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## MENTAL HEALTH IN CHILD WELFARE SOCIAL WORKERS

Sintia Mota Muniz

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# MENTAL HEALTH IN CHILD WELFARE SOCIAL WORKERS

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A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

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In Partial Fulfillment  
of the Requirements for the Degree  
Master of Social Work

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by  
Sintia Mota Muniz

May 2021

# MENTAL HEALTH IN CHILD WELFARE SOCIAL WORKERS

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Presented to the  
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San Bernardino

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by  
Sintia Mota Muniz

May 2021

Approved by:

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## ABSTRACT

This research project focuses on child welfare social workers' mental health and what mental health services they can benefit from having. For this study, the six participants were recruited from the Southern California area. They all currently work in the child welfare field. The data for this qualitative study was collected through interviews. All interviews were completed telephonically and then transcribed for data analysis. The study findings found the lack of management support in child welfare agencies and a lack of self-care practice have a negative effect on social workers' mental health and their service delivery. The findings revealed that social workers in child welfare practice have a need for mental health services such as individual therapy and mindfulness activities to help reduce symptoms such as anxiety, stress, and depression. The study findings have the potential to increase the availability of mental health services to child welfare social workers.

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## CHAPTER ONE

### ASSESSMENT

#### Introduction

Chapter one introduces the research focus to explore the mental health challenges child welfare social workers face and what services would help reduce burnout, compassion fatigue, stress, and other negative mental health symptoms to allow them to be successful in their job. This chapter covers how the use of the post positivist paradigm will be used to conduct this study. Furthermore, a literature review will discuss existing research on the mental health symptoms child welfare social workers experience. Lastly, this chapter reviews how this research study will contribute to current social work practice and social workers in the field.

#### Research Statement/Focus/Question

The research focus of this study is to examine the current mental health challenges and symptoms child welfare social workers have and identify what services would benefit them in addressing those challenges. In previous studies, social workers have been found to be at risk of experiencing negative mental health symptoms due to exposure to various forms of trauma encountered when performing their jobs. A few of the symptoms include secondary trauma, burnout, and a decrease in mental health functioning (Salloum, Choi, and Stover, 2019).



This study will explore to what extent child welfare social workers are experiencing various mental health symptoms due to their job, and how these symptoms are affecting them in their personal lives as well as their job performance.

### Paradigm and Rationale for Chosen Paradigm

The paradigm used for this research study was the post positivist paradigm. The post positivist paradigm states “reality cannot be methodically studied and manipulated but can only be found in naturalistic settings, i.e., settings where people are living out the focus of the study” (Morris, 2014). This paradigm assumes the only way to truly capture the human experience is through studying the target population in their natural settings (Morris, 2014). The post positivist paradigm was selected as the best approach for this study as it focuses on gathering qualitative data from a naturalistic setting with participants who are actually living out and experiencing the focus of the study.

Interviewing child welfare social workers in the child welfare field on their experiences allowed this researcher to identify what specific mental health symptoms they experienced and what services they felt could benefit them. This was best analyzed and assessed in a qualitative form as the data was obtained from social worker experiences. The researcher was able to identify different themes and categories to address the focus of this study.

## Literature Review

This literature review presents background information on mental health symptoms child welfare social workers have experienced from their working role. Social workers in the child welfare field face many challenges due to job stress and burnout (Travis, Lizano, & Mor Barak, 2016). Experiencing stressful work experiences leads to a lack of motivation and a rise in frustration with the job, which in turn results in exhaustion, depersonalization, disengagement, and psychological withdrawal in the workplace (Travis et al., 2016). High levels of burnout seem to occur among both frontline social workers and supervisors in the child welfare field (Travis et al., 2016).

