

Helping the helpers: Post-traumatic distress and need for help among Israeli social workers in foster care agencies following armed conflict

Miriam Schiff PhD¹  | Rachel Dekel PhD² | Ohad Gilbar MSW² | Rami Benbenishty PhD²

¹Paul Baerwald School of Social Work and Social Welfare, Hebrew University of Jerusalem, Mount Scopus, Jerusalem 91905, Israel

²The Louis and Gabi Weisfeld School of Social Work, Bar-Ilan University, Ramat-Gan 52900, Israel

Correspondence

Miriam Schiff, Paul Baerwald School of Social Work and Social Welfare, Hebrew University of Jerusalem, Mount Scopus, Jerusalem 91905, Israel.

Email: miriam.schiff@mail.huji.ac.il

Funding information

JDC-Israel-Ashalim; Mass Trauma Research; Israel Center of Research Excellence

Abstract

This study examined the associations between exposure to armed conflict, perceived support, work experience, needing help, and post-traumatic distress among Israeli social workers in foster care agencies based on Conservation of Resources theory. The study used a mixed-methods design. Six months after the end of an armed conflict, 82 social workers responded to a web-based questionnaire with closed- and open-ended questions. Results showed that exposure to the armed conflict was moderately associated with post-traumatic stress symptoms and functional impairment. Only the workers' perceived need for personal help (but not help for professional matters) was positively associated with their psychological distress. The qualitative analysis suggests that social workers showed strengths and wanted help mainly to improve their professional skills. Yet they also elaborated on the complexities involved in conducting their professional work, especially home visits, because such visits put their own lives in danger and meant deserting their own families. Practice implications are as follows: Foster care agencies should make greater efforts to provide knowledge and skills, support, supervision, and a "safe haven" for their workers, in the context of armed conflict.

KEYWORDS

armed conflict, foster care, needing help, PTSD, shared trauma, social workers

1 | INTRODUCTION

Social workers and other professionals report Posttraumatic stress disorder (PTSD) symptomatology stemming from their direct exposure to disasters (Brooks, Dunn, Amlôt, Greenberg, & Rubin, 2016; Dekel, Hantman, Ginzburg, & Solomon, 2007; Lev-Wiesel, Goldblatt, Eisikovits, & Admi, 2009) and, in cases of shared traumatic realities, from the traumatic experiences they share with their clients (Baum, 2014; Tosone, Nuttman-Shwartz, & Stephens, 2012). Studies conducted in hospitals located in the vicinity of rocket strikes and where patients who were injured or had acute traumatic stress reactions were treated show that the exposure to the suffering of the patients along with external reality of the armed conflict events take a heavy toll on the mental health of hospital personnel. These effects have been shown to occur both during and 6 months after the end of the armed conflict (Ben-Ezra, Palgi, Wolf, & Shrira, 2011; Koren et al., 2009).

This study was conducted in Israel, among foster care practitioners, 6 months after the conclusion of Operation Protective Edge (Herby armed conflict), which lasted from July 8 to August 26, 2014.

This conflict took the lives of civilians on both sides. Israeli civilians were exposed to the threat of more than 4,500 missiles being fired from the Gaza Strip (Ben-Ezra & Bibi, 2016). We explored foster care social workers' level of exposure to the armed conflict events, their current post-traumatic symptoms, and their functional impairment (i.e., post-traumatic distress), as well as the type of help they needed using a mixed study design. Social workers who work in the foster care system are especially prone to psychological distress following their engagement with foster families who live in war zones. These families are having added stress, as exposure to war events for these families adds to the pre-existing stress of being caregivers for already-traumatized children (Kerns et al., 2016). Moreover, most of the social workers' practice work involves home visits, which can mean—during times of armed conflict—travelling in extremely dangerous conditions.

We used the Conservation of Resources (COR; Hobfoll, 1989) as a theoretical framework to explain the sources of the negative effects experienced by practitioners in the context of armed conflict, as well as the potential protective factors against those consequences.

1.1 | COR theory

COR theory addresses the negative consequences of mass trauma in general and of armed conflict in particular (Hobfoll et al., 2008; Hobfoll et al., 2011). According to COR theory, stressful situations are those that involve threats to or actual loss of resources including objects (e.g., house or other property), conditions (e.g., employment), personal (e.g., skills and experience), and energy (e.g., knowledge and social support). People must invest resources in order to recover from resource loss. In addition, those with greater resources to begin with are less vulnerable to resource loss (Chen, Westman, & Hobfoll, 2015; Hobfoll, 1989). Loss of resources in the case of practitioners' exposure to mass trauma may include limited knowledge of how to identify clients with post-traumatic symptoms and how to develop secondary prevention interventions: a type of knowledge and skill set that is less needed in their day-to-day routine work. Clinicians' perceived need for help in such matters may indicate resource loss. Resource loss in turn, according to COR, leads to psychological distress and malfunctioning. Although psychological distress can be quantified, the exact type of resources lost and types of resources clinicians would like to gain in order to function better in times of mass trauma can better be addressed in a qualitative study design. In this study, we used both types of research design.

1.2 | Needing help with professional matters as a risk factor

Social workers are trained to work with vulnerable populations, such as foster children (Steen & Buckey, 2014). Yet they are rarely taught how to work with clients in shared traumatic realities such as armed conflicts (Nuttman-Shwartz & Dekel, 2009) and often feel incompetent (Batten & Orsillo, 2002) and even helpless because of their limited ability to cope and assist in such situations (Dekel & Baum, 2010; Eidelson, D'Alessio, & Eidelson, 2003). Despite evidence that training would help them with these issues (Kerns et al., 2016), they do not routinely receive such training. Social workers rarely have the knowledge in their arsenal on how to diagnose anxiety among clients and how to provide psychological and practical support in the context of armed conflict (Dekel & Baum, 2010; Nuttman-Shwartz, 2016). The perceived need for help with professional matters in this context may reflect the social workers' limited resources upon professional matters and as such be associated with their psychological distress. We therefore expect that perceived need of personal help or help upon professional matters will be associated with practitioners' psychological distress. In addition, we asked open questions about their specific needs of help.

