00:00:07 Pryce – Welcome to the Florida Institute for Child Welfare Podcast. This series is Child Protection Caseworker Support. I am Jessica Pryce, your host. On each episode we will explore topics that are relevant to child welfare professionals. We will hear from people who work every day to make a difference in the lives of children and families. It is our goal that this podcast is accessible, informative, and supportive. So, if you know someone that works in child welfare, be sure to share this podcast with them.

Today on the Florida Institute for Child Welfare Podcast, we are going to talk about what it’s like to work in child welfare, and how do caseworkers juggle the competing priorities and decisions. Our guests today are Dr. Dina Wilke, a professor and researcher at Florida State where she has been for seventeen years. She’s currently doing research that involves following over 1000 child welfare professionals for five years to learn about their experience in their jobs. In addition, we have a child protection frontline investigator, Timothy Morris who will share his insights from working in this field. We will learn what the research is revealing about why workers come into child welfare, the benefits of training, the importance of a supportive supervisor, and how the job impacts physical and mental health. Let’s get started.

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00:01:34 So Timothy, I wanted to start with you. Can you tell our listeners what brought you to this job and what influenced your decision to do this work?

Morris – So, over the course of my life there’s been numerous things that brought me to this type of work. I grew up in the hills of Eastern Kentucky, so there wasn’t very much opportunity where I grew up. A lot of drug activity. Crime wasn’t as high as far as violent crime, but there was a lot of drug use where I grew up. Basically, growing up, my father was a disabled Vietnam vet. I didn’t know my mother and over the course of the years growing up, every time he would get sick, which he stayed sick a lot, I would either go into the system, foster care for six months, or to different relatives over the course up until I was fifteen. So, like I said, growing up, I seen a lot a lot of different situations. So at that time, wanting to help and needing to help was kind of moved to the top of my priority.

Pryce – Thank you. I hear that a lot, the idea that your personal experience really propelled you into the work. And my personal experience gave me a purpose in child welfare. And I’m curious Dr. Wilke, what you have found in the research regarding why people come into this work?

Wilke – Well, we have a couple of different things that we’ve asked about in our current study and one of them is, we do ask about an individual’s personal history of childhood maltreatment. And about forty percent of the people in our sample have indicated that they do have some kind of personal experience with childhood maltreatment. And we also have asked questions about why people got into the field and, you know more than half of the people there indicated that they got into the field because they wanted to help children or they wanted to help families, which is probably what you’d expect. But if you take a look at the people who do have a history of childhood maltreatment in their personal background, more than twice as many of the respondents say that they get into the field because of their own
personal background. So yeah, there is some evidence that suggests that not only do workers come in having personal experience, but that it serves as a driver.

00:03:52 Pryce – And I imagine it increases the capacity to have empathy. Cause you to understand what your clients might be dealing with because you’ve also experienced that. What are your thoughts about that?

Morris – Absolutely, yeah. Like I said, growing up, you kinda see the different situations that kids are going through and a lot of ‘em you may have been through it yourself. So, you kinda know what they’re feeling, how they’re seeing and how they are coping with it, because you were there yourself.

Wilke – But one of the things we’re trying to answer is if having this personal history of maltreatment is a source of resilience or if it’s a source- an additional source of stress. So that as workers are exposed to these troubled families, does it then, you know, trigger things for them and their personal history? And we will be answering that question. Although we don’t have the answer yet.

00:04:44 Pryce – That will be really interesting. Do you have anything to add to that?

Morris – I think it could be a little bit of both. I mean, you kind of get that sense of empathy and you can relate, but also knowing how they’re feeling, I can see where it could cause a little bit of stress on your behalf.

00:05:01 Pryce – So it sounds like we have a significant part of our workforce that comes into the work because of a calling, a purpose, and personal experience. And we have people that are coming in with passion, but we also have people that are coming in to a lot of crisis and the mandate to make very critical decisions, and training isn’t always able to expose to the workers to what they might be experiencing on a daily basis in their jobs.

00:05:28 Dr. Jill Barack, a professor at University of California in Berkley, she calls child welfare ‘the impossible imperative.’ So, let’s break that down a little bit, you know? Something imperative is required, mandated to keep kids safe, but I know when I was in the field, sometimes it seemed impossible. This impossible imperative. So, Dr. Wilke, can you talk a little bit about what your research has uncovered about the challenges in decision making, and also you told me a little bit about what your participants told you about what constitutes a challenging case?