Social workers are also at risk for experiencing secondary trauma stress (STS) related to the nature of their work and the context within which they work (Wagaman et al., 2015). This secondary trauma is usually due to listening to others tell their life stories. STS can be detrimental to the mental health of social workers. The prevalence of social workers having at least one symptom of STS was 70 percent among the sample in Wagaman et al's study (2015). They are also at risk of experiencing compassion fatigue from witnessing trauma first-hand (Anderson, 2000). Social workers carry a great responsibility and duty to protect children. The burden of knowing a child may be seriously injured or neglected, or even die, while on their caseload has been identified as one of the biggest concerns of child welfare social workers (Anderson, 2000).

Studies have suggested the importance of self-care among child welfare social workers to decrease symptoms and feelings of burnout and secondary trauma (Salloum, Choi, and Smith Stover, 2019). Strong coping strategies, self-care practices, and social support are significant factors in mitigating the stress and mental health impairment that child welfare social workers experience (Salloum, Choi, and Smith Stover, 2019).

### Theoretical Orientation

The theory that guided this research focus is role theory. According to role theory, “Organizational context and status levels can influence how well employees perform and whether they experience conflicting demands” (Travis et. al, 2015). Social workers are part of an organization and, in their role, they are responsible for certain tasks. Role theory suggests a person behaves in the social position/role they are placed in (Biddle, 1986). A social workers’ role is to assess child safety and provide services to their community. In addition, they hold the authority to make decisions that impact their clients’ lives. The different roles social workers hold could result in role conflict. Role conflict can lead to stress and negatively affect their mental health (Biddle, 1986).

### Potential Contribution of the Study to Micro and/or Macro Social Work Practice

This research study has the potential to contribute to micro and macro social work practice. It can discover what mental health services help social workers be successful in the field. The findings will serve current and future

social workers working in the child welfare system by bringing awareness to the topic. The study results can encourage social workers to use available services or to seek necessary services to help themselves address any mental health symptoms they may be experiencing. The findings can impact Macro practice as child welfare agencies can identify the services social workers will benefit from and assist them in being successful at their job. Most importantly this research study can be used to train child welfare staff and promote healthy self-care practices.

### Summary

Chapter one covered the research topic, discussed the paradigm that was used, and offered a literature review on the study topic. The chapter further discussed the theory that applies to this research and ended with the discussion of the contributions the research findings will have on social work practice at a micro and macro level.

## CHAPTER TWO

### ENGAGEMENT

#### Introduction

The study was conducted with child welfare social workers who are currently working in the child welfare field providing services to children and their families. The study participants provided insight into their challenges and experiences while working in the field. In this chapter, the engagement strategies that were used during the study, the different issues the researcher faced, and how the researcher prepared are discussed. The role of technology is also discussed, as it was fundamental for this study.

#### Study Site

The study took place in the Southern California region with social workers working in the child welfare field. These social workers currently work in different child welfare agencies within Southern California. The population served in this area includes children and families from all socio-economic and racial/ethnic backgrounds. The study site was not one singular agency, but participants were recruited from a few child welfare agencies in the region. The participants provided important insight into their experiences while working in the field.

## Engagement Strategies

In order to gather quality data, various engagement strategies were used throughout the process of data gathering. Initially, flyers (See Appendix D) were sent out to a couple social workers known by the researcher from undergraduate studies. The flyer included the researcher's contact information and the study topic. They were informed on the purpose for conducting the study and its benefits. They in turn passed the flyer to other social workers they knew who may be interested in participating. All communication with participants was primarily through phone calls. When discussing the purpose of the study with potential participants, the importance and benefits of this study were discussed. Participants were able to ask as many clarifying questions as they wished and were encouraged to contact the researcher if they wished to participate.

## Self-Preparation

To prepare for this research study the researcher reviewed articles regarding the study topic. The researcher developed structured interview questions (See Appendix B) to ensure the same questions were covered with each participant and to serve as a guide during the interview. In addition, an informed consent form was created to be provided and explained to each participant before the interview (See Appendix A). Due to the researcher having been a child welfare social worker herself, a journal was kept by the researcher to process thoughts and feelings in between the interviews. The journal assisted in avoiding the researchers' own opinions to interfere with the data gathering

interviews. The journal was used after each interview to immediately process the information discussed and shared.