Social support is considered a major resource in COR theory (Schumm, Briggs-Phillips, & Hobfoll, 2006) and is considered a protective factor against stress and PTSD in the context of trauma (Brewin, Andrews, & Valentine, 2000; Ozer, Best, Lipsey, & Weiss, 2008). Social support for social workers may be received via supervisors and peers in the workplace or via significant others outside the workplace (Ron & Shamai, 2011). Peer support as well as professional training, supervision, and consultations with superiors are experienced by practitioners as valuable resources in the context of armed conflict (Cohen, Roer-Strier, Menachem, Fingher-Amitai, & Israeli, 2015).

Despite the consensus regarding the value of social support in the context of mass trauma (Bonanno & Diminich, 2013), research studies show mixed results. For example, a large-scale study conducted among Italian first responders (ambulance operators) found that perceived organizational support and perceived job support from colleagues and superiors were negatively associated with workers' psychological distress (Setti, Lourel, & Argentero, 2016). In another context however, a study conducted among 406 social workers in Israel found that social support in general, and support for professional activities associated with victims of terrorism in particular, was not associated with social workers' psychological distress (Ron & Shamai, 2011). It might be that the associations between organizational support and practitioners' psychological distress differ in accordance with context and type of helpers (e.g., social workers vs. rescue teams).

1.3 | Work experience as a protective factor

Work experience helps practitioners gain a sense of efficacy in their professional skills and enables them to cope with psychological distress (Ben-Porat, 2015). Therefore, work experience is considered a protective factor against psychological distress and vicarious trauma (Ben-Ezra & Bibi, 2016; Michalopoulos & Aparicio, 2012). In situations of shared reality with clients, young professionals are at greatest risk for shared trauma than more experienced ones (Cunningham, 2003). Some qualitative studies have suggested that practitioners perceived work experience as a resource that helped them function in war zones (Cohen et al., 2015). Other studies, however, conducted among Israeli mental health professionals working in communities exposed to rocket attacks from the Gaza Strip, found that work experience was associated with higher levels of PTSD and vicarious traumatization (Finklestein, Stein, Greene, Bronstein, & Solomon, 2015). In this study, we explored whether, in the context of exposure to armed conflict, social workers' work experience was associated with more or less psychological distress and how social workers with different levels of experience articulate their personal and professional needs.

1.4 | Summary

This study examined post-traumatic symptoms and functional impairment among Israeli foster care social workers with different levels of experience, 6 months after an armed conflict. Although COR theory argues that getting support from colleagues, family, and friends indicate resource gain (Betancourt et al., 2015) and is therefore associated with less psychological distress, perceived need for help may indicate resource loss (as less help was provided) and may therefore be associated with more psychological distress. We therefore tested the associations between perceived support, need for help, and social workers' psychological distress and functional impairment using a quantitative research design. We further examined what type of help do social workers need in the context of mass trauma and whether there are any gaps between type of help needed and received using a qualitative research design. This was done in order to get a comprehensive picture on their coping and resources.

Research hypotheses that were tested in the quantitative research design are as follows:

Social workers' post-traumatic symptoms and functional impairment following exposure to an armed conflict is associated

1. positively with level of exposure,
2. negatively with social support,
3. with work experience (the direction is unclear), and
4. positively with need for personal or professional help.

Research questions that were tested in the qualitative research design are as follows:

1. During times of armed conflict, in what domains would social workers like to receive help?
2. Are there gaps between type of help expected and the one received?

2 | METHODS

2.1 | Study population and sample

According to official sources, there were 122 social workers working in the foster care system in Israel (Sorek, Szabo-Lael, & Ben Simon, 2014) in the year the study was conducted, of them about 100 worked in three agencies that were geographically close enough to be impacted by this armed conflict (exact numbers at the time of the study are unavailable). We approached these practitioners through their respective agencies and received responses from 82 (all female) social workers (estimated response rate 82%). The median work experience was 2 years, and only 13.9% of them had worked in the system for more than 6 years. To protect their anonymity, we did not request participants' demographic information.

2.2 | Procedure

The study was approved by Israel's Ministry of Social Affairs and Social Services, which is the regulator of foster care agencies, and the ethics committee of the university of the first author. All participants gave written consent by checking a box indicating their agreement to fill in the web-based questionnaire. We distributed a web-based survey

link to the agencies and asked them to distribute it among their social workers. We sent several reminders to increase the response rate. Respondents were kept anonymous. We have no information on potential differences between respondents and nonrespondents.

2.3 | Measures

Exposure to war events was assessed via nine questions addressing various aspects of exposure to the armed conflict (e.g., hearing sirens, being close to a place where rockets had fallen, and knowing someone who was injured or killed from falling rockets). Answers were provided on a Likert-type scale ranging from 0 (*never happened*) to 2 (*happened more than once*). These questions were in line with previous work done by some of the authors of this paper in a similar context (Schiff et al., 2012; Schiff & Pat-Horenczyk, 2014).

The Posttraumatic Diagnostic Scale (Foa, Cashman, Jaycox, & Perry, 1997) was used to assess post-traumatic stress symptoms and functional impairment. Seventeen items rated on a 4-point scale (0 = *not at all or only one time in the past month*, 3 = *five or more times a week in the past month/almost always*) determine PTSD symptoms, and nine yes or no items assess functional impairment in different life areas. The internal consistency of the PTSD symptoms scale in this study was high (Cronbach's $\alpha = .93$). We calculated the total symptom severity by summing scores on the 17 items and also counted the number of life areas indicated by the social workers as being impaired.

