NCTSN The National Child Traumatic Stress Network

Policy Brief

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Supporting High-Quality Mental Health Services for Child Trauma: Workforce Strategies

Making high-quality services available to children and families affected by trauma requires a workforce with the training, skills, capacity, and commitment crucial to providing effective care. High-quality services also require tools, policies, and an organizational infrastructure that is supportive of providers and the people they serve. This policy brief describes the child trauma workforce and the challenges faced by its members. It also offers strategies for empowering this workforce to deliver high-quality child trauma services.

The Child Trauma Workforce: As Diverse as Children's Needs

Child trauma has an impact on many parts of children's lives: their behavior, emotions, relationships, beliefs about the world, ability to concentrate and succeed in school, and their physical and mental health. Consequently, a diverse group of professionals and practitioners are needed to serve children exposed to trauma. This workforce includes individuals in many different service systems — including mental health, addiction treatment, primary care, child welfare, education, juvenile justice, and faith communities. Individuals come to this work from different backgrounds and experiences, and with varied educational and professional credentials.

Child trauma workforce members include:

- Psychiatrists, psychologists, marriage and family therapists, and counselors
- Social workers and case managers
- Family physicians and pediatricians
- Nurses and nurse practitioners
- Physical, speech, and occupational therapists
- Educators, school counselors, and school nurses
- Judges, attorneys, court service personnel, and law enforcement officers

- Child and youth care workers (for example, in community programs or residential treatment)
- Peer mentors and educators
- Resource/adoptive parents
- Clergy

Engaged in screening, diagnosis, assessment, prevention, early intervention, and treatment services, child trauma professionals make decisions and take actions that have lifelong consequences for children and families. Any initiative to improve services must support the people who care for children with traumatic stress.

Workforce-Related Challenges

To implement and sustain quality child trauma services, service providers and systems confront a number of challenges. These challenges include:

- **Workforce Capacity.** In both numbers and availability, there is an inadequate distribution of credentialed professionals with the diversity of skills, language capabilities, cultural backgrounds, and geographic locations to adequately serve those in need of child trauma services. In addition, high caseload ratios and rates of clinician turnover severely limit quality service delivery.

  Some agencies also face shortfalls in managerial or administrative capacity. Managing "the business side of caring" — such as planning, budgeting, human resource management, quality assurance, utilization review, and marketing — requires competencies quite different from managing the care of clients. Many organizations face a leadership shortage when clinical professionals are unable, unwilling, or ill-prepared to step into supervisory, coordination, or management roles.

- **Funding.** Financing for child trauma services is far from adequate. The most common sources of public and private funding — including Medicaid, the State Children's Health Insurance Program (SCHIP), and private managed care plans — come with many challenges, such as managed care barriers, low reimbursement rates, and complicated billing requirements. Child trauma service providers struggle under the weight of these complications, with inadequate salaries and excessive paperwork contributing significantly to clinician turnover. Because of this workload burden, many private clinicians will not accept this form of payment, further exacerbating the shortage in workforce capacity and further restricting access to care.

- **Professional Pressures and Biases.** When clinicians face multiple time demands, productivity pressures (for either billable hours or workload requirements), and competing priorities, it is difficult to integrate new standards of care into practice. In addition, new initiatives can be difficult to implement due to varying professional perspectives and biases, past experience with other initiatives, or lack of training, confidence in, or support of the new initiative.

  Clinicians may also experience "compassion fatigue" (similar to "burnout") or even vicarious trauma (known as "secondary traumatization") as a result of dealing with the pain and trauma of children and their families on an ongoing basis without appropriate care and support for themselves.

- **Personal Stresses.** Given the demands placed on workforce members, finding an appropriate balance between work and family responsibilities can tax even the most energetic and organized professional. In the workplace, this can result in inertia or resistance to change.

- **Organizational Demands.** At the organizational level, a multitude of issues challenge efforts to improve quality of care. Efforts to implement evidence-based practices may be undermined by financing pressures, personnel issues, management priorities, organizational crises, challenges to interdepartmental and interagency coordination and collaboration, and pressures to compete with other service providers for scarce resources. New ideas and key messages can get lost in the myriad of projects, communication snafus, or difficult turf issues that many organizations confront. Thus, large and small agencies with varying degrees of hierarchical structure, struggle to start and sustain change initiatives without adequate skills, support, and organizational capacity.

- **Systemic Issues.** Children who have experienced major trauma, as well as their families, often have to deal with multiple service systems mandated to provide care. The child welfare system is one example. Complex to navigate, the child welfare system involves law enforcement, child protective services, courts, juvenile detention, networks of private child placement agencies, residential care providers, mental health and addiction treatment organizations, health care and disability service providers, school systems, resource and adoptive parents, volunteers, and child advocates. Further, these systems are governed by a web of federal, state, and local laws and regulations, and financed by multiple funding streams. The complexity of this service system itself often retraumatizes children unintentionally as they are moved from agency to agency, or "fall between the cracks." These challenges multiply across child serving agencies or systems. Competition for funding, varying legal requirements and political agendas, geographic inequities, and other issues create barriers that affect the engagement of direct care providers for trauma-informed services.