00:06:01 Wilke – Just by way of background, the people in our study were recruited during preservice training. So, we have a statewide sample of about 1500 people who during preservice training, we talked with them about being part of the study, and we’re following them over a course of four to five years, surveying them every six months. So, a lot of the information that I’m going to be talking about now really is based on the early period of employment, because we are trying to get an idea of the perceptions of case load severity, we’ve been asking them about how they would describe an exceptionally difficult case. One of the things that rose to the top in that period of time was distinguishing between present danger, impending danger, feeling the burden of responsibility for making those assessments. What we learned the next
round, so after people had been in the position for about a year, they were still raising that issue, but it was more of an issue of they’re starting to get an instinct about what is not right or what is danger, but now their struggles have to do with managing the bureaucratic system or the administrative system to, to act on those instincts. And that is a source of, what makes a case really challenging for them. So, like, they’re developing some confidence in their abilities to assess, but you know, running into some roadblocks along the way. So, there’s definitely an evolution I think in terms of what workers perceive as making a case extremely difficult.

Pryce – Got it. You’re at two years [Morris], and I’m curious how your experience has been making those types of decisions with present and impending, and could you give us a definition of both to start with?

Morris – Yeah absolutely. So, basically, for present danger, it has to be clearly observable. You have to be able to see that it’s happening. It has to be significant. What type of impact is it having on the child, and it has to be immediate. It has to be happening at that very moment. I think the, the biggest issue that we have making those decisions is proving the impact that it has on the child. So, you can walk into a home and at that moment know that that child could be in present danger. But proving the impact that that danger threat has on that child can be extremely difficult. And I think that’s what makes it a lot more difficult for us, to go in and prove that.

Pryce – And Tim, can you give us an example of, you just said you walk into a home and you see a dangerous situation, but it’s not exactly easy to prove that it is a danger to the child. Can you give us an example of maybe-

Morris – Maybe if you walk into a home, and say the maltreatment is environmental hazards, the home is extremely filthy. Trash all over the floor. Say, feces, animal feces. Where is that child primarily throughout the day? Does that child have access to these things in the home? Is there someone there who is appropriate to watch that child within this home? It’s just, the family dynamics plays a big role in that situation as well. Is one parent able to control the danger threat and the other parent not? And that’s kind of where it leads into impending danger. If there’s no one in that home that is able to control that danger threat, and there’s a possibility that that child could be injured at any time from that threat, it could lead over into impending danger with the possibility that something could happen.

Pryce – So, I want to ask you, when you have faced that kind of decision, cause I’m thinking about the listeners, and you’re a case worker, you go to a home and you’re not exactly sure; but we’re dealing with an impossible imperative here. We have to make a decision. Can you talk us through what types of things do you do? I mean, do you talk to your supervisor, do you call a co-worker? Just take us through what someone else might do in that position.

Morris – In that situation, I do a number of things. Again, like I said, I take the whole family dynamic into consideration. Who all lives in the home? What are-how are the
parents? Are there someone else in the home? I do call and talk it over with my supervisor. If there’s no conclusion at that point, then my supervisor might talk it over with her supervisor. And just go through the chain, and staff the case until we are comfortable coming up with a conclusion.

00:10:49 Pryce – I know that you have some supervision information from the study that you are working on, Dr. Wilke. Did you have anything to add about support and when you are a new case worker and you just got out of training? You know, what types of challenges might be facing them as a new worker when it comes to connecting with supervision? And I know you had some ideas about what might be able to help with that transition.

Wilke – Well I was listening to what you were just talking about in terms- and thinking about some of the other findings we’ve had about working with difficult cases. And we didn’t ask specifically about decision making and what makes decision making particularly difficult, but we do have a number of findings that- where newer workers, newer case workers, really would like to have close supervision or close mentoring. And they referred to it as ‘micromanagement.’ That the role of somebody, a mentor or a supervisor, or somebody whose got the responsibility to help them in that environment. You know, to have somebody maybe make a home visit with them or to be available when they need to make a phone call. Those kinds of things have been really important for the workers.

00:12:10 Pryce – This is leading me back to training. And I know that, like you said, you’ve been here for two years. Can you talk a little bit about - you were in a classroom training, and when I was getting trained it was nine weeks. I’m not sure how long you were in there, but it’s a significant amount of your time, and then you’re kind of put into this job. So, how was your transition Tim, and how did the training prepare you?

Morris – Well, first I wanna say that the training with this job never ends. You’re learning something new every single day. Whether you’re learning something new or you’re being exposed to something new. But my training is nine weeks. And once you’re through the classroom training it’s not as if you’re just thrown out and let go. For your first, I don’t know, ten or so cases, there was someone who went out with me; whether it be a supervisor, a member of the training team, a senior CPI, someone who has been there for a significant amount of time. So, they are a close, watchful eye on you when you first go into this field, just to- not really, I don’t feel like it was really micromanagement, but it’s more to support you. They’re there for support, they’re there to back you up. Basically, just help you get through feeling comfortable. So, it did help a lot having that support team behind me. And even after being here two years you still have that support team behind you. You can always call a supervisor, or a member of the training team, and they’ll always be there, even now.