For *social support*, an adaptation of the Medical Outcomes Study Social Support Survey (Sherbourne & Stewart, 1991) was used. Participants were asked on a 5-point scale (1 = *not at all*; 5 = *to a great extent*) whether they received support from family and friends (four items; Cronbach's $\alpha = .72$) and from the foster care system (two items; Cronbach's $\alpha = .71$). Items are presented in Table 1.

Needing help was assessed via two questions about needing personal support (Cronbach's $\alpha = .77$; see Table 2) and six questions about needing support upon professional matters (Cronbach's $\alpha = .94$; see Table 2). These questions were specifically designed for this study.

Work experience was assessed via one question, "What is your work experience as a social worker in foster care services?", and possible answers were up to 2 years, 3–6 years, 7–10 years, and more than 10 years.

TABLE 1 Perceived support from different sources

Sources of support	Not at all %	Slightly %	Moderately %	To a great extent %	To a very great extent %	(n)
Family and friends						
Intimate partner	6.8	9.5	10.8	39.2	33.8	(74)
Other family members	5.1	10.3	24.4	34.6	25.6	(78)
Friends	2.6	10.3	24.4	41.0	21.8	(78)
Web network (e.g., Facebook and WhatsApp)	44.7	18.4	14.5	17.1	5.3	(76)
The foster care agency						
Superiors	3.9	9.1	36.4	44.2	6.5	(77)
Peers—Other social workers at the service	7.9	11.8	28.9	39.5	11.8	(76)

Note. Scale ranges from 1 (*not at all*) to 5 (*to a very great extent*).

TABLE 2 Needing personal and professional help

	<i>I'm sure I don't need help</i>	<i>I think I don't need help</i>	<i>I think I do need help</i>	<i>I'm sure I do need help</i>	(n)
Need personal help					
How to cope personally	42.0	36.2	18.8	2.9	(69)
How to help my family	46.4	31.9	20.3	1.4	(69)
Help with professional matters					
Knowledge on how to cope with trauma	10.0	11.4	52.9	25.7	(70)
Learn how to diagnose signs of distress among clients	11.4	22.9	41.4	24.3	(70)
Learn how to implement individual interventions among foster care parents in times of trauma or emergencies	11.4	7.1	44.3	37.1	(70)
Learn how to implement group interventions among foster care parents in times of trauma or emergencies	8.7	20.3	40.6	30.4	(69)
Learn how to implement individual interventions among foster children in times of trauma or emergencies	10.0	12.9	42.9	34.3	(70)
Learn how to implement group interventions among foster children in times of trauma or emergencies	7.2	18.8	46.4	27.5	(69)

Note. Scale ranges from 1 (*I'm sure I don't need help*) to 4 (*I'm sure I do need help*).

We asked three open questions: (a) During the armed conflict, did you feel there were professional things that you needed but didn't have? (b) During the armed conflict, did you think that foster care agencies should have helped the social workers more? If so, what are the additional supports that the agencies should offered? (c) What lessons can be learned for future events of armed conflict?

2.4 | Analytic plan

We used descriptive statistics (frequencies, means, and standard deviations) to describe perceived need for help, post-traumatic stress symptoms, and functional impairment. We then conducted bi-variate analyses to test our research hypotheses. We did not conduct regression analyses because of the small sample size. The qualitative data were examined using thematic analysis (Braun & Clarke, 2006). The following steps were taken: The second and third authors read each of the answers to the questions and indicated the answers that were related to the worker's needs. These answers were then sorted by thematic analysis according to the shared content, that is, help requested. The last step generated clear definitions and names for each theme. The thematic definitions were reviewed by the first and the fourth authors, thereby increasing the findings' credibility.

3 | RESULTS

3.1 | Exposure to acts of armed conflict

The rate of exposure to the events of the armed conflict was high: 81% of the social workers were in a place where sirens were heard more than once; 57.8% were near a place where rockets fell, at least once; 62.4% heard the shrieking—or felt the impact of falling rockets more than once—11.8% reported that the house or car of someone they knew was damaged by a rocket; almost 5% (4.9%) saw people getting hurt (in real time, not on television); and 3.6% had a close family member or relative who was injured or killed in the events.

3.2 | Post-traumatic stress symptoms and functional impairment

Ten percent (10.5%; $n = 9$) of the social workers reported symptoms that met criteria for PTSD, and an additional 26.7% reported symptoms of partial PTSD. Impairments were reported in the following areas: 26.8% in the area of work, only 11% with regard to their treatment of the foster family; 31.7% in leisure activities; 25.6% in their general life satisfaction; 19.5% in household chores; and 18.3% in their family relations.

3.3 | Perceived support

Social workers reported high levels of support both from family and friends and from the foster care agencies. Of the social workers, 50.7% and 51.3% reported receiving support to “a great” or “very great” extent from their superiors and peers, respectively. Results are presented in Table 1.

3.4 | Needing help

About one fifth of the social workers reported that they thought, or were sure, they needed help for personal or family matters in relation to the armed conflict. The rate of the perceived need for help with professional matters was much higher. For example, 81.4% of the practitioners thought or were sure they need help in learning how to implement individual interventions among foster care parents in times of trauma or emergencies. Results are presented in Table 2.

