study.

3.3 Crisis Theory

A crisis is essentially a turning point; it is a temporary state of upset where the individual experiencing the disruption is unable to cope or problem solve using their usual methods. This results in either negative consequences or the potential for growth via utilizing new problem solving methods. Several theorists have explored this phenomenon in different, but complimentary, ways: Caplan emphasized the individual's ability to cope during a crisis, while Taplin focused on the individual's cognitive inability to handle new crises, and Schulberg and Sheldon explored the interaction between the environment and the individual experiencing the crisis (Slaikeu, 1990). For the purpose of this research, the following explanation of crisis theory was utilized:

> All humans can be expected at various times in their lives to experience crises characterized by great emotional disorganization, upset, and a breakdown of previously adequate coping strategies. The crisis state is time limited, is usually touched-off by some precipitating event, can be expected to follow sequential patterns of development through various states, and has the potential for resolution towards higher or lower levels of functioning. Ultimate crisis resolution depends upon a number of factors, including severity of the precipitating event, the individual's personal resources (ego strength, experience with previous crisis), and the individual's social resources (assistance available from "significant others") (Slaikeu, 1990, p. 14).

Crisis theory, according to Slaikeu, is a cluster of basic principles that attempt to explain events and predict future events and outcomes (1990). These assumptions include (1) precipitating event, (2) situational and developmental types, (3) the cognitive perspective, (4) disorganization and disequilibrium, (5) vulnerability and reduced defensiveness, (6) breakdown in coping, (7) time limits, (8) from impact to resolution, and (9) outcome of crisis. Crisis theory is quite complex and is constantly developing, as such, I have attempted to explain each assumption in a simple, but thorough, manner.

The first assumption of crisis theory, precipitating event, refers to what could be considered a life crisis; for example, a pregnancy, child birth, going to university, marriage, divorce, death, natural disaster, or rape. Some events are so devastating that they almost always develop into a crisis, while other crisis develop after what appear to be minor incident that occurs at the end of numerous stressful events (Slaikeu, 1990). Situational types of crisis refers to accidents (violent crimes, natural disasters), and developmental types of crisis refers to the possible challenges one experiences moving from one developmental stage to another (ie. child to teenager). Developmental crisis are predicted whereas situational crisis are not (Slaikeu, 1990). The cognitive perspective is the assumption that an individual determines whether or not a situation is critical; that is, how one views the situation in relation to their self is what triggers a potential crisis (Slaikeu, 1990).

This crisis is usually experienced by severe emotional upset and can include feelings of helplessness, inadequacy, exhaustion, anxiety, confusion, and disorganization: what Slaikeu refers to disequilibrium (1990). This crisis can also lead to disorganization of functioning in work, family and social relationships. This disorganization during crisis leads to reduced defensiveness; that is, an individual's inability to cope (Halpern, as cited in Slaikeu, 1990). Further to this is the individual's breakdown in problem solving processes, making it impossible for rational problem solving to exist during the crisis (Slaikeu, 1990).

Time limits, the seventh principal of crisis theory, refers to the time that it takes for equilibrium to be restored. For example, the behavior and emotions displayed in early stages of crisis are usually reduced within six weeks. That does not however mean that the crisis is resolved. Often times crisis can last months, even years. In order to progress through the state of crisis into a state of resolution, one must first experience outcry (initial reactions of upset), then denial, then intrusiveness (involuntary feelings about event); it is only after that that one can work through their feelings by expressing them and integrate the crisis experience back into their normal live (Horowitz as cited in Slaikeu, 1990). Crises allow for three possible outcomes: change for better, change for worse, or return to normal level of functioning. Which outcome experienced by an individual is dependent on their personal, material, and social resources.

A paramount belief of crisis theory is that *anyone* can have a crisis, and that crisis events not only cause distress, but are also opportunities for growth and change (Regehr, et al, 2004). This concept was particularly useful for my thesis. Not only did this idea allow me to explore child protection social workers responses to trauma, but it also allowed me to consider how and if exposure to trauma at their job influenced positive and/or negative changes to themselves, their relationships, and worldview.

3.4 Resilience Theory

The concept of resilience or resiliency has deep roots in social work, although social work research related to resilience is fairly recent (Social Work Policy Institute, 2012). As social work, mental health, and behavioral professionals evolved from a focus on pathology to a strength-based perspective, attention shifted towards personal and social qualities that promoted well-being (Social Work Policy Institute, 2012). The theoretical driver focus both on what needs to be changed and what positives can be reinforced, and resiliency research has focused on answering both "what works" and "why" (Social Work Policy Institute, 2012). In the context of child protection for example, this theory can help answer why child protection social workers with the same high-risk families on their caseload emerge so differently, and why some child protection social workers suffer from secondary traumatic stress, burnout, or vicarious trauma, while others appear to thrive.

Resiliency, according to Fraser, Richaman, and Galinsky (1999), refers to "unprecedented or markedly successful adaptations to negative life events, trauma, stress, and other forms of risk" (p. 136). The concept encompasses more than just surviving these stresses and traumas, but also includes thriving and benefiting from these experiences (Social Work Policy Institute, 2012). At the core of this theory is the view that individuals are active agents who influence their environment, chose their experiences, and utilize their strengths to cope with adversity. This view is consistent with the research, in that the research has shifted from focusing on the individual to viewing the individual within a broader familiar, environmental, and community context (Australian Institute of Family Studies, 2013).

Resiliency looks at how people survive in spite of difficult, and often traumatic, experiences and aims to discover what factors contributed to these well-adjusted individuals. It is a strength-based theory in that it focuses on the strengths of survivors of trauma and believes that most individuals do well in the face of great adversity (Australian Institute of Family Studies, 2013). By recognizing individual's ability to positively adapt to the adversity of distress, resiliency turns victims of trauma into survivors.

I utilized the concept of resilience in this research as I wanted to understand how resiliency developed in Yukon child protection social workers. I also utilized this concept as I believed it nicely complimented the trauma theory described earlier (CSDT) and would allow me to discover if Yukon child protection social workers were exhibiting signs of being highly traumatized and exhibiting signs of being resilient at the same time.

3.5 Compassion Fatigue and Compassion Satisfaction

As discussed in the literature review, vicarious trauma, burnout, and secondary traumatic stress are all potential consequences of working in the helping field. The concept of secondary traumatic stress was developed by Charles Figley in 1995, and later, along with Beth Hudnall-Stamm, they built upon this idea with the development of compassion fatigue and satisfaction theory (2010). Figley described compassion fatigue as the "natural consequent behaviours and emotions resulting from knowing about a traumatizing even experienced by a significant other – the stress resulting from helping, or wanting to help, a traumatized or suffering person" (1995, p 7). Hearing about the experiences of the traumatized person triggers a response in the helper, with the risk of compassion fatigue increasing with each, and ongoing, exposure. Central to this idea is the ability for one to empathize and engage in a helping relationship with a traumatized person.

The theory of compassion fatigue and satisfaction claims that individuals who are working in the helping field are at risk of developing secondary traumatic stress and burnout, but can also experience pleasure from doing good work. As a means to conceptualize this theory, Hudnall-Stamm developed the "Professional Quality of Life Model."

3.5.1 Professional Quality of Life Model

Professional quality of life is the quality one feels in relation to their work as a helper, with both negative and positive job aspects affecting this quality (Hudnall-Stamm, 2010). The professional quality of life model incorporates both these positive and negative aspects, with compassion satisfaction representing the positive work aspects, and compassion fatigue representing the negative (Hudnall-Stamm, 2010). Compassion satisfaction refers to the pleasure derived from "being able to do your work well" (Hudnall-Stamm, 2012). Conrad & Keller-Guenther further explain that it is the level of satisfaction a helping professional has in their job, as well as the degree to which they feel successful in their work (2006). In simple terms, compassion satisfaction is the gratification one derives from doing their work with people that need care (ProQol, 2012). Compassion fatigue is the "negative aspect of helping those that experience traumatic stress and suffering," and is broken down into two parts; specifically, burnout and secondary traumatic stress (Hudnall-Stamm, 2012; ProQol, 2012). A visual representation of the model is shared here:
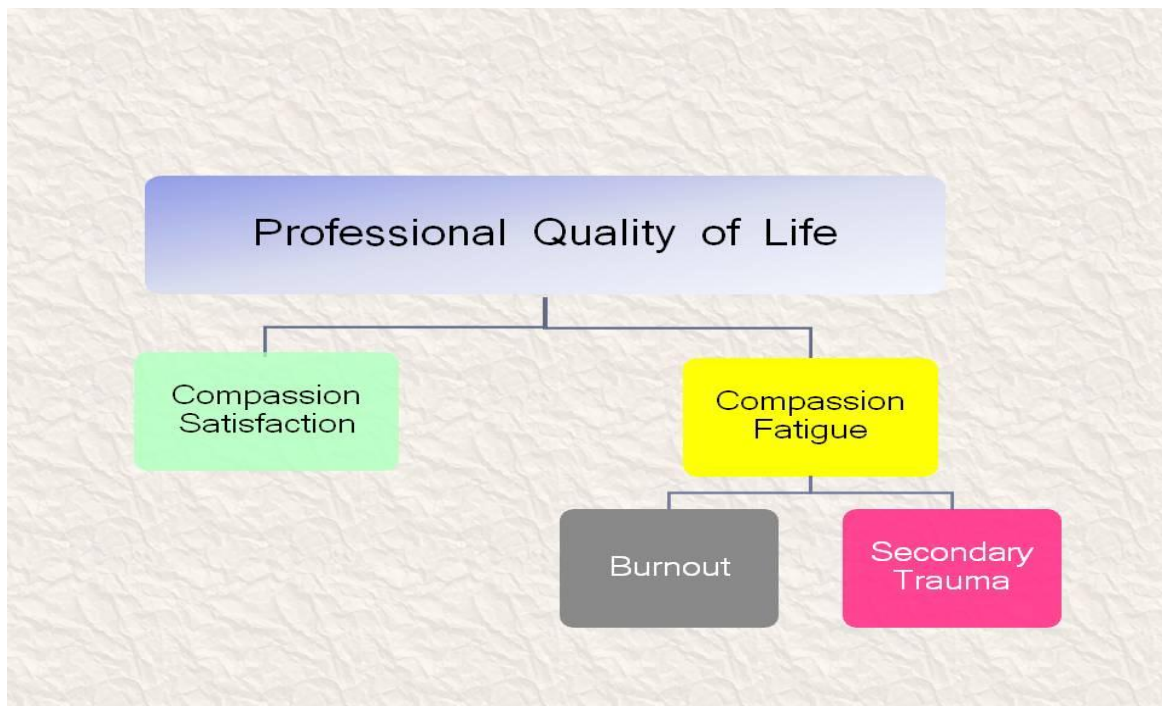
The overall concept of professional quality of life, according to its creator Hudnall-Stamm, is complex because characteristics of work environment are associated with individual personal characteristics as well as individual exposure to trauma (both primary and secondary) in the work setting (2010). These three distinct and key environments influence both negative and positive aspects of helping others. A theoretical path analysis of these positive and negative outcomes is provided (Hudnall-Stamm, 2010):
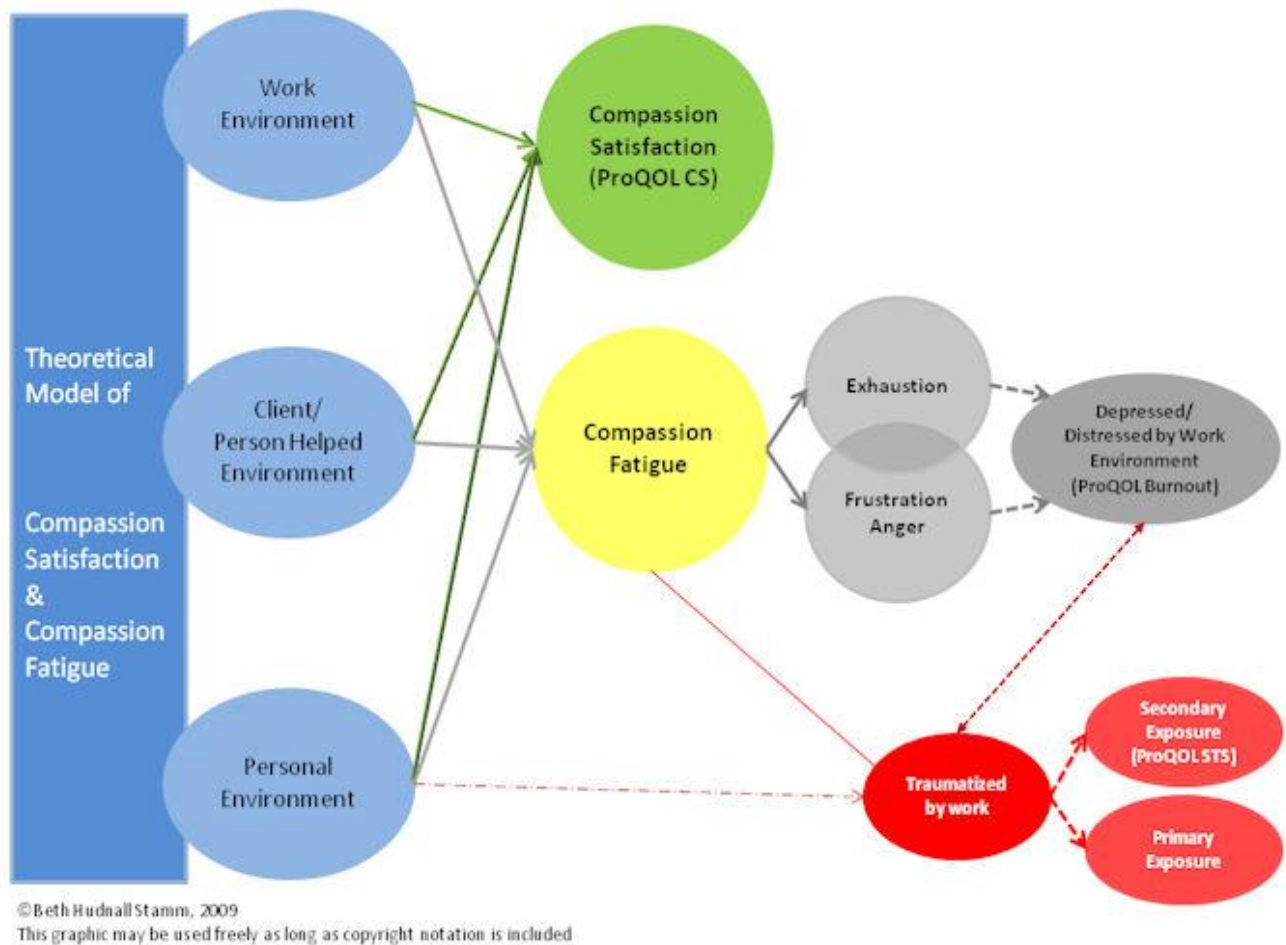
The middle of the diagram holds compassion fatigue (negative facets of helping others) and compassion satisfaction (positive aspects of helping). Work, client, and personal environment all contribute to both compassion satisfaction and compassion fatigue. This model displays how one could both experience both compassion satisfaction and compassion fatigue simultaneously; for example, one's work environment could be contributing to compassion fatigue, but at the same time one could experience compassion satisfaction simply from helping others (Hudnall-