Pryce – That’s really good to know. I know that’s not, exactly the picture everywhere, so it’s- this is even more validating that you felt prepared and supported for those decisions. Did you want to add anything [Wilke]?

00:13:57 Wilke – Yeah, I would say that that’s not the picture everywhere. At least not, that’s not the picture of- that we were given from all of our participants. And some people
actually did talk about very good experiences and talked about the connection between what they were learning in the classroom and what they were doing in the field was very complimentary and compatible with each other. Other people gave us some pretty clear descriptions that there was not a lot of consistency between what they were learning in training. In fact, we had people tell us specifically they were told by, you know, people in their agency, ‘well I know that’s what you’re hearing in training, but that’s not necessarily the way we do it here.’ We did learn that inconsistency is a big cause for turnover. And especially early turnovers. So, it creates a lot of ambiguity, I think, for workers. And creates a lot of confusion. So, we actually think that like that window, that period of time between when somebody leaves training and within their first several months of carrying a caseload, is really a critical a critical window for exactly what you were just describing.

00:15:08 Pryce – Yes; and what I’m hearing a lot of, what I’m hearing is that support is needed at the very beginning and throughout. And one thing I want the listeners to know, if you are a new case worker, if you are two years in, if you’re three years in, I don’t want it to seem like these decisions are only on your shoulders. So, when I started this work, I was extremely overwhelmed at the beginning because I felt that I had to make this decision now, essentially on my own. But when I got into the rhythm of calling back to the office, you should never feel that you can’t call someone else or call your supervisor. Do not feel like these imperative impossible decisions are yours and yours alone, cause that’s a very heavy thing to carry.

I have another question for Dr. Wilke, and I was curious- what was one of the most surprising things that you found in your study?

Wilke – And I think that, what’s currently been the most surprising thing for me has been the health and well-being. Mental health, physical health, general well-being of the workers, and how that has changed during the time of our study. We ask them questions that are designed to measure psychological distress or sleep disturbance, those kinds of things. And I’m sure it’s not surprising to many people, but it’s declined - all of those have declined fairly substantially, and and so, they are reporting poorer mental health, poorer physical health, greater psychological distress, and not returning back to baseline. The biggest changes that we saw, although the changes have occurred steadily, the biggest changes have occurred in the first six months.

00:16:55 Pryce – So, it sounds like you’re saying that the participants in your study initially told you how they felt about their physical health and their mental health and their emotional well-being.

Wilke – Yes.

Pryce – And within about two-and-a-half years into this job, that is getting worse.

Wilke – Yeah. So we ask them the same questions every six-months about their physical health and their mental health and, among the same workers, what does it look like at six months and what does it look like at twelve months? It was surprising to us, not that it declined, but how much it declined and how quickly it declined and
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how quickly it changed I should say, and that again, even after stabilizing it stabilizes low, rather than you know, kind of returns. At least where we’re at right now.

00:17:49 Pryce – Wow. I’m curious what your thoughts are about that Tim, and if you can relate at all.

Morris – Yeah, I can absolutely see where this line of work could play a huge negative impact, especially on your mental health. Starting out, I remember there were lots of times that I would lie awake at night and think ‘okay, should I have done this? Should I have done this different? What if I’d done this? Maybe I should’ve went a different route.’ But again, that goes back to, I think, your support system. Because my supervisor personally ensures that she does what she can do to see us not get so overwhelmed. If she sees that we’re going in that direction, she’ll step in and do what she can to help us out, and say ‘hey, take a mental day. Take tomorrow off, you’ve been working non-stop and you need to focus on yourself’ and sometimes that’s just what we need. But a lot of people may not have that support system, and they just have to keep going full force, and I can see where that would maybe lead to a decline in your mental health. But I’m lucky, I don’t myself feel that way as of now because I do have such a good group in my unit.

00:19:09 Pryce – Did you have anything else to add Dr. Wilke?

Wilke – Yeah, I was just gonna say that I appreciate you hearing the things that are working because they’re often the things that we recommend when we take a look at our findings. So, I’m really glad to know that there are good examples out there of when this can work. And, you know, we talk about the importance of agencies having a culture of self-care. So that it’s not just about supporting workers, but it’s about saying things like, ‘you’ve been working really hard and I think take a break’ kind of thing. Or, you know, we’re gonna have a lunch and nobody is gonna work through lunch. You know? Or those kinds of things where it’s not just about there being the existence of an EAP in an agency, but that there is a culture that supports, you know, taking care of yourself to the benefit then of not only you and your family, but to the families that you’re caring for.