3.5 | Associations between study variables

Table 3 presents the means, standard deviations, and the associations between study variables. Supporting Hypothesis 1, it shows that exposure to the armed conflict was moderately associated with post-traumatic stress symptoms and functional impairment. We did not find support for Hypothesis 2, because perceived support from family and friends as well as from the foster care agencies were unrelated to post-traumatic symptoms and functional impairment. We also did not

TABLE 3 Means (SD) and Pearson correlations matrix of post-traumatic symptoms, functional impairment, perceived support, and needing help

Learn	Mean (SD)	1	2	3	4	5	6	7
1. Level of exposure to operation protective edge	2.40 (1.13)							
2. Post-traumatic stress symptoms	4.37 (6.36)	.26*						
3. Functional impairment	1.88 (3.00)	.30**	.76***					
4. Perceived support from family and friends	3.35 (0.86)	.11	-.05	-.12				
5. Perceived support from foster care agency	3.38 (0.87)	.19	.11	.05	.47***			
6. Needing personal or family support	0.43 (0.72)	.13	.52***	.40**	.15	.19		
7. Needing help with professional matters	4.46 (2.06)	.14	-.05	-.15	.23	.06	.09	
8. Work experience	1.64 (0.78)	-.18	-.08	-.10	.02	.01	-.08	.01

*** $p < .001$. ** $p < .01$. * $p < .05$.

find support for Hypothesis 3 as work experience in foster care agencies was unrelated to any of the study variables. In partial support of Hypothesis 4, post-traumatic stress symptoms and functional impairment were highly correlated with the perceived need for personal help but unrelated to needing help upon professional matters.

3.6 | Social workers' reports on domains of help needed

Responses to the open-ended questions were varied. Many social workers felt that they did not need help; that they handled the situation as well as could be expected; and that they received whatever support they needed. Some of the workers, however, needed help that they did not receive. In this part, we will look at both the social workers' needs and difficulties, along with their acknowledgement of the support they received. These issues will be considered on the organizational, professional, and personal levels.

3.7 | The organizational level

3.7.1 | The need for a protocol

The workers spoke of the need for protocols: that is, what was expected of them in the new reality? Were they supposed to continue their work as usual—that is, make home visits—and if so, under what conditions? The workers reported that the instructions were not clear. In some organizations, “workers were pressured to make home visits,” whereas others reported that if they requested it, then home visits were dropped, “as if it were some kind of personal favor and not a clear directive.”

There should be a clear directive not to work. I felt pressured to make home visits and that didn't work for me—both due to the fear of going to these places as well as the difficult emotional state and anxiety I experienced.

The workers needed the administrative staff to go on operating to continue being the “responsible adults” and to try and maintain the routine while adapting it and responding to emerging or changing needs. Alongside a clear protocol, they wished to have their hardships acknowledged; support and acceptance from the administration; and flexibility whenever possible, in recognition of their individual needs:

Our daily work is usually done independently, but at the time I needed more group support. To keep not only the families safe, but also the social workers, and to have a clear directive that you don't wander out on the roads except in emergency cases.

There were some workers who mentioned that the foster care agencies were indeed responsive and helpful:

Moreover, the foster-care agency showed great empathy and consideration for the families and children. This was evident in the phone calls with the branch-director and the numerous e-mails we got from the main administrative branch.

3.8 | The professional level

A great deal of anxiety surrounded the subject of home visits:

It would have been wonderful to meet the families, but coming to an area where rockets are falling—especially the trip itself (as most of us do not live in the same town where the families under our care live)—might have added to our personal anxiety.

The workers continually tried coming up with solutions that would enable them to provide ongoing social services to the families. Some succeeded:

Phone communication was key and made it possible for the families to express hardship or distress. They knew I was always available and contacted me when needed.

Others noted the challenges presented by having to work remotely:

Sometimes the phone calls felt very productive, but when they were done too often they did not help because the families had nothing more to share; they felt they had already shared this in the past, and I couldn't give them any more tools.

The security threat, and the fact that it did not discriminate between clients and workers, raised concerns regarding the undermining of the therapeutic hierarchy:

I didn't want to instill fear in the families. I am seen as an authority figure and I didn't want to undermine this image. We had constant communication over the phone, and during most of the calls and the visits the conversation was focused on the war, on how to handle it and on how to provide psychological containment for the kids. It wasn't easy because I wanted support and containment too.

In some cases, workers spoke of a role reversal; the families cared for the workers and kept them safe, a situation that resulted in a feeling of closeness between the social worker and the family:

Theoretically we were instructed not to go on home visits in problematic areas. One day I decided to go for two visits with two families from the same town who I felt were in great distress ... On that day, a rocket attack was launched on that town, and I found myself getting out of my car and hiding in the stairwell of one of the buildings between the visits ... It was scary ... During the warning sirens, both families—the one I visited before and the one I was headed to—called me, worried about my well-being. It strengthened our bond.

3.9 | The personal level

The national state of emergency also created the need to take into consideration the social workers' personal lives and concerns. The workers talked about the conflict they felt between "I want to be with them (the families), but on the other hand I want to be with my family." The primary conflict in this case, again, and the need for assistance, rose around the issue of home visits. Driving on open Israeli roads was dangerous and frightening, and the social workers had legitimate concerns for their own lives. Some of the workers felt immensely distressed by the issue, whereas others tried to proceed with business as usual and continued making home visits. However, after feeling that her life—as well as the life of her family, back at home—had been jeopardized, one of the workers made a change:

In August I went on a home visit, exactly when the cease-fire abruptly came to an end. I was actually driving down the road as sirens sounded and rockets fell around me. When I arrived at the first family's home, we went down together to the residential safe space. At the same time I was told that over ten sirens had sounded in my own town during the course of just two hours (which is considered very rare where I live) and my children were at home with my sister. After the second home visit, I went home, and I didn't go on any more visits until the official termination of the operation.

The social workers who did continue with home visits would not necessarily do so again in the future:

Unfortunately, I wasn't compensated properly for working under fire; in fact, I still haven't been paid by the organization I work for. I feel frustrated and extremely

hurt, and today it is crystal clear to me that in the next round of fighting I will stay at home with my children and won't go out to work.