Stamm, 2010). This model also further separates and displays the two negative aspects of compassion fatigue, with exhaustion, frustration and anger contributing to being depressed and/or distressed at work (burnout), and being traumatized at work contributing to secondary traumatic stress (Hudnall-Stamm, 2010).

I utilized this model in my research as I believed it would best help me accurately answer, analyze, and illustrate my research question "What factors contribute to the risk of Compassion Fatigue and to the potential for Compassion Satisfaction in Yukon Child Protection Social Workers?" because this scale is the most popular means to measure both the negative and positive aspects of working as a helper. Additionally, I chose to use this model because of two very specific reasons: one, because it is the most clear, comprehensive, extensive, and thorough model that exists and two, is based on decades of research and is considered to be at the forefront, the leader, in the trauma field (Hudnall-Stamm, 2010).

Summary

In this chapter I have attempted to provide an overview and understanding of why I utilized four different theories and a complimentary model in this research study. Crisis, trauma, resiliency, and compassion fatigue and satisfaction theories were utilized to develop concepts to analyze the research data, this results of which will be described in the discussion chapter.

CHAPTER FOUR
METHODOLOGY

In this chapter I will first define methodology then discuss the research method I chose for this study. I will explain in depth the study's sampling and data collection methods, as well as introduce the study's key informants. This chapter ends with a discussion on the study's reliability and validity, ethical considerations, and method of data analysis.

4.1 Study Methodology

Methodology refers to the "choices we make about cases to study, methods of data gathering, forms of data analysis etc. in planning and executing a research study" (Silverman, 2006, p. 15). In deciding what methodology to use for the problem of interest, "everything depends on your research topic;" that is, the research question posed will influence the research method utilized (Silverman, p. 26, 2006; Strauss & Corbin, 1998).

4.2 Research Method and Study Design

Qualitative research methods focus on learning by doing. In studying practices, one learns why and how people do what they do (Gjernes, 2011). What sets qualitative research apart from other forms of research is that it focuses on the *meaning* behind what is happening; with the researcher attempting to make sense of the meanings that participants attach to social interactions (Berg, 2009; Gjernes, 2011). The strength of qualitative research is "its ability to provide complex textual descriptions of how people experience a given research issue. It provides information about the 'human' side of an issue – that is, the often contradictory behaviors, beliefs, opinions, emotions, and relationships of individuals" (Guest, Mack, MacQueen, Namey, & Woodsong, pg. 1, 2005). Silverman agrees and further explains, "The methods used by qualitative researchers exemplify a common belief that they can provide a 'deeper' understanding of social phenomena" (pg. 56, 2006). These methods must be scientifically justified and can include, but are not limited to, document analysis, narrative analysis, conversation analysis, participant observation, sociometry, historiography, case studies, field work and interviews (Berg 2009; Gjernes, 2011; Guest, G. et al., 2005; Silverman, 2006).

As mentioned, qualitative research methods focus on the meaning behind a phenomenon, and allow researchers to dig deep into their subjects experiences. As such, I chose to utilize qualitative research methods in this study in order to not only determine what factors contribute to compassion fatigue and satisfaction in Yukon child protection social workers, but also what these phenomenon mean to them both personally and professionally.

4.3 Data Collection: Questionnaire and Semi-Structured Interview

This study utilized two data collection techniques to explore burnout, compassion fatigue, and compassion satisfaction in Yukon child protection social workers. Semi-structured interviews were the main source for primary data; however, a questionnaire was initially utilized to provide additional data for these interviews.

The initial research technique that was utilized in this study is Hudnall-Stamms (2009) "Professional Quality of Life Scale" (Appendix B). This instrument is a questionnaire with thirty questions, in which participants are required to answer by rating themselves on a scale of one to five. The instrument has three subscales, with ten questions measuring burnout, ten questions measuring compassion satisfaction, and ten questions measuring secondary traumatic stress. This scale, often referred to as "ProQOL 5" developed from Charles Figley's "Compassion Fatigue Scale" (1995). It has been utilized since that time, and extensive research about its validity has been completed; revisions have been made, with the ProQOL 5 being the most current version. I chose to utilize this instrument as it is the "most commonly used measure of the negative and positive effects of helping others who experience suffering and trauma" (Hudnall-Stamm, 2009). This instrument allowed this researcher to determine if, and to what extent, the key informants were experiencing burnout, compassion fatigue, and/or compassion satisfaction; a key starting point to then determining the factors which contributed to these phenomenon. In addition, by utilizing this self-test, I hoped to gain a preliminary understanding of the trauma and stress that Yukon child protection social workers were experiencing. Although not qualitative in its design, this questionnaire was utilized simply as a means of gathering preliminary data about the key informants. This data was then employed to develop questions for the main research method of this study: a semi-structured interview.

Interviewing is simply a conversation with the purpose of gathering information, and is particularly useful for assessing individuals' attitudes and values; as such, I chose semi-structured interviews as my primary research method (Berg, 2009; Silverman, 2006). Of equal importance to this researcher was the fact that semi-structured interviews allow for more flexibility, the opportunity to seek clarification, and the ability to further investigate topics spontaneously introduced by the participant (Berg, 2009). As well, the semi-structured interview allows for some rapport building between me and the participant. Given the sensitive topic of research, I believed that this rapport would likely have a positive influence on the participant's level of response (Silverman, 2006).

The semi-structured interviews were completed following the completion of the PROQOL questionnaire. The preliminary interview questions can be observed in Appendix C, with these structured questions being the same for all participants. Based on their answers to both the interview questions and the "Professional Quality of Life Scale" questionnaire, subsequent questions were asked to individual participants. According to Berg, the predetermined interview questions are expected to "elicit the subjects' thoughts, opinions, and attitudes about study-related issues" (pg. 105, 2009). Because these questions were asked in a systematic order the main disadvantage to utilizing this semi-structured interview is the potential for the questions to be rigid or leading. However, because this researcher was able to probe beyond the answers received by the participants, this allowed me to ensure that the questions were flexible and not directive (Berg, 2009). This also allowed me to address underlying assumptions, provide clarification, reflect that I understood the world from the participant's perspective, and explore opinions and views in more detail (Berg, 2009; Interview, 2011). These advantages in turn provided a much more detailed and elaborate account of the meaning behind the participant's experiences, which of course, is the ultimate goal of qualitative research (Berg, 2009; Gjernes).

The questionnaire data collection was completed in English, the dominant language in the Yukon. The semi-structured interviews were also completed in English, as was the subsequent transcribing of them. The semi-structured interviews ranged from one and a half (1.5) to two (2) hours. All respondents advised that their questionnaire was completed in less than thirty (30) minutes. Prior to any data collection, the aim, purpose, procedures and duration of the research

was thoroughly explained to all participants, both verbally and in writing. Participants were then advised (in writing and verbally) that their participation in the study was strictly voluntary, that their confidentiality would be ensured, that they could withdraw from participating in the study at any time, that they had the right to have questions about the study answered, that they were entitled to the research results, and that their interviews will be audio recorded. Upon being advised of this and having the opportunity to reflect on it, and ask any questions, participants signed the consent form (Appendix A). There were four (4) participants in total. Participants were then given the "Professional Quality of Life Scale" questionnaire to complete. Upon the questionnaire's completion, a mutually beneficial meeting time and place was scheduled for this researcher to gather data via a semi-structured interview. Three of the interviews occurred in the participants' home, and another occurred at the participant's workplace. The interviews were audio recorded and later transcribed verbatim.

4.3.1 Sampling

Participants were recruited from the Yukon Territory, Canada. According to the 2011 Yukon census, the territory's population was 33,897 with Whitehorse, the capital city, compromising 23,276 of that number (Yukon Bureau of Statistics, 2012). Because of this large population, Whitehorse provides the majority of the territory's child protection services. As such, this researcher thought it best to recruit some participants from this city as a means for the study to be an accurate reflection of Yukon social workers (this topic of validity will be discussed in further detail later in this chapter). At the time of recruitment Whitehorse had funding for twelve social workers, but only eight positions were filled. This small work area proved beneficial in my recruitment, as through general discussion with my peers about my thesis topic, some social workers appeared to be interested in participating in the study.

The "Regional Services" unit provides child protection services for the remaining eight communities in the Yukon. At the time of recruitment, regional services was also short-staffed, with only four regions (out of eight) having a resident social worker. I contacted all regional social workers by phone and email to introduce myself and my study, and attempted to recruit them as participants.

In total my study had four social work informants from the Yukon Territory. Three of the social workers were female and one was male (at the time of recruitment there were three males working as front-line child protection social workers in the Yukon), and all subjects had over two years of child protection experience. All subjects participated in both the questionnaire and the semi-structured interview. The interviews occurred between June and August of 2012.

4.3.2 Brief presentation of key informants

As stated, four social workers who specialize in child protection were utilized as informants for this study. In order to maintain confidentiality and not present identifying information, a brief synopsis of each participant has been presented below. All names are alias', hence the parenthesis.

> **Participant #1 "Linda"** - Linda is a female social worker in the age range of fifty-five to sixty. She has had at least one child. At the time of the interview she had had seven years of experience as a child protection social worker. All of Linda's experience occurred in the Yukon.

> **Participant #2 "Bethany"** – Bethany is a female social worker in the age range of thirty-five to forty. She has had at least one child. At the time of the interview she had had eleven years of experience as a child protection social worker. This experience occurred both in the Yukon and another Canadian province/territory.

> **Participant #3 "Matthew"** – Matthew is a male social worker in the age range of thirty to thirty-five. He has had at least one child. At the time of the interview he had had close to three years of child protection experience. This experience occurred both in the Yukon and another Canadian province/territory.

> **Participant #4 "Vivienne"** – Vivienne is a female social worker in the age range of thirty-five to forty. She has had at least one child. At the time of the interview she had had twelve years of child protection social work experience. This experience occurred both in the Yukon and another Canadian province/territory.

4.4 Methodology Issues: Reliability and Validity

In order for any social science research to be considered credible, it is essential that researchers ensure that the study is both valid and reliable. Silverman (2006) explains that reliability refers to the "degree to which the findings of a study are independent of accidental circumstances of their production" (p. 282), and validity refers to the extent in which the research accurately represents the phenomena being studied.

To ensure the reliability of this study, great consideration and effort was put into choosing the correct research method, respondents, and method of data analysis. In regards to the reliability of my interviews, for example, I carefully created questions that attempted to ensure each respondent understood them the same way. I chose the ProQOL questionnaire for the same reason. In addition, by tape recording all interviews and carefully transcribing them I believe I satisfied what Silverman (2006) described as imperative to using: low-inference descriptors. Finally, as a means of making my research more reliable, I have attempted to be transparent by thoroughly describing my research process and methods of data analysis in this report.