00:20:12 Pryce – And I know that you mentioned an EAP, and just in case, listeners aren’t familiar with that, it is Employment Assistance Programs (EAP). So, if people do have the need to talk to a therapist or a counselor, there are opportunities for that. I also wanted to add a little bit about when you talked about physical health and mental health because when I was in the field, one thing that I struggled with is, because it was so fast paced, I ate out a lot. And that might not seem like a big deal, but you are eating fast food a lot in this job, and we used to make jokes about it- just how many times we’d eat out in a week. So, when I was here in Tallahassee, I started a moral building activity called the biggest loser, and we had people get on teams and put money in a pot, And if your team lost the most weight, you won the money and had to split it. So, it was a generous, you know, incentive to try to improve our mental health through our physical health. And some people say ‘well I can’t work out; I don’t have time’ so we had people walking around our building during lunch. We had people in large numbers bringing Tupperware dishes to work. People weren’t eating
out anymore. It became such a fun thing and that’s one of my favorite memories about working at DCF. And I also led an exercise class, and I’m not an exercise instructor, but I was trying to create a way for them to work out immediately after work. So, we literally went into a room that was used for board meetings and staffings and did aerobic exercise. So that was a really great way for us to build morale, but also to hit those things you just talked about. It’s something as simple as saying, ‘we’re all struggling to eat right and feel better about ourselves, let’s do this together.’

00:21:58 **Morris** – And our office has done the biggest loser for the past two years. They’ve done it once a year. But that is absolutely correct, because you see these memes on Facebook on these social work pages of peoples’ vehicles and the floor boards are full of trash and it says ‘livin’ a social work life’ and that’s true, you know, my car is the same way.

**Pryce** – But it doesn’t have to be.

**Morris** – And there are times that, you know, I do eat a lot of fast food. But sometimes you have to just stop and look at what you’re doing. That I think, that’s the key, is not actually slowing down to pay attention to what’s going on.

00:22:57 **Pryce** – Dr. Wilke, if I can ask you another question about- I know as a researcher we want our findings to create change. So, have you been able to see some change created in what you found, and if so, can you take us through that?

**Wilke** – So, I think that the results of the study have definitely sparked an interest around the state in a way that I’m really excited about. And, I get a lot of comments about that. I get emails from people; I get phone calls from people who are interested in either asking us more questions or telling us how they’ve used the information in their own organizations. So, I have anecdotal evidence that people are interested in the findings and talk about the findings within their agencies and those types of things. So that’s the best that I can say at this point.

00:23:35 **Pryce** – And that’s good news, that they’re talking about these topics. So, to the both of you, we are going to try to share these podcasts far and wide. To not only case workers in Florida, but all over the country, and I just wanted to give you both an opportunity to send them off. What would you say to them? From a research standpoint and a practice standpoint.

**Morris** - I think from a practice standpoint, you really have to follow your heart. You know, there’s a lot of protocol within this job. There’s procedures that you have to follow and sometimes you may have a difficult case like we was talking about earlier that may not meet that protocol. But I feel like if you follow your heart and stay on how you really truly feel, you can still have a positive outcome. So, I would say just, follow your heart because most of the time you really know how you feel and how you feel about a situation. And that would help you from getting stressed and getting to a point that you don’t want, no longer want, to be employed with this agency, if that makes sense.
Wilke – From a research perspective we’re learning is that there’s a lot of people who are experiencing these types of things and that there are resources, resources available to tap into. So, what I think we’re trying to do is to get a better handle on what are the most important things that organizations can look at to try and support their workers in the most effective way possible, regardless of what you do, it’s still a very difficult job. But there are a lot of things that we are learning about that agencies can do to support their workers, and I think part of our goal is to figure out what’s the most essential.

00:25:31 Pryce – Great, with that I want to thank you both for your time. And for providing your level of expertise on this topic of decision making in child welfare. Again, if you are a case worker or a child welfare professional listening in, we honor your commitment to this work, and we hope the podcast was helpful. To learn more about the Florida Institute of Child Welfare, please visit us at www.FICW.FSU.EDU; we are also on Facebook and Twitter. Thanks again to Timothy Morris and Dr. Dina Wilke, our guests. Thank you to Aaron Kudja, our podcast engineer and Marianna Tutwiler, the producer of the series. Until next time, I am Jessica Pryce, and we are Strengthening Child Protection by Providing Case Worker Support.