There were workers who felt that their personal needs were indeed met:

I think our foster-service agency provided us with solutions and support by understanding that our families, and we ourselves, were experiencing difficulties as well. Allowing us not to go on home visits except for in cases of emergency nicely demonstrated this level of understanding.

Along with the recognition of their personal needs, the workers expressed the need for professional support and acknowledgement. They felt they deserved as much, given that they were expected to overcome their own personal anxiety in order to serve as a source of support for the families. There were workers who reported that the administration of the organization did indeed see, hear, and acknowledge their needs: "There was one very focused discussion initiated by the organization after workers expressed their distress. The conversation was helpful, and further conversations could have been useful."

Although all of the social workers were exposed, some were at greater risk and experienced more distress than others: that is, new workers, workers with children, workers called in as part of their military reserve duties, or those whose partners were on reserve duty. For these individuals, the reality amplified the challenges they already had. There were differences of opinion regarding whether personal difficulties were acknowledged. One social worker said:

There was a complete understanding of the difficulty I had because of my husband being called to serve. I felt like we were indeed protected.

Another worker, however, who was able to work because her children were not in danger, had a different take:

During the war I experienced almost no support from the management for the difficulty I had in going out to work or driving along the roads, or any regard for my ability to make the necessary arrangements to continue working.

To summarize, the social workers expressed the need for supervision and professional guidance as well as the need for acknowledging their individual difficulties, which together would allow them to continue with their professional work. Personal exposure to danger and the feeling that they did not get enough professional guidance and emotional support were inevitably tied to their ability to perform their jobs.

4 | DISCUSSION

This study examined post-traumatic stress symptoms and functional impairment among Israeli foster care social workers and the type of help they needed and received following armed conflict. Similar to previous studies both among children (Slone, Lavi, Ozer, & Pollak, 2017) and adults (Glad, Jensen, Hafstad, & Dyb, 2016), and in support

of Hypothesis 1, we found that exposure to the armed conflict was moderately associated with post-traumatic stress symptoms and functional impairment. Nonetheless, only 11% felt functional impairment with regard to their treatment of the foster family. The qualitative analysis also suggests that many social workers found that they did their job properly and that the needs of most of the foster families in their caseload were met (see also Baum, 2012). Thus, despite their high exposure, several months after the armed conflict was over, most of the social workers showed resiliency, that is, positive adaptation following adversity (Bonanno, 2008; Fletcher & Sarkar, 2013).

The social workers reported high level of support from family, friends, and the foster care service agencies. Yet, contrary to Hypothesis 2, none of the support sources were related to post-traumatic symptoms and functional impairment. A potential explanation, based on COR theory (Hobfoll, 2001) and the deterioration deterrence model (Norris & Kaniasty, 1996), is that because mass trauma affects an entire community, support may become a scarce resource, and even when it is provided, it may not meet the needs of those who were exposed to the traumatic event (Palmieri, Canetti-Nisim, Galea, Johnson, & Hobfoll, 2008). Alternatively, COR theory suggests that possession of strong resource reservoirs, such as social support, are related to better outcomes following armed conflict (Hobfoll, Canetti-Nisim, & Johnson, 2006; Johnson et al., 2009). Thus having a great extent of support may be associated with positive outcomes such as well-being and post-traumatic growth rather than lack of psychological distress.

Similar to previous studies conducted by the authors (Schiff et al., 2010; Schiff, Levit, Schori, & Lawental, 2011; Schiff & Pat-Horenczyk, 2014), expressing the need for personal help was found to be a good indicator of post-traumatic distress. Thus, in the context of mass trauma, a simple question such as, "Do you need help due to the current armed conflict," may serve as a good, initial screening tool; it may assist workers in locating the more vulnerable individuals who need immediate help. Indeed, the qualitative data suggest that the social workers needed acknowledgement of their individual difficulties and fears especially during home visits in conflict zones that put them in danger. Personal exposure to danger and the feeling that they did not get enough professional guidance and acknowledgement made them feel distress.

Although the need for personal help was associated with psychological distress, the need for help upon professional matters was not. One potential explanation is that social workers' need to acquire more knowledge and skills in order to better treat their clients in the context of mass trauma reflects their assessment of their professional skills and resources, rather than their personal distress. However, the qualitative analysis suggests that the need for knowledge and skills reflects shared trauma. For example, themes such as anxiety over visiting foster families who are in the war zone may reflect the intrusive anxiety dimension of the shared traumatic reality (Baum, 2014). Thus, our findings may suggest that whereas needing personal help is associated with social workers' psychological distress, needing help with professional matters reflects shared trauma.

The qualitative analyses show that the social workers' needs upon professional matters exist on three levels: organizational, professional

(i.e., their work with the foster families), and personal. Previous studies corroborate these findings (Murray, Tarren-Sweeney, & France, 2011). For example, on the organizational level, previous studies emphasize the importance of organizational and even nationwide preparedness for future terrorist acts and other acts of armed conflicts (Markenson, DiMaggio, & Redlener, 2005). Our findings show, in addition, that these three levels are intertwined. Organizational decisions and regulations about home visits and overtime compensation (the organizational level) may have an impact on workers' fears and anxiety (the personal level).

In contrast with previous studies (Ben-Ezra & Bibi, 2016; Ben-Porat, 2015), work experience in foster care services was unrelated to the social workers' psychological distress (refuting Hypothesis 4). One explanation for this finding is the limited amount of work experience that the social workers in foster care had to begin with. Their median work experience was 2 years, and fewer than 15% of them had worked in the system for more than 6 years. Thus, the lack of association may reflect the small variability in the social workers' work experience.