In order to ensure the validity of the study, I have attempted to utilize two forms of validation that Silverman (2006) claims are particularly appropriate to qualitative research: respondent validation and triangulation. The triangulation of utilizing both a questionnaire and in-person interview as a means to gather data allowed me to compare the findings and determine if they corroborated with each other. In addition, by utilizing respondent validation; that is, reviewing the respondents ProQOL questionnaire results with the subjects being studied, I was also able to verify the findings.

4.5 Ethical Considerations

It is imperative that research ethics are considered for all research, especially those conducted in the social science field, and it is expected that all researchers act accordingly (Berg, 2009). As this study examined the lived experiences and behaviors of social workers this researcher was responsible for creating and maintaining an ethical relationship with the participants, as well as

ensuring that their rights, privacy, and welfare was not compromised. I employed several techniques to ensure that this occurred.

As a means to protect the participant's rights and welfare, I made attempts to ensure the participants were anonymous and their confidentiality was protected. Informed consent (APPENDIX A), was presented and discussed with all potential subjects prior to any research and data collection occurring. Prospective subjects were informed of the purpose of the research and potential risks and benefits of their participation. Based on that information they were able to consider the implications of their participation and decide whether or not they wanted to volunteer for the study. Prospective participants were also advised that they were free to decline to answer any question, as well as free to with drawl from the study at any time. Additionally, potential subjects were notified that the information they provided would be utilized solely for this research study and would be kept in the strictest confidence. This researcher assured all participants that their answers about their current experiences as Yukon child protection social workers would not put them at risk of losing their current employment with the Yukon government.

All participants were given the opportunity to consent to their interviews being audio taped. Additionally, subjects were informed and assured that all audio and print data collected would have no identifying information on or in them, and would be stored in a locked safe at my home. This safe requires a personal password to unlock. This data will be destroyed following the University of Nordland's acceptance of this this.

In order to ensure both confidentiality and anonymity, the real names of participants were not included on their questionnaires, and aliases were created for the purpose of this study report. Additionally, as there were only eight child protection social workers working in the Yukon at the time of the data collection, a very brief synopsis of each participant has been included in this report. This was done intentionally in order to limit any identifying information, and thus ensure the participant's ambiguity.

It is worth mentioning that the questions this researcher asked had the potential to contribute to the participants feeling stress, sadness, anger, or helplessness (among other things). In addition, the potential for the participants to re-live negative experiences or have negative memories triggered did exist. As a means to reduce these effects, this researcher made every effort to empathize with the subjects, as well as develop a trusting relationship with them. In addition, participants were advised that this could be a possibility as well as the external supports available in the Yukon to help them process through these feelings, if necessary.

This study was approved by the University of Nordland's Agnete Wiborg. Agnete oversaw and reviewed all steps of the research design as well as the development of the semi-structured interview questions. No concerns regarding ethics were encountered, which assured this researcher that ethical considerations were completed successfully.

4.6 Locating Myself as Researcher

When conducting research it is ethical for researchers to locate themselves in order to "own who or what they represent" and "reveal what they do not represent" (Absolon & Willett, 2005, p. 110). As such, it is imperative to disclose my location as a researcher as well as the potential drawbacks and knowledge that could goes along with it.

I am a child protection social worker working in the Yukon who has thirteen years of child protection experience. As such, I am "insider" to the field that I am studying. Being an insider provided me with a unique opportunity to study a field that I am familiar with and along with this opportunity came both limitations and advantages. As an "insider" I had a deeper understanding of the subject I was researching. Because of this I was able to greatly understand the significant and meaning of the participants' responses; partially because I have shared similar experiences with them, but also due to my thorough comprehension of the culture of the Yukon child protection system as well as the stressors and demands of the role of the Yukon child protection social worker. It is also likely that being an insider allowed participants to feel more comfortable with, and trust, this researcher.

Being an insider also presented some limitations, the most significant of which, in my opinion, is that I could be considered to be too close to the group being studied. This could have obstructed

my ability to analyze the data subjectively, or created an unintentional bias. Additionally, being an insider could have hindered or prevented me from deeply exploring participants' responses; a possible unintentional consequence of working in the same field as my subjects (LaSala, 2003).

It is also important to note that being an experienced social worker in the Yukon likely influenced my approach, interviews and analysis. For example, based on my own experiences at work I believed that ensuring the participant's anonymity would be something that was extremely important to them; as such, I made sure to emphasis and repeat that their confidentiality would be ensured. Given my extensive experience interviewing children and adults, I would suggest that my interviews with participants would be considered "advanced" and, due to this experience, I was better able to gain their trust and draw out relevant information. Finally, my experience as a social worker has taught me to be empathetic but to not get caught up in emotion. That is, to focus on the information presented while keeping an open mind to the reasons behind it. I believe that this skill helped in my ability to, and techniques used, to analyze the data which emerged from this study.

4.7 Limitations of the Study

This research was an exploratory study examining the factors that cause risks of compassion fatigue and create potential for compassion satisfaction in Yukon child protection social workers; therefore, it was limited on its participants. Although there are numerous professionals that deal with children that have been abused and/or neglected (ie. therapists, medical professionals), this study solely examined that of the Yukon child protection social worker.

This study is limited by its location, and as such does not represent the situation of all Canadian child protection social workers. Canada is a massive country and each province and territory has their own unique environment, socio-economic conditions, and population groups. All participants worked in the same place (Yukon Territory); therefore, the data is influenced by their experiences. If, for example, participants from around Canada were explored, they might have had different experiences (and accordingly, the data would reflect that). As such, this study is solely limited to the experiences of Yukon child protection social workers.

This study is also limited by the experience of the Social Workers, with all participants having at least two years of child protection experience. This limitation was largely influenced by the fact that all child protection social workers working in the Yukon had over two years of experience at the time of this study. It is worth mentioning that it certainly would be interesting to research the experiences of those that are new to the field, compared to those that are experienced; however, that will need to be reserved for another study.

Finally, as qualitative research quality is dependent on the skills of the researcher, this study was limited by the undeveloped skills of this researcher (Berg, 2009). Having no prior research experience likely contributed to be being overly cautious in what and how I asked the semi-structured interview questions. On the other hand, this increased level of cautiousness could have positively affected how I reviewed and examined all data and situations that arose during the research. As a novel researcher I was aware of my lack of experience and as such, relied heavily on the guidance of my research supervisor.

Given all these boundaries, this research is best viewed as an exploratory study, with generalizations about greater populations dissuaded. The study is quite small and focuses solely on the experiences of Yukon Child Protection Social Workers.

4.8 Data Analysis

Qualitative data analysis refers to the processes and procedures utilized to explain, understand, and interpret the phenomena studied from the data collected (Taylor & Gibbs, 2010). The purpose of analyzing data derived from any qualitative study is to support the researcher to reach certain conclusions, as well as to extract as much relevant information as possible about the subject being researched.

Thematic analysis, the process of identifying patterns or themes, was utilized to analyze the data derived from this study. In order to attempt to successfully analyze the data, this researcher adhered to a specific framework for thematic analysis developed by Braun & Clark (2006). This framework provided six specific steps to thematic analysis which proved helpful in completing the analysis. I started by first familiarizing myself with the data I had collected for this study. I read the transcripts of each participant's interview at least five times, reviewed their

questionnaire responses at least three times, and, in order to ensure accuracy, re-tallied the results to the ProQOL. I then took brief notes on my impressions.

At this stage I attempted to reduce the large amount of data I had collected into smaller pieces of meaning. I did this first by summarizing my findings of the interview responses and then developed preliminary ideas about what indicators, or codes, I would like to use. This process, generally referred to as open coding (Strauss & Corbin, 2008) was quite time consuming as I coded every relevant piece of text from the transcripts of the interviews. It also proved to be quite beneficial, as themes (patterns in the data) started to present themselves and provide information relevant to answering my research question. These themes included, but were not limited to, the workload of Yukon CPSW, how they cope with the work they do, reported personal changes as a result of the work, exposure to traumatic events, workplace issues.

Following the selection of themes, I reviewed all of the data again and contemplated several questions including do they make sense? Does the data support the themes? Are there subthemes? Asking these questions assisted me in determining that subthemes were necessary; for example, coping mechanisms was divided into healthy coping mechanisms and poor coping mechanisms. In addition, workplace issues was divided into staffing issues and management issues. Other themes did not have the data to support it and were thus eliminated; for example, a preliminary theme surrounding exercise and stress was initially thought to be a useful theme, but upon review became clear that the data supporting it was significantly lacking.

Finally, I attempted to refine all of the themes and determine what each theme was saying (Braun & Clark, 2006). This was done by not only asking how the themes were related with each other, but also how they were related to my research question. Comparing my results to previous studies also assisted in the refining of these themes. By the end of this process I believe I had accurately discovered several factors that contributed to compassion fatigue and the potential for compassion satisfaction in Yukon child protection social workers.

The results and findings of this analysis will be discussed in the following chapters. This report is what Strauss & Corbin (2008) consider "writing-up," that is, the final step in thematic analysis.

4.9 Summary

In this chapter I attempted to thoroughly explain methodology as well as the sampling, data collection methods, and key informants of my study. The reliability and validity of this study as well as ethical considerations were discussed. This chapter ended with a description of the data analysis method used for this study.

CHAPTER FIVE
FINDINGS

In this chapter I will present the results of this study. The findings are presented in segments of text as a means to have the participants' voices heard. This chapter focuses on the results of the Professional Quality of Life scale questionnaire as well as the identified factors that contribute to compassion fatigue. The chapter reports personal changes experienced by Yukon child protection social workers, and ends with the factors contributing to their compassion satisfaction.

5.1 Professional Quality of Life Scale Questionnaire

The compassion fatigue and compassion satisfaction self-test showed that participants in this study tended to rate "average" for secondary traumatic stress, and "average to low" for burnout. All participants rated "average" for compassion satisfaction. Of the four participants, 75% rated as being at average risk of secondary traumatic stress, and 25% rated as being at low risk for secondary traumatic stress. 50% of the subjects were rated as being at average risk for burnout, while the other 50% rated as being at low risk for burnout. 100% of the participants rated as being at average risk for compassion satisfaction. Table 1 shows the complete breakdown for risk of secondary traumatic stress and burnout, and potential for compassion satisfaction.

Table 1 - Risk for STS and Burnout; Potential for Compassion Satisfaction
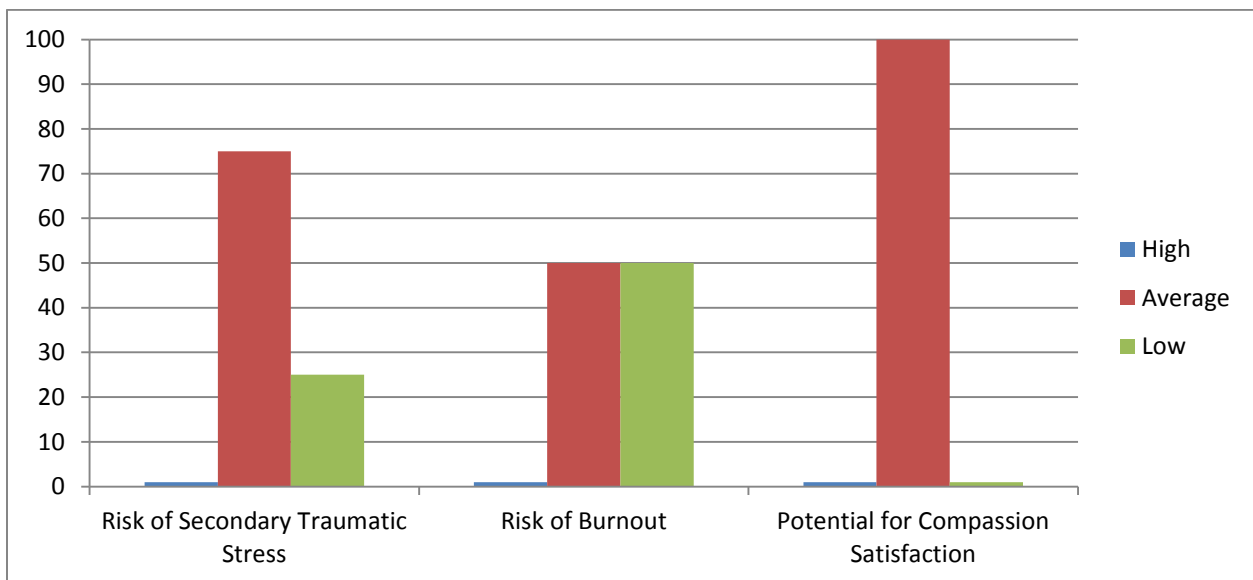
One of the most interesting finding, according to this researcher, was that although most of the respondents who returned the self-test were at average risk of secondary traumatic stress, 100% of respondents rated as being average for potential compassion satisfaction. That is, despite hardships and exposure to traumatic experiences, all these workers are finding fulfillment in the work they do. Given the field of child protection is constantly struggling with staff retention and high staff turnover, these figures are quite interesting. This will be discussed further in the following analysis chapter.