The researcher ensured the use of rapport building when engaging the participants during interviews. Rapport was a key element of the interview process to help the participants feel at ease and comfortable sharing their experiences with the researcher. The researcher expressed to each participant the desire to learn about their job duties, responsibilities, and experiences working in the child welfare field. Having background information in the child welfare field helped when building rapport, as participants felt they could speak without judgement. Each participant was informed that their identity would be kept confidential throughout the research.

A specific issue the researcher prepared for was participants not wanting to share openly. Given that the participants were currently working in child welfare, the researcher thought they may not feel comfortable discussing issues such as their own mental health status. However, the researcher was cautious, sensitive, and demonstrated support and empathy when discussing topics such as mental health. The researcher did not insist after a participant declined to answer in order to remain respectful.

## Diversity Issues

The two major diversity issues that needed to be acknowledged during this research study included culture and gender. In the child welfare field – typically – the majority of social workers are female. Therefore, the data lacked a male’s perspective on the subject. The researcher attempted to include and recruit male child welfare workers to participate in the study; however, was unsuccessful.

The second issue was each participants’ cultural background. People from different cultures see mental health differently and do not experience it the same as others. Due to cultural norms, some individuals may not be open to discuss and easily disclose their own personal difficulties and problems. By openly acknowledging these cultural factors and creating a safe space, the researcher was able to gather the most important information through descriptions from the participants regarding any mental health symptoms they experienced associated with their job.

## Ethical Issues

Due to the nature of the study topic, and participants being current child welfare social workers, an ethical issue that addressed was confidentiality and privacy. Prior to the participants being interviewed, each participant was provided informed consent. They were informed and assured their identities would remain confidential. The participants’ names, contact information, any identifying information and the agencies they currently work for would remain protected.



Instead of using their names, participants are referred to in this paper by a number. The researcher kept all interviews locked and secured with only the researcher and research advisor having access to the data. Once the research was completed, all information gathered from participants was destroyed.

### Political Issues

Political issues that arose in this research study were concerns regarding the participants' anonymity. Child welfare is constantly under political pressure to provide adequate services to the families it serves. Participants felt unease over the possibility of their agencies knowing of their participation and the research topic causing the child welfare agencies to be viewed as negative. Therefore, the researcher maintained all identifying information and location of the participants confidential and did not discuss their participation with others. In addition, all data was shredded after the study was completed.

### The Role of Technology

Due to the current state of the country with the Coronavirus Pandemic and social distancing, technology was highly used for this research, specifically during the data collecting phase. Participants had the option to have their interview completed via video chat using Zoom or through a telephone call. Most participants felt more comfortable having a telephonic interview as they felt it was more confidential.

## Summary

This chapter discussed the study site: the southern region of California. It discussed engagement processes, and how the researcher prepared to conduct the study. Diversity, ethical, and political issues were discussed. Lastly, the use of technology was discussed and how it was used during the study.

## CHAPTER THREE

### IMPLEMENTATION

#### Introduction

The study participants included only child welfare social workers. Once participants were identified and willing to participate, interviews were scheduled and completed. This chapter discusses the phases of the data collection and how the findings were communicated. It discusses how the data was recorded and analyzed. The chapter ends with a discussion of the termination phase and dissemination plan.

#### Study Participants

A variety of child welfare workers serve in the Southern California region in different capacities and agencies. However, it was difficult to engage many participants due to the COVID-19 pandemic. The goal of the study was to interview 30 child welfare social workers who work in different capacities in a child welfare agency. However, only six social workers were able to participate in the study. Additional potential participants were not accessible and did not communicate further with this researcher. All interviews were completed in English.