In the qualitative part, social workers expressed a strong need to receive specific guidelines from their directors and more training in how to treat clients in the context of mass trauma. Training programmes on community interventions to promote resilience do exist in Israel and the western world (Campbell et al., 2013; Gofin, 2005; Masten & Narayan, 2012; Pat-Horenczyk, Shi, Schramm-Yavin, Bar-Halpern, & Tan, 2015; Slone, Shoshani, & Lobel, 2013). Yet, given social workers' limited work experience, which might be due to the high level of turnover in the field, it is a challenge to provide training on how to conduct effective interventions in the context of mass trauma. By the time the next armed conflict occurs, current workers may have left and been replaced by new untrained ones.

4.1 | Study limitations

This study has several limitations. First, it used a cross-sectional design; thus, no causality on protective factors for the social workers' psychological distress can be inferred. Second, because of the small sample size, we could not conduct multivariate analyses. In addition, the contribution of background variables such as religiosity and socio-economic status to the workers' distress were not part of the study.

4.1.1 | Research and practice implications

Future research studies should use a longitudinal design in times of relative peace and in the context of armed conflicts. Such a design would allow us a better understanding of the contribution of social support as well as work experience to the workers' psychological distress.

In terms of practical implications, foster care agencies should make greater efforts to provide support, supervision and a "safe haven" for their workers in the context of armed conflicts. In addition, they should aim to better understand the causes of worker turnover and provide incentives that will encourage workers to remain in the employ of these agencies. Finally, foster care agencies should build preparedness programmes and train their staff in how to utilize them when the time comes.

FUNDING INFORMATION

This study was funded by JDC-Israel-Ashalim and Mass Trauma Research: Israel Center of Research Excellence.

ORCID

Miriam Schiff  <http://orcid.org/0000-0002-0534-7383>

REFERENCES

- Batten, S. V., & Orsillo, S. M. (2002). Therapist reactions in the context of collective trauma. *the Behavior Therapist*, 25(2), 36–40.
- Baum, N. (2012). 'Emergency routine': The experience of professionals in a shared traumatic reality of war. *British Journal of Social Work*, 42(3), 424–442. <https://doi.org/10.1093/bjsw/bcr032>
- Baum, N. (2014). Professionals' double exposure in the shared traumatic reality of wartime: Contributions to professional growth and stress. *British Journal of Social Work*, 44(8), 2113–2134. <https://doi.org/10.1093/bjsw/bct085>
- Ben-Ezra, M., & Bibi, H. (2016). The association between psychological distress and decision regret during armed conflict among hospital personnel. *Psychiatric Quarterly*, 87(3), 515–519. <https://doi.org/10.1007/s11126-015-9406-y>
- Ben-Ezra, M., Palgi, Y., Wolf, J. J., & Shrira, A. (2011). Psychiatric symptoms and psychosocial functioning among hospital personnel during the Gaza War: A repeated cross-sectional study. *Psychiatry Research*, 189(3), 392–395. <https://doi.org/10.1016/j.psychres.2011.02.004>
- Ben-Porat, A. (2015). Vicarious post-traumatic growth: Domestic violence therapists versus social service department therapists in Israel. *Journal of Family Violence*, 30(7), 923–933. <https://doi.org/10.1007/s10896-015-9714-x>
- Betancourt, T. S., Abdi, S., Ito, B. S., Lilienthal, G. M., Agalab, N., & Ellis, H. (2015). We left one war and came to another: Resource loss, acculturative stress, and caregiver–child relationships in Somali refugee families. *Cultural Diversity and Ethnic Minority Psychology*, 21(1), 114–125. <https://doi.org/10.1037/a0037538>
- Bonanno, G. A. (2008). Loss, trauma, and human resilience: Have we underestimated the human capacity to thrive after extremely aversive events? *Psychological Trauma: Theory, Research, Practice, and Policy*, 5(1), 101–113. <https://doi.org/10.1037/1942-9681.S.1.101>
- Bonanno, G. A., & Diminich, E. D. (2013). Annual research review: Positive adjustment to adversity—Trajectories of minimal-impact resilience and emergent resilience. *Journal of Child Psychology and Psychiatry*, 54(4), 378–401. <https://doi.org/10.1111/jcpp.12021>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Brewin, C. R., Andrews, B., & Valentine, J. D. (2000). Meta-analysis of risk factors for posttraumatic stress disorder in trauma-exposed adults. *Journal of Consulting and Clinical Psychology*, 68(5), 748–766. <https://doi.org/10.1037/0022-006x.68.5.748>