Another interesting finding was that the only person who rated "low" for risk of protection for secondary traumatic stress was the participant who had the least amount of child protection experience; that is, the participant had almost three years of experience as opposed to the other participants who had seven, eleven, and twelve. This suggests that the risk of secondary traumatic stress increases as does the work experience of the Yukon child protection social worker.

On the other hand, this same subject also rated "low" for the risk of burnout, along with one worker who had over ten years of child protection experience. So perhaps, unlike secondary traumatic stress, this study suggests that the risk of burnout is not related to work experience.

As discussed in the previous chapter, following the participant's completion of and this researcher's score tabulation of the Professional Quality of Life self-test, private semi-structured interviews were completed with the four participants. During these interviews participants were encouraged to discuss their role as Yukon child protection social workers as well as examine what changes (if any) they have experienced as a result of the work they do. Participants were asked to consider how they cope with traumatic work experiences and to review how these experiences and coping mechanisms have influenced their practice. Each interview ended with the researcher advising the subjects with the results of their Professional Quality of Life score, and asking for their thoughts on their results.

Most subjects advised that they were shocked to find out that they were at average risk for secondary traumatic stress. In fact, some of the participants shared that they thought they would

be at "high" risk and questioned what one would need to experience in order to be considered at high risk:

> *I'm only at average risk for traumatic stress? What? Are you kidding me? I mean I have been to hell and back with this job. I have seen and experienced hell and you are telling me that that test says I need to have seen, done, and experienced more in order to be considered at high risk? Come on! How much worse could it get? (Vivienne)*

> *I thought I would have rated higher than average risk of secondary traumatic stress. I do think I have been traumatized by work. I have been affected by trauma and have traumatic responses to it, like crying and seeing images. I still get upset thinking about certain children and I feel like I have experienced their trauma. I can't believe some people's life experiences. (Bethany)*

In regards to burnout, regardless if participants were advised that they rated being at "low" or "average" risk of it, they all noted that they felt overwhelmed by the workload.

> *I'm definitely overwhelmed with all the tasks that I am directed to do. I want to focus on the children, the family, and on safety, not on these admin tasks. (Vivienne)*

> *I'm bogged down by the system and rarely pleased with my ability to keep up with protocols, for example, the letters, policy, and the constant emails about how to do it all is every changing. (Bethany)*

> *I am absolutely overwhelmed with my endless caseload. (Matthew)*

> *I often feel bogged down by the system and am overwhelmed because of my caseload. I am worn out by my role of helper because of the system in general. I am restricted by what I can and can't do … policy guides decisions. (Linda)*

Finally, when all participants were advised that they rated "average" for compassion satisfaction, they all noted not being surprised by that result, and offered reasons why:

I can see why (I rated average). I have supports in place to help me, and it's really helpful to debrief with friends. (Bethany)

Despite the nature of the job, my teammates are what makes coming to work enjoyable. We laugh together and try to help and support each other to deal with this type of work and this type of workplace. (Linda)

This is a decent workplace environment and the people are decent too. If it wasn't I would have been gone a long time ago. I have my team, and that is what keeps me going. (Matthew)

I love the clients. I mean, the clients are the most enjoyable part of the job – all the office and management stuff is what ruins it. (Vivienne)

These participant responses to finding out the results of their Professional Quality of Life Scale self-test briefly touched upon many of the themes that arose in this research. As discussed in the previous chapter, detailed analysis of the semi-structured interview responses led to a final set of categories emerging that aimed to answer what factors contributed to compassion fatigue and compassion satisfaction. In regards to compassion fatigue (burnout and secondary traumatic stress) factors materialized in three main categories: exposure to traumatic events, supervisory/management issues, and workload (see Table 2).

Table 2: Factors contributing to Compassion Fatigue
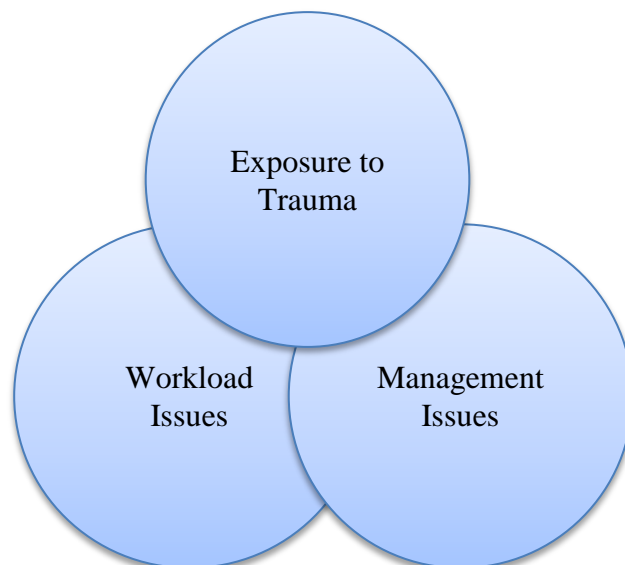
These categories provide a clear and thorough account of what factors contributed to burnout and secondary traumatic stress in Yukon child protection social workers. These three overarching categories had several clear sub-themes, many of which overlapped into each other. These themes and sub-themes will now be explored and discussed as a means to explain the factors that contributed to compassion fatigue that emerged as a result of this research. In most cases I have provided numerous quotes from the participants. I chose to do this as a means for the reader to hear "first hand" from the participants; that is to say, I attempted to give the participants a voice. I also chose to use their direct words as these words are extremely powerful and effective in describing their work experiences. My hope is that the reader will develop a thorough and clear understanding of the work they do, the struggles they face, and their fortitude to persevere.

5.2   Factors Contributing to Compassion Fatigue: Workload Issues

5.2.1 Unpredictable and Unmanageable Workloads

In order to gain a preliminary understanding of the work that Yukon child protection social workers do, I initially asked them to describe their workload. Participants responded similarly, using adjectives such as insane, crazy, complex, unmanageable, busy, stressful, challenging, disarray, and unpredictable. All respondents discussed starting their work day off checking for any emergencies that might have occurred during their time away from the office. To clarify, they would check if any emergencies had arisen on their caseload between the time when they left the office the previous day at 5 pm (if they left on time), and arrived the following morning at 8:30 am (if not earlier). Most participants advised that they were walking into work not knowing what to expect. Further to this, participants disclosed that with every phone call made to them there was the risk that it could be another emergency. This element of surprise with every phone ring contributes to a large amount of unpredictability at work. And, although subjects knew to expect the unexpected, they described that there was an indefinite amount of unpredictability in a typical day:

> *A typical day is unpredictable. You never know how it is going to unfold. You just don't*
> *know, you could have your day planned with meetings and one call can change*

everything. Even your whole week can be in disarray because you have a more emergent issue to deal with. (Bethany)

You have certain cases that you are working on and know the direction they are going, and what tasks you need to get done, but then that phone rings and surprise! Another crisis that I have to deal with immediately. (Vivienne)

I never know what to expect. Every day is never really the same. (Linda)

In addition to starting their day checking for emergencies and crisis on their caseloads, participants described doing this while completing numerous other tasks simultaneously. In fact, all participants discussed multi-tasking as a constant and consistent part of each work day. Checking emails while on the phone, listening to voice mail messages while writing reports, sending text messages to clients while in case conference meetings were all some of the examples of multi-tasking provided. Further to this was the expectation that the social worker have regular contact with clients, complete file reports, prepare and participate in various types of meetings (court, conferences, medical appointments, specialist appointments, etc), conduct child abuse and neglect investigations, consult with collaterals, and make sound ethical decisions. Participants shared their feelings of being overwhelmed by the work demands as well as their inability to manage or keep up with them:

My workload is insane. This is largely due to staff shortage. But really, when aren't we short staffed? This is just how it is. There are two of us doing the work of five. I am mostly overwhelmed by the paperwork. (Linda)

I say I have a chaotic workload because that reflects how I cope with it. The only way that seems logical is that the most emergent matters need the most priority. Families that seem to be coping better get less attention. I prioritize my files by asking, "ok who is worse off here?" (Bethany)

I have to triage child abuse and neglect. There is only one of me. I can't possibly get to everything and I certainly can't meet agency expectations. (Bethany)

My caseload is more than I can handle right now and I cannot meet the needs of my clients. (Vivienne)

I fly by the seat of my pants. I can't read an entire file when I have so much work to do. I don't have time to slow down and make real good decisions. It is important to read and review files ... I don't have the ability to do that because I don't have the time to do it. (Matthew)

Further to their inability to keep up with caseload demands, these workers struggle with following agency policies surrounding minimum amount of client contact and paperwork deadlines:

The paperwork is the most overwhelming part of my job. I have way too many files and cannot and should not be expected to keep up with the paperwork. The crazy thing, is that I am expected to. (Vivienne)

I am bogged down by the system and rarely pleased with my ability to keep with ever changing policies and protocols. I am overwhelmed with administrative tasks and I just want to focus on the child, family, and safety. (Bethany)

Currently my files aren't even up to minimum contact standards. Review recordings and closings have not been done. My high caseload is preventing me from doing them. (Matthew)

50% of my day is taken up with paperwork and I still can't catch up. I am so behind. I spend about 35% of my time talking to clients and I don't feel that this is enough; however, it is a vicious cycle. The more client contact I have, the more paperwork I

have. My biggest source of stress is that my files don't reflect the work that I have done

with my clients. (Matthew)

All participants discussed at length how they believed that there were too many unrealistic expectations placed upon them. Specifically, they expressed feeling over worked with little regard from the supervisors about how they were coping. Three of the participants talked of how the chaos, too high caseloads and their unmanageability had been something they had been experiencing since they started working in the Yukon. All participants reported that they did not believe that their caseloads would be lowered or that expectations placed on them reduced. They described a sense of "normalcy" in that they now feel that they won't ever be able to catch up on paperwork or meet agency standards. Along with this normality however, was the fear of what would happen if someone discovered just how far behind on paperwork or policy standards that they were. Discussions about worker "liability" and needing to "cover their asses" revealed this underlying fear.

5.2.2 Cover Your Ass

This sub-theme of "cover your ass" can be best described as practices that serve to protect oneself from "legal and administrative penalties, criticism, or other punitive measures" (Wikipedia, 2013). An example of this would be a social worker writing a case note about a client and putting it on the file as a means to demonstrate that they have made contact with them according to policy standards, and thus avoid discipline for not following agency guidelines. Of interest to this researcher is that all participants independently initiated this topic and they all reported the same distress and trepidation about it. It appears that this underlying, and often unspoken, fear is greatly contributing to the risk of compassion fatigue in Yukon child protection social workers. Several quotes regarding this theme are provided:

You know things must be bad when I don't even have my files up to "cover your ass

standards" and it is really causing me to stress out. (Vivienne)

I'm not too worried about paperwork, but everyone else is in the same boat and no one is coming down on me yet about it. I would be lying though, there are moments when it hits me like a ton of bricks – Oh my God, this is completely out of control. I hope to God nothing happens on my caseload and management asks to see my file, cause then I will be fucked. (Matthew)

At a minimum I document all decisions made by my supervisor and the manager, especially those I disagree with. I don't want to be liable if something bad happens. (Linda)

I really hate to think of work as covering your ass, but in this system in the Yukon this has become a reality. Make sure you write this down, make sure there is a record of that because if something happens it will come back to you. This is the message that I have repeatedly been given. This paranoia has definitely shaped my practice! (Bethany)

In a case where something went legitimately wrong on a file, that wouldn't just been seen as a tragedy, that would be seen as an opportunity to place blame on the worker. Even though the worker would have been following direction, the one who made the decision, like the supervisor or manager, wouldn't want to be blamed. That is why I document everything and cover my ass – I don't want to be held responsible for things I didn't do or decisions I didn't make. (Bethany)

The fact is, all social workers interviewed discussed a fear of being held responsible for decisions that they didn't make, or didn't agree with, on their caseload.