Strategies for Change

Engaging the professional workforce to implement trauma-informed services requires multiple and sustained strategies at all levels of the service delivery system. Experience has shown that such sustained change is possible. Many successful public policy and public health campaigns (such as smoking cessation, and food and drug labeling) have emerged from consumer awareness and demand. Other change efforts have emanated from research demonstrating effective treatment techniques; for example, today there is widespread understanding of the benefits of polio vaccinations. In the social service sector, legislation enacted in the 1970s to establish quality early childhood education programs has proven its worth in the many positive outcomes demonstrated in broad longitudinal research studies.

A number of effective workforce strategies have emerged from change management research that are very relevant to the work of child trauma professionals, including:

- **Strong, dedicated leadership** is the fuel behind every successful venture. Without effective leadership at all levels, good ideas fall flat, goals stagnate, and the momentum for change grinds to a halt. Whether at the grass-roots level, within an organization, or at the highest echelons of government, leaders provide the vision, create the climate, focus attention, and motivate the culture to achieve a new future.

- **Adequate resources** must be made available, either directly or through reallocation of existing resources. This often requires ongoing education of policy and system leaders about the value of child trauma services, and the need to expand or protect related funding. This might require, for instance, leveraging public and private funding for scholarships and internships to encourage bilingual professionals to enter the field. At the organizational level, resources can be made available by revising structures, assigning roles and responsibilities, and leveraging existing funds. The provision of time, talent, and tools is also critical to introducing new therapeutic techniques. Improving service quality usually requires measures such as addressing caseload standards; establishing appropriate staff-to-supervisor ratios; providing relevant training, consultation, and assessment tools; and ensuring availability of related information technology and software.

- The setting of **clear, achievable goals and measurable benchmarks** is essential to any change effort, particularly when there are competing priorities. Organizations can communicate the importance of trauma-informed services by revising policies and procedures, eliminating or reducing non-essential activities, and expecting appropriate levels of achievement within specified timeframes. Revising job descriptions and requiring annual program improvement plans can also help build a culture that values quality.

- The establishment of **continuous quality improvement processes** helps to assure accountability and monitor progress. The Council on Accreditation[1] indicates that widely accepted dimensions of service quality include accessibility, availability, efficiency, continuity, safety, timeliness, and respectfulness within a context of cultural competence. Quality improvement mechanisms include establishing appropriate contract and licensing requirements, as well as adherence to accreditation standards. Monitoring progress towards goals involves gathering and analyzing data; conducting performance, peer, and case reviews; and undertaking on-site audits. Reporting results and providing feedback help engage the workforce through each step in the process.

- The provision of **professional education, staff training, technical assistance, and ongoing support** is essential to ensure that core competencies are in place throughout the workforce. The delivery of cutting-edge services requires equipping staff with related knowledge, skills, and ongoing support. Human resource development and self-improvement should be a part of everyone's job.

- The development of key **partnerships and collaborations** can often leverage available resources and accelerate the adoption of best practices. The SAMHSA-funded National Child Traumatic Stress Network (NCTSN; www.nctsn.org) has developed a highly structured and comprehensive Learning Collaborative training model that helps to integrate and sustain trauma-focused interventions in organizations long after initial training programs end. Through this model, therapists, clinical groups, and service organizations can benefit from each other's service capacities and strengths by forming interdisciplinary teams to assess client needs, develop appropriate service plans, and provide treatment services. Co-location of offices, with common intake and assessment processes, can streamline service delivery for both consumers and clinicians (provided that consumer confidentiality and privacy are protected). Cooperative ventures to share resources, provide training opportunities, seek grant funding, and launch other projects can enhance organizations' capacities to respond to community need. On a broader scale, the development of memoranda of understanding across service systems fosters the integration of goals, policies, and procedures that support trauma-informed services for all children, regardless of which system they initially enter.

- **Incentives and rewards** can be powerful motivators for change. The work of change is not easy, so it is important to create incentives for meeting established goals, and to celebrate successes along the way. Merit pay and performance-based contracting can encourage successful adoption of desired practices. Organizational partnerships (including public/private partnerships) should also celebrate key benchmarks that are mutually achieved. By publicizing successful efforts or approaches, organizational and system leaders communicate the importance of child trauma issues to the broader public.

- **Public and private policies** can enable the workforce and provide incentives for quality improvement. For example, some federal and state laws have addressed capacity shortages by developing loan forgiveness programs; these programs support professionals who establish their practices in underserved areas. Widespread improvements of child trauma services require support and promotion of policies that facilitate quality.

- Finally, it is important to remember that **persistence** pays off. The child trauma workforce is overwhelmingly mission-driven. Many people want to be part of something larger than themselves and to make a critical difference in the lives of children. While stress, resistance, and setbacks will be part of any change initiative, the overriding emphasis should be to "keep on keeping on." Workforce members understand that the children they serve deserve everyone's best efforts.

Left unaddressed or inadequately addressed, child trauma has far-reaching, negative consequences for children, families, and communities. With proper care, children affected by trauma can recover. The provision of quality child trauma services requires a workforce that is fully equipped to deliver them. While empowering the workforce can be a challenging task, there are many proven strategies for success. All children and families affected by trauma deserve access to the best possible care provided by a trained, compassionate, and supported workforce.

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References

[1] Council on Accreditation. (2008). Council on Accreditation standards (8th ed.). Retrieved on July 20, 2008, from http://www.coastandards.org/