- Brooks, S. K., Dunn, R., Amlôt, R., Greenberg, N., & Rubin, G. J. (2016). Social and occupational factors associated with psychological distress and disorder among disaster responders: A systematic review. *BMC Psychology*, 4.
- Campbell, J., Duffy, J., Traynor, C., Coulter, S., Reilly, I., & Pinkerton, J. (2013). Social work education and political conflict: Preparing students to address the needs of victims and survivors of the troubles in Northern Ireland. *European Journal of Social Work*, 16(4), 506–520. <https://doi.org/10.1080/13691457.2012.732929>
- Chen, S. S., Westman, M., & Hobfoll, S. E. (2015). The commerce and cross-over of resources: Resource conservation in the service of resilience. *Stress and Health*, 31(2), 95–105. <https://doi.org/10.1002/smi.2574>
- Cohen, E., Roer-Strier, D., Menachem, M., Fingher-Amitai, S., & Israeli, N. (2015). "Common-fate": Therapists' benefits and perils in conducting child therapy following the shared traumatic reality of war. *Clinical Social Work Journal*, 43(1), 77–88. <https://doi.org/10.1007/s10615-014-0499-9>
- Cunningham, M. (2003). Impact of trauma work on social work clinicians: Empirical findings. *Social Work*, 48(4), 451–459.
- Dekel, R., & Baum, N. (2010). Intervention in a shared traumatic reality: A new challenge for social workers. *British Journal of Social Work*, 40(6), 1927–1944. <https://doi.org/10.1093/bjsw/bcp137>
- Dekel, R., Hantman, S., Ginzburg, K., & Solomon, Z. (2007). The cost of caring? Social workers in hospitals confront ongoing terrorism. *British Journal of Social Work*, 37(7), 1247–1261. <https://doi.org/10.1093/bjsw/bc1081>
- Eidelson, R. J., D'Alessio, G. R., & Eidelson, J. I. (2003). The impact of September 11 on psychologists. *Professional Psychology: Research and Practice*, 34(2), 144–150. <https://doi.org/10.1037/0735-7028.34.2.144>
- Finklestein, M., Stein, E., Greene, T., Bronstein, I., & Solomon, Z. (2015). Posttraumatic stress disorder and vicarious trauma in mental health professionals. *Health & Social Work*, 40(2), E25–E31. <https://doi.org/10.1093/hswh/hlv026>
- Fletcher, D., & Sarkar, M. (2013). Psychological resilience: A review and critique of definitions, concepts, and theory. *European Psychologist*, 18(1), 12–23. <https://doi.org/10.1027/1016-9040/a000124>
- Foa, E. B., Cashman, L., Jaycox, L., & Perry, K. (1997). The validation of a self-report measure of posttraumatic stress disorder: The Posttraumatic Diagnostic Scale. *Psychological Assessment*, 9(4), 445–451. <https://doi.org/10.1037/1040-3590.9.4.445>
- Glad, K. A., Jensen, T. K., Hafstad, G. S., & Dyb, G. (2016). Posttraumatic stress disorder and exposure to trauma reminders after a terrorist attack. *Journal of Trauma & Dissociation*, 17(4), 435–447. <https://doi.org/10.1080/15299732.2015.1126777>
- Gofin, R. (2005). Preparedness and response to terrorism—A framework for public health action. *European Journal of Public Health*, 15(1), 100–104. <https://doi.org/10.1093/eurpub/cki127>
- Hobfoll, S. E. (1989). Conservation of Resources—A new attempt at conceptualizing stress. *American Psychologist*, 44(3), 513–524. <https://doi.org/10.1037/0003-066x.44.3.513>
- Hobfoll, S. E. (2001). The influence of culture, community, and the nested-self in the stress process: Advancing Conservation of Resources theory. *Applied Psychology-an International Review-Psychologie Appliquee-Revue Internationale*, 50(3), 337–370. <https://doi.org/10.1111/1464-0597.00062>
- Hobfoll, S. E., Canetti, D., Hall, B. J., Brom, D., Palmieri, P. A., Johnson, R. J., ... Galea, S. (2011). Are community studies of psychological trauma's impact accurate? A study among Jews and Palestinians. *Psychological Assessment*, 23(3), 599–605. <https://doi.org/10.1037/a0022817>
- Hobfoll, S. E., Canetti-Nisim, D., & Johnson, R. J. (2006). Exposure to terrorism, stress-related mental health symptoms, and defensive coping among Jews and Arabs in Israel. *Journal of Consulting and Clinical Psychology*, 74(2), 207–218. <https://doi.org/10.1037/0022-006x.74.2.207>
- Hobfoll, S. E., Canetti-Nisim, D., Johnson, R. J., Palmieri, P. A., Varley, J. D., & Galea, S. (2008). The association of exposure, risk, and resiliency factors with PTSD among Jews and Arabs exposed to repeated acts of terrorism in Israel. *Journal of Traumatic Stress*, 21(1), 9–21. <https://doi.org/10.1002/jts.20307>
- Johnson, R. J., Canetti, D., Palmieri, P. A., Galea, S., Varley, J., & Hobfoll, S. E. (2009). A prospective study of risk and resilience factors associated with posttraumatic stress symptoms and depression symptoms among Jews and Arabs exposed to repeated acts of terrorism in Israel. *Psychological Trauma-Theory Research Practice and Policy*, 1(4), 291–311. <https://doi.org/10.1037/a0017586>
- Kerns, S. E. U., Pullmann, M. D., Negrete, A., Uomoto, J. A., Berliner, L., Shogren, D., ... Putnam, B. (2016). Development and implementation of a child welfare workforce strategy to build a trauma-informed