5.2.3 Fear of Making the Wrong Decision

Further to this was the notion that is something tragic happened, like a child being beaten or killed, that despite their best efforts, they would be to blame. These veteran social workers were second-guessing their own judgments out of fear of potential implications and consequences to a potential tragedy on their caseload. Participants discussed the overwhelming anxiety and worry

they had surrounding this, and how this lead them to question their decisions and decision making skills:

I don't like to make decisions on my own ... I don't want to be responsible for the decision alone. I might ask my co-workers on the fly or talk to my supervisor, but I definitely need to run it by someone. Making the right decisions is my biggest concern in doing this job. (Matthew)

I second guess myself and question my decisions all of the time. I worry that I might miss something and I am definitely stressed that I might make a bad decision or mistake. (Vivienne)

It is hard to forget that things aren't right at the office, and there is a double effort on my part to just focus on my families. That worries me that I am going to miss something. I don't want that to affect my decision making. It makes me second guess myself. (Bethany)

I hope I am making the right decision and keeping kids safe. (Linda)

5.2.4 Lack of Belief in the System

In addition to this questioning of their own judgment and skills, participants reported a lack of success in the child welfare system and a questioning of their belief in how effective it is in the Yukon:

The child welfare system isn't perfect. We all know that. The hard part is thinking about what the system can truly offer kids versus what their family can. (Matthew)

Honestly, I don't think we are really doing what we are supposed to be doing, which is protecting children. There are so many other things, and people, that restrict good

decisions from being made and I think that we are knowingly leaving kids at risk. I don't believe this will change anytime soon. (Vivienne)

Realistically there are more unsuccesses then there are successes. In my experience with families maybe 10% make changes in their lives and sustain it. The success rate for ensuring children are safe and being reunified with family is low. I knew that before I started this type of work so my expectations weren't high to begin with. (Linda)

There are days where I think that nothing I could possibly do is going to help this family because we have a system that is not willing to support the families that we are supposed to. (Bethany)

This reflecting on and questioning of the systems effectiveness led to further discussions with some participants on their lack of belief in the Yukon child welfare system. Of interest is that the majority of those that had experience in other jurisdictions said that this belief started to diminish after they started working in the Yukon. One participant in particular noted that the basis of child protection is the same everywhere in Canada, but that the approach utilized in the Yukon is one that is not focused on assessment (the basis of child protection), but rather on catching someone in the act of child abuse or neglect in order to have proof and evidence. This approach is generally reserved for those working with criminals. Another participant also discussed this practice of focusing on finding evidence and noted that this arbitrary approach is what leads to poor decisions. As discussed, these poor decisions lead to more worker stress, guilt, and fear, which in turn positions workers to be at risk of burnout and secondary traumatic stress. In other words, these poor decisions are increasing the risk of compassion fatigue in Yukon child protection social workers.

5.3 Factors Contributing to Compassion Fatigue: Management Issues

5.3.1 Poor Supervision

This theme of poor decision making presented itself over and over again through the various interviews with participants. It became obvious early on in these discussions that this was

something that needed to be further explored, especially because all subjects identified it as a source of stress and hence a potential factor contributing to compassion fatigue. Participants identified two distinct explanations for why and how these poor decisions exist: staff limitations on training and support, and inadequate supervisors and management.

Participants discussed that one of the main roles of their supervisors is to provide case direction, meaning they are to make decisions about cases based on the information that the workers bring to them about families they are working with. Participants discussed that this supervision is supposed to occur on a weekly basis and ad hoc when emergencies or crisis arise. This direction should be rooted in social work theories, clinical experience, and research based best practices. Further to this is the expectation that *clinical* supervision be utilized in these decision making processes. The purpose of clinical supervision is to enhance the social workers professional knowledge and skills in order to understand the role of child protection and make adequate family assessments, thus resulting in better outcomes. In short, it is a form of personal staff development: a way of teaching social workers how to think about making decisions, as opposed to just telling them what to do. Despite these expectations, participants discussed how their supervision was lacking and that they were not getting what they needed from those in supervisory and managerial positions:

> *I am supposed to have regular supervision but realistically I have to catch my supervisor and we do it right in that moment. It would be better if I had regular supervision but next to others I am the senior worker, with only two years of experience, so I get less priority and attention. (Matthew)*

> *I have more clinical experience then my supervisor, who barely has any. Often times she comes to me to ask me what I would do on a certain file. She has admitted to me that she doesn't even know what clinical supervisions means. (Vivienne)*

> *Effective supervision is definitely lacking. This is because there are people in inadequate roles. Ultimately I think we can do a better job at protecting children in the Yukon … but people making the decisions don't agree. (Bethany)*

I wasn't really learning anything. I was just being told what to do with no explanation. I was really conflicted about how and why decisions were made because there was no consistency with them. (Linda)

Social workers are told what to do, not why. There is no understanding as to why we come to make the decisions we do – that is very dangerous for new workers. (Bethany)

When questioned why they thought they were not able to get the supervision they required, some participants offered that they have just come to accept that that is the way it is always going to be because it has always been their experience. Others spoke to a bigger, more complex, organizational issue:

What is missing is autonomy in our role as social workers and that of the supervisors. It would be helpful if our supervisors had autonomy to make decisions, but right now we have a system where every decision needs to be checked, checked, and checked again at managerial levels beyond us. So, a significant decision on a case can't be made within the autonomy we have. (Bethany)

My job is to assess risk to children and make decisions, with my supervisor, to mitigate this risk. What happens now is that my supervisor won't make any decisions until she consults with her supervisor and our legal counsel. Often times she relies on our lawyers to make the decision for us. In effect, we have lawyers making child welfare decisions for us. We have gotten so far away from the actual skill of child welfare, assessing abuse and neglect. (Vivienne)

5.3.2 Lack of Training

Further to this concept of poor supervision and decision making was the recurring theme of lack of training, both for supervisors and social workers. Some participants identified that they couldn't and wouldn't expect better decision making from their supervisor because supervisory

training isn't encouraged or valued within the organization. Others shared that they questioned their own skills and offered that they too have received no child protection training in the Yukon. Participants disclosed how they struggled with not having opportunities for professional development and how this contributed to feelings of frustration and worry:

> *The more I do this job the more I realize how important it is to have professional training. We don't have any training here; no tools, no training opportunities. We are not even taught how to do crisis counseling or interview children, which is the essence of our job. I wonder how many mistakes I have made as a result of this. (Matthew)*

> *There are no opportunities for personal development at work. There is no training offered in terms of skill development. Our agency wants to teach people to follow direction, not train them to understand and make decisions for themselves. Any development you have to take upon yourself, outside of work. This is completely upsetting, frustrating, and dissatisfying (Bethany)*

5.3.3 Restricted by Policy

Although all participants noted that professional development training was not valued at their workplace, they recognized that training on policy was mandatory for all social workers. This certainly could support Bethany's opinion that the agency wants to teach people to follow direction. Further to this is that some participants shared that they found this policy to be restrictive and hindering their work with families:

> *I am restricted by this system in what I can and cannot do. I cannot practice differently or think outside the box as policy guides our decisions. It is easy for me to feel bogged down because these policies don't work and I feel overwhelmed by them. (Linda)*

In company with this concept of feeling restricted, some participants advised that the policy was often contradictory. For example, it is the expectation of the agency that they utilize a strengths based perspective with all families; that is, that they are to focus on the strengths of the family and support the family utilizing various resources. Vivienne explained that despite how this was

the expectation described in policy other parts of the policy prohibit her from implementing these supports or solutions:

> *Sometimes crisis situations in families require creative solutions. Even though I might agree with a creative solution proposed by the family, I am prohibited from implementing it because it isn't in policy. It is really frustrating, especially when I am trying to build a working relationship, utilizing their strengths, with my clients.*

5.3.4 Lack of Supports

This notion of the policy not being supportive of the social workers was a sentiment that didn't end there. In fact, in addition to the unsupportive nature of policy and their supervisors/manager, all participants shared several areas where supports were lacking. Participants did not appear to be complaining about where these gaps occurred, but rather were identifying what supports would be helpful for them to do their job more efficiently, reduce their stress and increase their productivity with their families and maintaining agency standards and policy guidelines:

> *If we had a visitation team, a team that only did transportation and supervised visits, that would help tremendously. So much time is spent, wasted really, with just a few families where I am providing transportation and supervising their visits. This time could be used to do so much more necessary work. (Linda)*

> *We need a 20th century electric case management system. This is easily rectified but there is no interest from upper management to do it. I waste so much time with filing, searching for ever changing forms, etc. If we got a decent case management system I could easily increase my caseload by two families. (Matthew)*

Participants reported that they had discussed their concerns and fears about this lack of supports, gaps in services, and inability to keep up with their case load to their supervisors and upper management, but all noted that it appears to fall on deaf ears. Some participants shared that they have come to accept that they will need to work within these limitations and that they find

comfort in knowing that all Yukon social workers struggle with the same limitations and concerns. Despite that, all participants revealed that this lack of professional, clinical, and therapeutic supports greatly influenced their practice by impeding how effective they could actually be with their clients. These managerial issues in turn can lead to more anxiety, stress, and worry, which in turn has the potential to translate into compassion fatigue.

5.4 Factors Contributing to Compassion Fatigue: Exposure to Trauma

5.4.1 Type of Trauma Exposure

In order to gain an understanding of the type of exposure to trauma, if any, the participants experienced at work, participants were asked questions about their most difficult cases, successes and lack of successes, as well as individual questions based on their responses to the ProQOL self-test questionnaire. Through these discussions it became quite clear that Yukon social workers were being exposed to trauma via various means including on the phone, in person, and through reading case files:

> *Often time I read these children's histories and I just feel sick. The stuff that these kids go through is horrific. It keeps me up at night. On one particular occasion I was so disturbed by what I had read that I literally vomited. It was that bad. (Vivienne)*

> *Clients yell at me all the time on the phone. It's just part of the job that I have come to accept. Sometime though there is a real threat, or a different tone of their voice, where I start to think, "ok, this is getting a bit scary." (Linda)*

> *I had a client attempt to assault me. Another one threw a chair at me in his home. I was in the work vehicle with a co-worker when one of her clients started pounding on the doors and windows ... I was shaking. (Bethany).*

Despite *how* the exposure manifests itself, *what* is exposed is often the most traumatic for Yukon child protection social workers. All subjects shared stories of working with children who were physically, emotionally, and sexually abused. They all had extensive experience working with

children and women who were (often very severe) victims of domestic abuse. In addition, all participants had had numerous involvements with aggressive, erratic, drug and alcohol impaired individuals. Often times these experiences occurred in the client's home, or in the evening or weekend when the regular office was closed. Participants acknowledged that that was part of their job, and that they were aware of the physical risks associated with it. Some participants advised that they did the best they could to keep themselves physically safe by taking several safety precautions; for example, parking on the street (as opposed to a client's driveway) in order to avoid being blocked it, asking a co-worker to attend a home with them if they felt uneasy about visiting a client alone, or having 911 already dialed on their cell phone in case they needed to call emergency services.

5.4.2 System Abuse

Further to this notion of being exposed to aggressive individuals and ongoing child abuse and neglect, participants shared stories of exposure to system abuse and neglect:

> *This poor six year old was severely beaten by his father. Then, his mother pours hot sauce down his throat and videotapes it so she could show the child that his behavior caused it. They have no remorse for what they have done, won't engage with us, and this child is still likely to return to their home because we aren't making good decisions. (Linda)*

> *Not only was it traumatic seeing this child covered in bruises, there was a whole other level of trauma – the mismanagement of the file. This in fact was more than just a case of child abuse, but also a very sad case of system neglect and abuse where the system had let the child down. That was the most troubling part of it all, knowing that this child was being tortured because people were not doing their job adequately. (Vivienne)*

When asked how this exposure to system abuse and neglect impacts them and their work, one participant shared that she used to bring work home with her, thinking about what she could have done differently, and waking up in the middle of the night being upset with the systems

decisions. More recently however, she advised that she was so fed up with the system neglect and abuse that she just tries to block it out and forget about it by transferring the file to another worker. Another participant discussed how exposure to secondary traumatic stress via system abuse and neglect has impacted her practice by making her struggle to not be complacent:

It impacts me because I end up writing a script in my head. I end up prejudging an assessment probably before I even finish doing it … I know how our agency is going to respond and it is going to be so minimal. It goes back to complacency – I often think, why bother when I know what the outcome is going to be. (Bethany)

5.4.3 Fend for Yourself

The majority of participants discussed how ongoing exposure to trauma, whether it be with their clients or system, was so common that the severity of it, or the potential impact of it, was neglected to be addressed or discussed at the workplace. Participants advised that the lack of agency response was unproductive. Some subjects shared how when peers appeared be to upset or distraught about certain files, that they are often left to "fend for themselves" to sort it out. Others reported that their supervisors would tell them that if they wanted they could go to the "Employee Assistance Program**,"** (EAP) a counseling service for Yukon government employees. Either way, they were left to make sense of the exposure to trauma on their own, in private. One subject advised that they did attend EAP but that is wasn't helpful or effective. Another participant advised that after six months and three EAP sessions she was finally able to accept that not only did the agency neglect a child, but that it was likely to happen again due to the current system and management.

What became clear in the research, and what I have attempted to demonstrate in this chapter, is that the idea of secondary traumatic stress and burnout (compassion fatigue) is complex. There are other factors then those related to Yukon child protection social worker's exposure to traumatic events that is increasing their risk of compassion fatigue. In fact, management and workload issues appear to have just as much influence on STS and burnout as trauma exposure. A visual summary of these findings is presented here:

Table 3 – Main Dimensions and Sub-themes: Factors contributing to Compassion Fatigue

WORKLOAD ISSUES	MANAGEMENT ISSUES	EXPOSURE TO TRAUMA

• Unpredictable
  - emergencies
  - surprises
• Unmanageable
  - multi-talking
  - paperwork
• Fear
  - liability
  - cover your "ass"
• Belief in System
  - lack of successes
  - arbitrary focus
	• Poor Management
	  - incompetency
	  - decision making
	  - direction
	• Policy
	  - restrictions
	• Training
	  - lack thereof
	• Lack of Support
	  - professional
	  - clinical
		• Types of exposure
		  - in person
		  - on the phone
		  - reading files
		• Abuse
		  - child
		  - system
		• Agency Response
		  - unproductive

5.5 Personal Impact of Secondary Traumatic Stress

Without a doubt Yukon child protection social workers are exposed to ongoing management and workload issues as well as traumatic material whether in person, on the phone, or through a secondary means like reading a file. The personal impacts of this exposure has been extensively researched in numerous studies, and was not what I initially intended to study during this research project. However, these impacts repeatedly emerged during investigations with participants and I believe it would be neglectful to omit them. Some of these impacts have already presented themselves in previously used quotes in this chapter (ie. not sleeping at night, vomiting upon reading files), but this section will attempt to provide a more comprehensive overview of the effects that presented themselves in this research.

Participants were asked to reflect on what changes they identified as having occurred as a result of doing this type of work. These replies, combined with further information gathered from their

interview responses, exposed that Yukon child protection social workers were experiencing numerous negative personal impacts, and few positive impacts, as a result of the work they do.

All participants discussed struggling with "taking work home" and having their job impact their personal life. Some participants noted a theme of isolation, in that they are unable to share their work life with friends and family; "some of my friends outside of this kind of work could not handle it. I don't share work stuff with them because that would change who they are and what they believe" (Bethany). The majority of participants identified that the stress, frustration, trauma, and nature of their employment impacted their parenting in that (in some moments) they were less patient and less willing to engage in activities with them due to physical and emotional exhaustion.

One participant in particular mentioned how she felt she could never leave work behind her because of what she would experience in her community:

> *This is a small town. Everywhere I go I see my clients. There are some places that I avoid, like Walmart or the Fair, because every time I am there I see kids being yelled at and assaulted, left unsupervised in the car, or parents who are high or drunk. I have a legal, and moral, obligation to protect a child at risk – I can't just leave without intervening. Being in public is nerve-wracking. (Vivienne)*

Further to this concept of "hyper-vigilance," some participants shared how this job has changed their world view about people, as well as how their relationship with others has changed:

> *We work with about 5% of the entire population. By working with this 5% makes me question the other 95%. I look at the human species and get very discouraged.*

> *I have had so many children disclosed sexual abuse to me that I don't trust anyone. Seriously. I won't let my child go to any sleepovers as I am not going to take the risk. I know that realistically most people don't sexually abuse kids, but I can't unlearn those stories and so I don't trust anyone. (Vivienne)*

Participants described experiencing some real physical effects. Headaches, migraines, feeling tired and exhausted by the end of the day, having stomach problems, vomiting, not being able to sleep at night, lightheadedness, and feeling like being outside of one's body were all described by various participants. In addition, a number of participants described "reaching for food" when they felt stressed at work and identified that they were emotionally eating and experiencing weight gain as a result of it:

> *I have never gained so much weight in such a small amount of time before. There is junk food everywhere and we are all inhaling it. We laugh about how much we are eating but really we know that it's a distraction from what is really going on – trauma! (Vivienne)*

> *I have gained weight since I started this job because I am emotionally exhausted and eating as a way of coping and dealing with stress. (Bethany)*

> *I have increased several pant sizes, gained weight, and have more grey hair and it is absolutely related to this job. There is chocolate all over the place around here! I am stressed and emotionally eating. (Matthew)*

Despite these impacts, most participants identified a number of positive coping strategies. From utilizing the Employee Assistance Program (EAP), to developing a sense of black humor and laughing with peers, to spending time outdoors, participants shared coping mechanisms that they identified as being helpful to them. In addition, notwithstanding these negative effects, all participants recognized that they had experienced positive impacts as a result of their work as well:

> *This job has allowed me to be more assertive in my personal life. I am happy about this because I am able to speak my mind. I feel like I have a voice now. (Linda)*

I realize how lucky I have been in my life. I mean, I have had some hardships but what
these kids go through is truly heartbreaking. This job has motivated me to be the most
*caring, compassionate, loving, and connected parent I can be. (Vivienne)*
My tolerance has changed as a result of doing this work and of having children. I can
relate to clients. I have more understanding of why and how abuse comes to be, but am
less tolerant of the actual actions. (Bethany)

This job has allowed me to see families who live in such extremes that it makes me
appreciate what I have. In a weird way I feel that this job kind of grounds me. I feel
thankful for the cards that I have been dealt. (Matthew)

5.6 Factors Contributing to Compassion Satisfaction

As discussed at the beginning of this chapter, detailed analysis of the semi-structured interview
responses led to a final set of categories emerging that aimed to answer what factors contributed
to compassion fatigue and compassion satisfaction. In regards to compassion satisfaction,
factors materialized in three main categories: personal, peers, and clients (see Table 4).

Table 4 – Factors contributing to Compassion Satisfaction
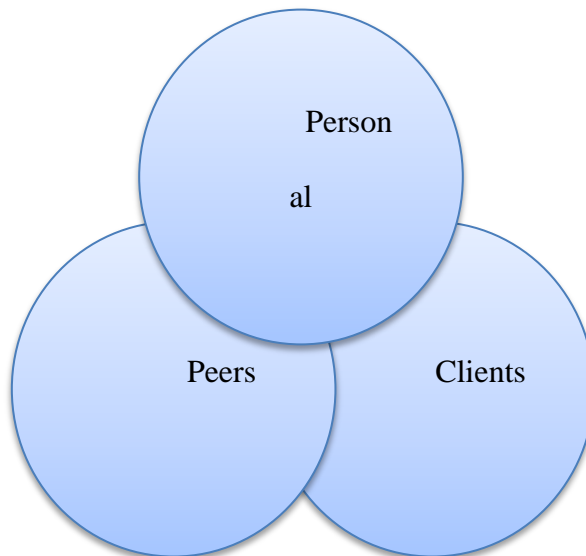
These categories provide a clear and thorough account of what factors contributed to compassion satisfaction in Yukon child protection social workers. These three overarching categories had a few sub-themes. Table 5 provides a visual of these themes and sub-themes:

Table 5 – Dimensions and Sub-themes: Factors contributing to Compassion Satisfaction

PERSONAL	PEERS	CLIENTS
 • Motivation • Ethics and Values 	• Support	• Families

5.6.1 Personal

In order to understand why Yukon child protection social workers continued to work in their chosen field despite their self-proclaimed traumatic experiences, impacts, and risk, the Professional Quality of Life self-test questionnaire was utilized. This scale asked ten specific questions regarding compassion satisfaction and revealed that 100% of participants rated as having an average potential for compassion satisfaction. This suggests that Yukon child protection social workers are experiencing some level of job fulfillment, enjoyment, and pride. Participant responses to these areas rated the highest: I get satisfaction from being able to help, I like my work as a helper, and I am happy that I chose this work.

During participant interviews, the results of the ProQOL were discussed and questions were then asked about work successes, what participants liked about the work they do, and why they were happy that they chose career field. Several participants described their personal motivation as a reason for both work successes and job satisfaction:

> *The heart of my everyday work is my personal motivation to help families. When I leave the office I ask myself, 'what are some of the successes I felt today?' I know what I am doing is helpful (Bethany)*

When a family isn't successful it isn't because of something I have done. In most cases it is because a decision has been made that overrides my assessment. When decisions are made that support my assessment, families have successes. That is validating - I do my best and know that I am doing good work. That is what keeps me motivated. (Vivienne)

Even if they are small, I am personally motivated when I see families having success. These successes help me realize that I am doing some sort of meaningful work. (Matthew)

I wouldn't be a social worker if I didn't believe people could change … with supports. When I see successes they reinforce my belief that change is possible and motivates me to work with difficult clients. (Linda)

Along the lines of this idea of personal motivation is the concept of personal ethics and values as a factor contributing to compassion satisfaction. Bethany explained that having ethics and values allows her to stay motivated on making positive changes with her clients, and prevents her from coming complacent; "thankfully my values and ethics come forward to motivate me to stay focused on the potential positives of working with the family." In other words despite Bethany's lack of belief in the system, her personal beliefs allow her to persevere and help families find success. As mentioned, these successes keep her personally motivated. So there is a cyclical pattern here, where this participant's values and ethics motivate her to continue having positive working relationships with clients, which in turn leads to them experiencing success, which in turn leads to her feeling motivated to continue to work and experience satisfaction.

5.6.2 Peers

All participants recognized and identified that their peers/co-workers/teammates greatly contributed to their personal job satisfaction. What emerged from the data was despite the lack of training and shared lack of belief in the system, there was a sense of comradery amongst these workers where they "were it in together," and a sense of relate ability where they were the only ones who truly knew what each other was experiencing. All participants shared that their peers provided them the utmost support:

My teammates are my biggest supports. Even if we don't discuss every file just the nature of the fact that we work with certain clientele, we have a certain understanding of the stress and dynamics of social work and how that can affect a person. (Linda)

I have a good team at work where I can talk openly and don't feel judged. We all want to do well with the families we work with so we talk about our cases and support each other. (Vivienne)

We all know how chaotic and unmanageable this job is. When I get stressed out I remind myself that I am in good company. Everyone is in the same boat, and that gives me comfort. (Matthew)

I can talk openly with … people on my team. They are there to support me, challenge some of my ideas, and provide guidance. I provide this to my team members too. We are all vulnerable to each other. (Bethany)

5.6.3 Clients

The final and likely most influential contributing factor for the potential for Yukon child protection social workers to experience compassion satisfaction are the clients. The clients, the actual reason behind the need for child protection social workers. Regardless of all the struggles, hardships, frustrations, unmanageability, lack of training, lack of belief in the system, lack of supports, and exposure to trauma, most participants identified that the clients were the one major influence and reason why they remained in their role:

The work itself, the actual social working – meeting the families, reading their histories - that is the most fascinating and satisfying. (Bethany)

The administrative stuff isn't important to me. What is important is my actual work with my clients … making meaningful connections with kids and building trusting relationships with their parents. (Matthew)

In some ways this job is like a drug. I get a rush when dealing with a crisis and am
completely captivated by the lives of our clients. The good, the bad, and the ugly – all of
it is so fascinating and that is why I stick around. (Vivienne)

It is interesting to note that further to this concept, all participants acknowledged that they expected their clients to be chaotic and "make them work" but that it was the workload and management issues that was negatively influencing their potential for compassion satisfaction. Some participants even suggested that if they had lower caseload demands, training, supports and adequate supervisors and managers, that they would be better able to cope with being exposed to traumatic events. Vivienne summed up this idea nicely when she advised,

I expect to be exposed to traumatic situations and hear horrific things. I would definitely
be able to cope with it if I didn't have immense pressure and expectations to immediately
write reports about it, make assessments about it, fight to have decisions reflect my
assessment and to not only be expected to do this at the same time as dealing with
numerous other crisis' but to also not have any access to clinical supports, let alone time
for a break and reflection.

5.7 Summary

In this chapter I attempted to present the results of this study utilizing segments of the participant's text. This chapter began with a presentation of the results of the Professional Quality of Life scale questionnaire. A discussion presenting the factors that contributed to compassion fatigue was then reported, as was a subsequent presentation of the personal impacts of burnout and secondary traumatic stress effecting Yukon child protection social workers. This chapter ended with a narrative of the study's emerged factors that are contributing to the potential for compassion satisfaction in Yukon child protection social workers.

CHAPTER SIX
ANALYSIS

In this chapter I attempt to critically examine the study's findings in relation to previous studies and discuss what these findings might mean. Compassion fatigue (burnout and secondary traumatic stress) is first analyzed, followed by the personal impacts of secondary traumatic stress experienced by Yukon child protection social workers. The chapter ends with an analysis on the findings surrounding the factors contributing to the potential for compassion satisfaction.

6.1 Compassion Fatigue: Burnout and Secondary Traumatic Stress

It is clear from the shared voices and experiences of the participants in this study, that Yukon child protection social workers identify that their job is difficult, chaotic, and emotionally draining. It would appear that the nature of the work, combined with the demands of the job has led all participants to experience varying degrees of stress, burnout, and trauma. Previous studies and subsequent literature support these findings in that they indicate that child protection social workers are exposed to traumatic events and are likely to experience cumulative effects of secondary traumatic stress; as such, they are at risk of compassion fatigue (Anderson, 2000; Figley, 1995). This study found that Yukon child protection social workers were at average risk of secondary traumatic stress and burnout. I found this to be surprising as despite all participants expressing various symptoms of burnout, including deep frustration with their agency, supervisors/managers, and policies, feeling overwhelmed by their case and workloads, and emotional eating, this did not translate into a high risk of burnout on the ProQOL self-test questionnaire.