- system of support for foster care. *Child Maltreatment*, 21(2), 135–146. <https://doi.org/10.1177/1077559516633307>
- Koren, D., Caspi, Y., Leiba, R., Bloch, D., Vexler, B., & Klein, E. (2009). Acute stress reactions among medical and non-medical personnel in a general hospital under missiles attacks. *Depression and Anxiety*, 26(2), 123–128. <https://doi.org/10.1002/da.20509>
- Lev-Wiesel, R., Goldblatt, H., Eisikovits, Z., & Admi, H. (2009). Growth in the shadow of war: The case of social workers and nurses working in a shared war reality. *British Journal of Social Work*, 39(6), 1154–1174. <https://doi.org/10.1093/bjsw/bcn021>
- Markenson, D., DiMaggio, C., & Redlener, I. (2005). Preparing health professions students for terrorism, disaster, and public health emergencies: Core competencies. *Academic Medicine*, 80(6), 517–526. <https://doi.org/10.1097/00001888-200506000-00002>
- Masten, A. S., & Narayan, A. J. (2012). Child development in the context of disaster, war, and terrorism: Pathways of risk and resilience. In S. T. Fiske, D. L. Schacter, & S. E. Taylor (Eds.), *Annual Review of Psychology*, 63, 227–257.
- Michalopoulos, L. M., & Aparicio, E. (2012). Vicarious trauma in social workers: The role of trauma history, social support, and years of experience. *Journal of Aggression, Maltreatment & Trauma*, 21(6), 646–664. <https://doi.org/10.1080/10926771.2012.689422>
- Murray, L., Tarren-Sweeney, M., & France, K. (2011). Foster carer perceptions of support and training in the context of high burden of care. *Child & Family Social Work*, 16(2), 149–158. <https://doi.org/10.1111/j.1365-2206.2010.00722.x>
- Norris, F. H., & Kaniasty, K. (1996). Received and perceived social support in times of stress: A test of the social support deterioration deterrence model. *Journal of Personality and Social Psychology*, 71(3), 498–511. <https://doi.org/10.1037/0022-3514.71.3.498>
- Nuttman-Shwartz, O. (2016). Research in a shared traumatic reality: Researchers in a disaster context. *Journal of Loss & Trauma*, 21(3), 179–191. <https://doi.org/10.1080/15325024.2015.1084856>
- Nuttman-Shwartz, O., & Dekel, R. (2009). Challenges for students working in a shared traumatic reality. *British Journal of Social Work*, 39(3), 522–538. <https://doi.org/10.1093/bjsw/bcm121>
- Ozer, E. J., Best, S. R., Lipsey, T. L., & Weiss, D. S. (2008). Predictors of post-traumatic stress disorder and symptoms in adults: A meta-analysis. *Psychological Trauma: Theory, Research, Practice, and Policy*, 1(1), 3–36. <https://doi.org/10.1037/1942-9681.1.1.3>
- Palmieri, P. A., Canetti-Nisim, D., Galea, S., Johnson, R. J., & Hobfoll, S. E. (2008). The psychological impact of the Israel-Hezbollah war on Jews and Arabs in Israel: The impact of risk and resilience factors. *Social Science & Medicine*, 67(8), 1208–1216. <https://doi.org/10.1016/j.socscimed.2008.06.030>
- Pat-Horenczyk, R., Shi, C. S. W., Schramm-Yavin, S., Bar-Halpern, M., & Tan, L. J. (2015). Building Emotion and Affect Regulation (BEAR): Preliminary evidence from an open trial in children's residential group homes in Singapore. *Child & Youth Care Forum*, 44(2), 175–190. <https://doi.org/10.1007/s10566-014-9276-8>
- Ron, P., & Shamai, M. (2011). Assessing the impact of ongoing national terror: Social workers in Israel. *Social Work Research*, 35(1), 36–45. <https://doi.org/10.1093/swr/35.1.36>
- Schiff, M., Levit, S., Schori, M., & Lawental, E. (2011). Anxiety symptoms and need for help among Israeli methadone patients in a war zone. *Journal of Loss & Trauma*, 16(2), 135–149. <https://doi.org/10.1080/15325024.2010.519295>
- Schiff, M., & Pat-Horenczyk, R. (2014). Perceived need for psychosocial services in the context of political violence: Psychological distress among Israeli mothers with young children. *Clinical Social Work Journal*, 42(4), 346–356. <https://doi.org/10.1007/s10615-013-0471-0>
- Schiff, M., Pat-Horenczyk, R., Benbenishty, R., Brom, D., Baum, N., & Astor, R. A. (2010). Do adolescents know when they need help in the aftermath of war? *Journal of Traumatic Stress*, 23(5), 657–660. <https://doi.org/10.1002/jts.20558>
- Schiff, M., Pat-Horenczyk, R., Benbenishty, R., Brom, D., Baum, N., & Astor, R. A. (2012). High school students' posttraumatic symptoms, substance abuse and involvement in violence in the aftermath of war. *Social Science & Medicine*, 75(7), 1321–1328. <https://doi.org/10.1016/j.socscimed.2012.05.010>
- Schumm, J. A., Briggs-Phillips, M., & Hobfoll, S. E. (2006). Cumulative interpersonal traumas and social support as risk and resiliency factors in predicting PTSD and depression among inner-city women. *Journal of Traumatic Stress*, 19(6), 825–836. <https://doi.org/10.1002/jts.20159>
- Setti, I., Lourel, M., & Argentero, P. (2016). The role of affective commitment and perceived social support in protecting emergency workers against burnout and vicarious traumatization. *Traumatology*, 22(4), 261–270. <https://doi.org/10.1037/trm0000072>
- Sherbourne, C. D., & Stewart, A. L. (1991). The MOS Social Support Survey. *Social Science & Medicine*, 32(6), 705–714. [https://doi.org/10.1016/0277-9536\(91\)90150-B](https://doi.org/10.1016/0277-9536(91)90150-B)
- Slone, M., Lavi, I., Ozer, E. J., & Pollak, A. (2017). The Israeli-Palestinian conflict: Meta-analysis of exposure and outcome relations for children of the region. *Children and Youth Services Review*, 74, 50–61. <https://doi.org/10.1016/j.childyouth.2017.01.019>
- Slone, M., Shoshani, A., & Lobel, T. (2013). Helping youth immediately following war exposure: A randomized controlled trial of a school-based intervention program. *Journal of Primary Prevention*, 34(5), 293–307. <https://doi.org/10.1007/s10935-013-0314-3>
- Sorek, Y., Szabo-Lael, R., & Ben Simon, B. (2014). Foster care services in Israel: National study. Retrieved from Jerusalem:
- Steen, J. A., & Buckey, J. W. (2014). American social work student attitudes towards foster youth empowerment. *Child Abuse Review*, 23(6), 440–449. <https://doi.org/10.1002/car.2311>
- Tosone, C., Nuttman-Shwartz, O., & Stephens, T. (2012). Shared trauma: When the professional is personal. *Clinical Social Work Journal*, 40(2), 231–239. <https://doi.org/10.1007/s10615-012-0395-0>

How to cite this article: Schiff M, Dekel R, Gilbar O, Benbenishty R. Helping the helpers: Post-traumatic distress and need for help among Israeli social workers in foster care agencies following armed conflict. *Child & Family Social Work*. 2018;23:466–474. <https://doi.org/10.1111/cfs.12438>