It could be suggested that this average risk of burnout in this study could be attributed to previous workers who *did* experience burnout and subsequently left their Yukon child protection social work positions. Given that all participants discussed the ongoing concern with being short-staffed, supported by the research that the average length of employment in the area of child welfare is one year, this could be a possible explanation (Rakoczy, 2009). As such, this study is limited by its participants - it is a study primarily about the factors that contribute to

compassion fatigue and satisfaction in Yukon child protection social workers *who are currently working*, and cannot be considered a credible source of data surrounding the concept of burnout. Another possible explanation for why Yukon child protection social workers are not at high risk of burnout could be because they do not view themselves as "rescuers" or hold themselves responsible for the success, or lack thereof, of their clients. In fact, several participants expressed that they did not hold themselves responsible for the actions and consequences of their clients:

> *If someone doesn't want to change, they won't. They need to come to that on their own. I know that I did my job and did everything I could to help them. (Linda)*

> *Me and the family both have responsibilities. I used to internalize lack of successes and think it was a result of me, now I know who is responsible for what. (Bethany)*

Figley concluded that those who were most vulnerable to burnout were those who began to view themselves as saviors or rescuers (1995). It appears that this phenomenon is *not* being experienced by Yukon child protection social workers and could help us to understand why they are at an average, rather than high, risk of burnout.

This study demonstrated three primary factors contributing to the risk of compassion fatigue – workload issues, management issues, and exposure to traumatic events. Workload issues incorporate the unpredictability of the work, the unmanageability to keep up with the job demands, the fear of something tragic occurring on a case, and the lack of belief in the Yukon child welfare system. Management issues include concerns with poor decision making and direction, being restricted by policies, and lack of professional supports and development. Exposure to trauma encompasses both direct and secondary exposure to traumatic events, system abuse and agency unproductiveness. The three main causes have contributed to Yukon child protection social workers feeling overwhelmed, stressed, exhausted, and doubting their own abilities. These findings support previous research which concluded that the strongest predictor of burnout and post traumatic distress was the organizational environment (Regehr, Hemsworth, Leslie, Howe, & Chau, 2004).

All participants identified that unsupportive management personal and practices were the main factor impacting their ability to do their work successfully, as well as contributing to these feelings of being engulfed and fearful. These practices included not providing regular supervision, not providing any clinical supervision, deferring decisions to other parties (ie. lawyers, judges, or managers), overriding assessments, and an overall lack of providing emotional support. This finding supports the findings of the study done by the National Council on Crime and Delinquency (2006) where they concluded that unsupportive management practices were a leading cause of burnout and compassion fatigue (as cited in Rakoczy, 2009).

Subjects also unanimously discussed the lack of training provided for both experienced and new workers. Along with this is the concept of workers being fearful of not making the right assessment or decision, and the greater fear that something tragic will result because of their actions or lack thereof. Two of the subjects, who had been trained elsewhere, expressed how this basic lack of understanding about child welfare had caused them great stress and worry about the children on their peer's caseloads. This experience of some of the trained Yukon child protection social workers endorses Landsman's analysis that ineffective staff place burdens on the rest of the staff (as cited in Rakoczy, 2009).

Participants explained that this lack of training was not just limited to social workers, but to their supervisors and managers as well. Vivienne described it as, "the blind leading the blind." As a result of this, it could certainly be suggested that these supervisors are also experiencing the same fear of decision making and subsequent consequences as the social workers. Most participants recognized that their supervisors shared their frustrations with the lack of training and subsequently, held upper management accountable for their supervisor's limitations. The findings indicate that fear and a "cover your ass" mentality override this understanding, where participants know that their supervisors are lacking in skills (due to lack of training), but they "cover their assess" as a means to avoid being blamed for their incompetence.

This notion of "covering your ass" is a practice with the purpose of protecting oneself. This practice of protection is being used by all participants in this study. All subjects shared how fear of repercussions and concerns with liability influenced them in ensuring that basic information

and practices were noted in their files, as a means to "cover their ass." In addition, all subjects discussed (at great length) their inability to keep up with the workload demands and paperwork, and that this was leaving them emotionally exhausted. Anderson (1999) found that emotional exhaustion could have harmful effects on the quality of work done by social workers, and that emotionally exhausted child protection workers would exert disproportionate energy protecting themselves. Given the responses by the participants in the study, it would appear that both fear and emotional exhaustion (burnout) are influencing protective practices, such as "covering one's ass."

Another issue that presented itself with some of the participants was the lack of autonomy that they believed was essential in both learning how to do the job, but also in the decision making process. Participants described that they were not able to make any decisions independently, and were required to bring every piece of information to their supervisor in order to receive direction. Participants were being told what to do, but not why they should do it. Essentially they were not being taught how to think about child protection or what factors needed to be considered in making sound child protection decisions. In my opinion this is an extremely dangerous practice. Given that there is immense liability in the field of child protection it would be both helpful and important for workers to be included in the decision making process, asked "what do you think and why," and made decisions collaboratively. As opposed to the current practice of ad hoc rigid direction, having regular scheduled supervision where decisions are explained and the social worker has time to reflect and think it though would likely foster both professional development and autonomy in Yukon child protection social workers.

A significant finding amongst participants was that they believed that their supervisors were not in the positions they were in because of their skills, but rather because of their personal relationship with the management. Further to this, many participants believed that their supervisors were not equipped to offer the emotional or clinical support they needed. As Vivienne shared earlier, her supervisor told her she didn't know what clinical supervision meant. Two of the participants advised that the concepts of trauma, burnout, and secondary traumatic stress are foreign to their peers and supervisors, and as such, their work environment and supervisor don't offer any understanding or support surrounding them. This lack of

understanding about the potential consequences from doing crisis work can help explain why several participants expressed that they were on their own in terms of coping with the work they do. Bethany, for example, explained

> We don't have professional supports, no clinical therapeutic supports because are supervisors don't know what that is, let alone have training in it, and we aren't offered any outside clinical support because our manager doesn't see that as a priority. Ultimately I am left to my own to seek out those supports.

This reality of Yukon child protection social workers does not appear to be isolated. In fact, in a significant amount of literature surrounding this area, most workers expressed that they too are expected to somehow cope with the nature and subsequent trauma exposure of the job independently; that it is just part of the job (Littlechild, 2002). Certainly this lack of understanding and essential support is a grave disservice to Yukon child protection social workers. Not providing opportunities to debrief and reflect not only allows the potential for workers to be traumatized by their exposure to tragic and traumatic circumstances, but also to allow this traumatization to fester, develop, and grow.

This study discovered that its participants were constantly and consistently in a state of arousal at work. That is, they were always "on guard," worried, fearful, stressed, and this in turn put them at risk of developing burnout and secondary traumatic stress. It appears that there are several overarching factors contributing to this state; the nature of the work itself is stressful and exposure to traumatic situations is inevitable, resulting in the worker feeling stress. This stress is heightened by their lack of training and understanding about child protection and by receiving poor supervision and direction. This in turn causes workers to feel even more worried, stressed, and fearful, which then influences them to protect themselves by "cover their assess." According to trauma theory, one's capacity to think clearly is severely impaired when they are under stress. One cannot consider the long range consequences, weigh all options, nor gather all relevant information necessary to make appropriate decisions. Consequently, people demonstrate poor judgment and base decisions based on a need to protect themselves (Bloom, 1999). If we consider Bloom's (1999) thoughts on trauma theory, then it would appear that Yukon child

protection social workers are indeed making poor judgments based on fear. Additionally, we can conclude that they are all functioning under an active, albeit mild, state of trauma.

6.2 Personal Impacts

The data in the literature tells us that it is almost certain that child protection social workers will experience symptoms of secondary traumatic stress, and certainly Yukon child protection social workers are no exception. All participants described multiple physical changes as a result of working as child protection social workers. These included headaches, migraines, emotional and physical exhaustion, digestive problems, lightheadedness, sleep problems, and changes to their weight due to emotional eating. This researcher would conclude that exposure to traumatic events and the stress of the job are impacting Yukon child protection social worker's health. Certainly there is concern that if these physical problems continue they could develop into detrimental and potentially devastating serious health concerns.

In addition to these physical changes, all participants appeared to be fairly consistent in their thoughts regarding their emotional reactions to trauma. They all used terms like feeling stressed, overwhelmed, anxious, worried, frustrated and hopeless to describe their feeling about the work they do. Most interesting is the finding that all Yukon child protection social workers had experienced a change in their world view as a result of the work they do. Further to this is the discovery that they were *aware* that this change has occurred and why it did. Vivienne, for example, explains how constant exposure to children who were sexually abused has left her trusting no one and as such she will not allow her child(ren) to participate in sleep-overs. She also recognized that this was not a "normal" response for most parents but that she will maintain this stance as she wants to reduce any risk of harm to her child(ren). This notion of over-protectiveness is certainly reflective of how trauma work affects behavior. One can therefore conclude that because all Yukon child protection social workers shared their experiences of how their world view changed as a result of the work they do, that they have all experienced workplace trauma.

These emotional and physical changes and impacts resulting from trauma exposure should be serious cause for concern. Research shows that exposure to chronic trauma gravely impacts

brain functioning and physiology, with ongoing stress contributing to both physical and mental health problems (Pryce, Shackelford & Pryce, 1997). From increasing the risk of heart disease and hypertension, changing hormone production and the immune system, and altering brain chemistry which may lead to depression and poor coping skills, it is clear that child protection work and its inevitable exposure to trauma and its subsequent stress has the potential to make social workers extremely sick (Pryce, Shackelford & Pryce, 1997). It is imperative that Yukon child welfare professionals learn to manage the effects of secondary traumatic stress and protect their worldview. It is additionally imperative and that their supervisors and managers offer supports and services to do this. Failure to do so is a grave injustice, and neglect, of Yukon child protection social workers. If there continues to be no caring of the "careers," I believe that these personal and emotional impacts of exposure to trauma will fester and develop into bigger, more harmful, behavioral, emotional, and physical problems.

6.3 Compassion Satisfaction

Despite their shared exposure to traumatic events, workplace struggles, concerns issues, and self-proclaimed impacts of secondary traumatic stress, it was found that all Yukon child protection social workers had an average potential for compassion satisfaction. Given all the overwhelming, and seemingly endless concerns participants shared, I was surprised with this result. I certainly would have expected them to have rated "low" for potential of job fulfillment, enjoyment, and pride. This finding indicates to me that regardless of hardships and traumatic impacts, Yukon child protection social workers believe that their job is worth it. That is, the enjoyment and fulfillment they get from their job overrides all the difficulties they experience as a result of it.

This study demonstrated three primary factors contributing to the potential for compassion satisfaction: personal motivation, support from peers, and the actual client families. These three main causes have contributed to Yukon child protection social workers feeling satisfied with their ability to help others, liking their work as a helping, and being happy that they chose this field of work. These findings support previous research with discovered that support from co-workers and confidence in their ability to effectively help clients contributed to retention of child

protection social workers (Fryer, Poland, Bross, & Krugman, 1988). It is interesting that all participants discussed being short-staffed at work, and the constant revolving doors of social workers coming into, and leaving, their roles as Yukon child protection social workers. I would suggest that those workers who left were likely experiencing low potential for compassion satisfaction, and furthermore likely experiencing high levels of risk of compassion fatigue. Seeing that the field of child protection consistently struggles with staff retention, the concept of compassion satisfaction and subsequent factors that increase risk of it should be greatly examined by those in managerial positions. If one can discover how to support conditions which increase potential for compassion satisfaction, and support conditions with reduced the risk of compassion fatigue, I would suggest that the struggle with staff retention would no longer be an issue.

In a study comparing compassion fatigue and compassion satisfaction on Colorado child protection social workers, researchers concluded that they believed that compassion satisfaction might help mitigate the effects of burnout (Conrad & Kellar-Guenther, 2003). Stamm (2002) also assumed that compassion satisfaction played a critical role in mitigating burnout and reducing compassion fatigue. I would be hesitant to conclude the same and support this assumption based on the data discovered in this research. Seeing that participants rated "average" for both risk of burnout and secondary traumatic stress, and "average" risk of compassion satisfaction, there does not appear to be overwhelming evidence of this suspicion from this research. Perhaps Yukon child protection social workers have simply developed an "equilibrium" between risk of compassion fatigue and potential for compassion satisfaction, or perhaps they are at a critical stage where additional exposure to trauma will increase their risk of compassion fatigue and decrease their potential for compassion satisfaction. Perhaps Yukon child protection social workers have simply developed remarkable resiliency.

If we consider resilience theory as discussed in chapter three, it appears that Yukon child protection social workers are both experiencing and exhibiting signs of trauma while simultaneously being resilient to it. In other words, despite the self-proclaimed exposure to trauma and resulting impacts, Yukon child protection social workers have thrived and benefitted from these experiences. They have discovered their own personal qualities that promote their

well-being and utilize said qualities and strengths to cope with the adversity they experience daily in their work. This notion certainly compliments crisis theory's credence that crises are opportunities for growth. This study has certainly revealed that the crisis experiences of Yukon child protection social workers has influenced them in negative ways (ie. the personal impacts of trauma; the negative view of the word), but it has also revealed how these crisis' influenced them in positive ways. From Linda's newly discovered self confidence in being assertive in order to have her needs met, to Matthew's appreciation and thankfulness for his life, from Vivienne's motivation to be an exemplary parent, to Bethany's increase in understanding, participants all truly experienced positive growth as a result of the trauma work they do.

6.4 Summary

In this chapter I have attempted to critically examine the study's findings. I analyzed both the findings of the factors that contribute to the risk of compassion fatigue in Yukon child protection social workers, and to the factors that contribute to the potential for compassion satisfaction. Analysis of the personal impacts resulting from exposure to trauma was also provided. Theoretical concepts were also utilized to analyze the data which emerged from the study.

CHAPTER SEVEN
CONCLUSION AND RECOMMENDATIONS

In this chapter I summarize and review the findings of the research. I then offer and discuss recommendations for social work practice and policy and further social work research.

7.1 Conclusion

This study has attempted to discover and describe the factors that contribute to compassion fatigue and compassion satisfaction amongst Yukon child protection social workers. In doing so, the study identifies the three primary factors contributing to compassion fatigue: workload, management issues, and exposure to trauma. These three main factors have contributed to Yukon child protection social workers feeling overwhelmed, stressed, exhausted, and doubting their own abilities.

The study further exhibited that Yukon child protection social workers are unequivocally affected by exposure to traumatic situations both directly and indirectly. This exposure has led to numerous impacts on their emotional and physical health, as well as changes in their view of others and the world. Despite their risk for secondary traumatic stress and burnout, this study revealed that Yukon child protection social workers had the potential for compassion satisfaction and attributed their personal motivation and values, peer support, and the clients they work with and for as the primary factors contributing to this fulfillment.

The findings of this study indicate that although Yukon child protection social workers are exhibiting signs of trauma they are also exhibiting signs of resiliency. Subjects have appeared to discover successful personal coping techniques as a means to cope with the nature of their work. This study also argues that participants have experienced positive personal growth as a result of their exposure to trauma and that this growth has contributed to them remaining in the child welfare field despite their ongoing exposure to trauma.

Child protection workers are exposed to conflictual situations on an ongoing and daily basis; as such, I would argue that they are especially skilled at dealing with difficult issues. These situations and subsequent exposure to traumatic events had led to Yukon child protection social workers experiencing personal impacts of secondary traumatic stress, and have put them at risk for compassion fatigue. It appears that Yukon child protection social workers are not only aware of their risk of burnout and compassion fatigue but also of the lack of desire in the workplace to reduce these effects and offer supports to them. Certainly the described physical and emotional impacts of secondary traumatic stress in Yukon child protection workers are cause for concern. These effects can have serious implications if they are left untreated. By understanding this alongside the concept of compassion fatigue, it is my hope that this research will contribute to the increase in the quality of care of Yukon child protection social workers.

In my opinion there are numerous opportunities to reduce the risk of compassion fatigue in the workplace and increase the potential for compassion satisfaction in Yukon child protection social workers. The responsibility to provide these opportunities lies with those who educate social workers, the individual social workers, the department of Yukon Family and Children's Services, and the departments' social work policy and practices. Future social work research can also provide opportunities for further growth and understanding. My study will conclude with these opportunities presented in the following recommendations.

7.2 Recommendations for Social Work Practice and Policy

- Given that exposure to traumatic situations and personal impacts of exposure to said trauma appears to be inevitable, it is imperative that Social Work programs incorporate stress, burnout, secondary traumatic stress, compassion fatigue, and compassion satisfaction into their curriculum. The role of child protection comes with high emotional and mental demands, and potential future child protection social workers should be informed of the risks associated with the job. Additionally, self-care should be greatly discussed as it relates to child welfare.

- Yukon Family and Children's services should provide ongoing education to its child protection social workers surrounding the concepts of compassion fatigue and to ameliorate their effects. This training should be mandatory for all supervisors and upper management, and would hopefully contribute to the development of effective coping skills as well as to a supportive work environment.

- All new hires to Yukon Family and Children's Services should be provided with specialized child protection training and subsequent mentoring. Given the participants disclosure that they received no training and that they were simply given direction without an opportunity to learn to make child protection decisions, this seems essential and urgent. Providing this training, and the subsequent autonomy and knowledge that would come with it, would likely decrease the level of stress in all Yukon child protection social workers.

- Trauma exposure and secondary traumatic stress must be acknowledged as an occupational hazard and effective supports should be provided for all Yukon child protection social workers. These supports should include supervisors who are trained in clinical supervision and are knowledgeable about compassion fatigue, and supportive management practices which promote healthy work environments and understanding of workers traumatic experiences.

- Participation in the Employee Assistance Program should be mandatory following a traumatic incident. In addition, EAP workers should routinely and regularly meet with all child protection staff, both individually and during team meetings. This would allow impacts of secondary traumatic stress and symptoms of burnout to be identified early in the process and coping mechanisms could be utilized. This also contributes to a support work culture - a culture of support.

- Yukon child protection social workers should have regular access to supervisors who are trained in both child protection and in clinical supervision. It is recommended that supervision be regularly scheduled and adhered too. If

supervisors are trained (which participants identified they are not), effective supervision could result in the opportunity for personal development, strengthen decision making, and foster ethical practices.

- Yukon Family and Children's services needs to move from a workplace culture that looks to place blame on social workers to one that supports them. This would significantly reduce workers need to "cover their asses" and would drastically reduce feelings of stress, worry and fear. This would likely also contribute to better decision making as workers would be focused on the needs of their clients, rather on their need to protect themselves.

7.3 Recommendations for Future Social Work Research

As previously discussed, there are significant gaps in studies on compassion fatigue in child protection social workers, and a substantial lack in Canadian research specifically. This study was the first of its kind on Yukon child protection social workers and was essential in order to give a voice to Yukon child protection social worker's and add their experiences and data to the limited body of knowledge that already exists. This research was important because it provided an accurate account of the factors that contributed to compassion fatigue in Yukon child protection social workers as well as offered preliminary data surrounding personal impacts of trauma exposure. Issues that have emerged from this study and could be motivation for future social work research include:

- Studies on how to prevent prevent additional traumatic stress and burnout and how to increase compassion satisfaction.
- Research into what effective interventions can be utilized on child protection social workers during and following exposure to trauma.
- Research into whether or not child protection training impacts risk of compassion fatigue and potential for compassion satisfaction
- Explore agency responses that can best support those experiencing compassion fatigue

- Investigate effectiveness of peer supports on potential for compassion satisfaction
- Study how supervisors trained in clinical supervision effect potential for compassion satisfaction and risk of compassion fatigue
- A longitudinal study which examines Yukon child protection social workers from their start day to their third year on the job. Factors to explore could include stress levels, burnout levels, exposure to traumatic events, personal impacts of secondary traumatic stress.

7.4 Summary

This chapter was the concluding portion of this research presentation. This chapter began with a brief summary and overview of the study's findings. It then provided several recommendations for changes to social work policy and practice. This chapter, and thesis, ended with numerous recommendations for future social work studies that could contribute to the limited body of research surround compassion satisfaction and compassion satisfaction.

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APPENDIX A

<u>Participant Consent Form</u>

Compassion Fatigue and Satisfaction: A study of Yukon Child Protection Social Workers

I agree to take part in this study. I have been fully informed about this study and I understand that its purpose is to explore the factors that contribute to the risk of compassion fatigue and to the potential for compassion satisfaction.

I understand that Liza Manolis will be conducting this research for her Master of Social Work via Nordland University, and will be supervised by Agnete Wiborg.

I understand that this study is strictly voluntary and that I can withdraw from participating in the study at any time. I understand that I will not receive any direct benefits from taking part in this study, but that my participation may help further research in the area of Compassion Fatigue and Satisfaction in the field of Child Welfare.

I understand that my confidentiality will be strictly ensured. I will respect your privacy and will not share your name or any other identifying information with any coworkers, staff at your agency, or any other agency. Your name will not be used in the completed thesis.

I understand that my participation will include answering a questionnaire with 30 questions, and a subsequent interview. I understand that this interview will be audio recorded and transcribed, and that these recordings will be destroyed at the completion of this study. I understand that no identifying information will be included in the transcripts.

I understand that I have the right to ask questions about the study, and have these questions answered. I also understand that I have a right to the results of the research and that a copy of the complete thesis will be offered to me.

I understand if I have any ethical concerns about my rights as a participant in this study that I may contact Agnete Wiborg (supervisor) at agnete.wiborg@uin.no.

\--   \-----------------------
Signature of Participant   Date

\--   \-----------------------
Signature of Researcher   Date

APPENDIX B

COMPASSION SATISFACTION AND COMPASSION FATIGUE (PROQOL) VERSION 5 (2009)

When you *[help]* people you have direct contact with their lives. As you may have found, your compassion for those you *[help]* can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a *[helper]*. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the *last 30 days*.

1=Never 2=Rarely 3=Sometimes 4=Often 5=Very Often

1. I am happy.
2. I am preoccupied with more than one person I *[help]*.
3. I get satisfaction from being able to *[help]* people.
4. I feel connected to others.
5. I jump or am startled by unexpected sounds.
6. I feel invigorated after working with those I *[help]*.
7. I find it difficult to separate my personal life from my life as a *[helper]*.
8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I*[help]*
9. I think that I might have been affected by the traumatic stress of those I *[help]*.
10. I feel trapped by my job as a *[helper]*.
11. Because of my *[helping]*, I have felt "on edge" about various things.
12. I like my work as a *[helper]*.
13. I feel depressed because of the traumatic experiences of the people I *[help]*.
14. I feel as though I am experiencing the trauma of someone I have *[helped]*.
15. I have beliefs that sustain me.
16. I am pleased with how I am able to keep up with *[helping]* techniques and protocols.
17. I am the person I always wanted to be.
18. My work makes me feel satisfied.
19. I feel worn out because of my work as a *[helper]*.
20. I have happy thoughts and feelings about those I *[help]* and how I could help them.
21. I feel overwhelmed because my case [work] load seems endless.
22. I believe I can make a difference through my work.
23. I avoid certain activities or situations because they remind me of frightening experiences of the people I *[help]*.
24. I am proud of what I can do to *[help]*.
25. As a result of my *[helping]*, I have intrusive, frightening thoughts.
26. I feel "bogged down" by the system.
27. I have thoughts that I am a "success" as a *[helper]*.
28. I can't recall important parts of my work with trauma victims.
29. I am a very caring person.
30. I am happy that I chose to do this work.

Interview Guide

Demographics:

1. Age of participant:
2. Gender:
3. Years of Experience:
4. Children:

Exploratory Questions:

1. How would you describe your role as a Child Protection Social Worker (CPSW)?
   a) Has this changed since you started working as a CPSW, and if so, how?

2. How would you describe a typical day of work?
   a) Do you work more as an indivual or in a group? Please explain.
   b) How are decisions made on your cases?
   c) What kind of meetings, if any, are had to discuss cases?

3. How would you describe your workload?

4. How would you describe your most difficult case(s)?
   a) How do you personally cope/deal with these difficult cases?
   b) How do you professionally cope/deal with these difficult cases?
   c) Do you cope differently now then when you first began this work, and if so, how?
   d) What are your thoughts surrounding your workload and your ability to cope with difficult cases?

5. What personal and professional supports, if any, do you have in place to help you cope with the work you do?
   a) How effective are these supports?
   b) In order to help you cope with these difficult cases, what, if anything, would you like to be done differently?

6. Since you began this type of work,
   a) What cognitive changes, if any, have you experienced?
   b) What emotional changes, if any, have you experienced?
   c) What behavioral changes, if any, have you experienced?
   d) What spiritual changes, if any, have you experienced?
   e) What interpersonal changes, if any, have you experienced?
   f) What physical changes, if any, have you experienced?
   g) What professional changes, if any, have you experienced?

7. When have you been able to help the children you work with and for?
   a) What personal factors do you think helped contribute to this success?
   b) What professional factors do you think helped contribue to this success?
   c) How does your success in helping children influence your ability to cope with difficult cases?

8. When have you not been able to help the children you work with and for?
   a) What personal factors do you think helped contribute to this lack of success?
   b) What professional factors do you think helped contribue to this lack of success?
   c) How does this lack of success influence your ability to cope with difficult cases?

9. What is your main concern in doing this type of work?

10. Is there anything else you would like to discuss or share?