## Selection of Participants

This study used snowball and chain sampling for the selection of participants. According to Morris (2014), snowball and chain sampling are “a way of understanding and utilizing the networks between key people in relation to the study focus” (Morris, 2006 p. 125). This form of sampling assisted the researcher to gather additional participants on a referral basis. Through the use of a recruitment flyer (See Appendix D), participants distributed the information to other potential participants. This sampling was introduced to participants at the end of their interview and flyers were provided to pass along to other potential participants. This provided the researcher with an additional two participants for the data collection phase.

The participants were selected based on the criteria of currently working in a child welfare agency and their position. The participants had to at least have one year or more of experience working in the child welfare field and experience either working in investigative services, case management services, permanency, or school-based services. The reason for this was to know about the effects of working directly with children and families. The age, ethnicity, gender, and cultural background did not have an impact on the ability to participate in this study. Due to participation being voluntary, all willing participants were able to participate in the research study and share their experience.

## Data Gathering

For the data gathering phase, participants had the option to choose between a telephone or video conference interview. All participants chose to have their interview completed telephonically. Due to the COVID-19 pandemic, in person interviews could not be accommodated. Qualitative data was gathered through individual interviews completed with participants. Positive engagement and rapport building was practiced during initial contact with each participant and continued throughout their interview. Participants were provided with informed consent and full disclosure of the study during initial contact and before the interview took place (See Appendix A). The topics that were discussed during each interview included job experiences, mental health, and a discussion of services.

This researcher used descriptive questions to engage participants in sharing lived experiences. During the interviews, the researcher was able to modify and add questions to clarify participants' responses and gain the most robust data possible. The interviews began with background questions such as the participants position, age, gender, and job experience.

Descriptive questions were used heavily for this research study, as social workers were asked to describe their position with the agency and their experiences with completing their job responsibilities. Throw away questions were mainly used to build rapport and ease the participant at the end of the interview. The questions addressed the study topic regarding experiences

working in the child welfare field, mental health symptoms participants were experiencing, what they believed their needs were related to those symptoms, whether the social workers' service delivery was affected, and how.

### Phases of Data Collection

At the early stage of the data collection, participants were all clearly informed of the purpose of the study and that their participation was voluntary. Participants were explained their identity would remain confidential throughout the study. For the purpose of this study all participants' identifying information has remained confidential. In order to ensure confidentiality, the participant interviews were randomly numbered, and names were not listed at any point during the study. This researcher practiced the phases discussed by Morris (2014) of engagement, development of focus, maintaining, and termination.

During the engagement phase, rapport building was practiced from the beginning of each interview to ensure participants became comfortable with the researcher. Participants signed informed consent form and were provided the topics that would be discussed before their interview (See Appendix B). This allowed participants to feel prepared and avoid them becoming nervous over not knowing what they would be asked.

The development of focus phase included the demographic and background questions, such as age, position, experience, education level, etc. The focus stage included the specific questions regarding the study topic, such as, "how have your mental health symptoms affected your service delivery?" For

the termination phase, once the interview was complete, the participants were all thanked for their participation and asked if they had any questions for the researcher. The researcher continuously took notes during and after each interview to remember important information obtained from the interview and practiced self-reflection in a separate journal. This allowed the researcher to process thoughts and gain feedback in order to improve for the next interview.

### Data Recording

For the data recording phase, this researcher was responsible for transcribing the interviews into narrative form. Due to all participants declining to have their interview audio recorded, this researcher took handwritten notes on the developed questionnaire during each interview. In addition, this researcher asked for clarification and repeated back to the participant for essential statements.

### Data Analysis

This researcher completed data analysis using the bottom-up approach of the post positive paradigm. The bottom-up approach consists of three stages: open coding, axial coding, selective coding and the conditional matrix. Open coding begins with the transcription of all interviews. The data was broken down into categories. During axial coding, the relationship between the concepts and categories were analyzed and themes were identified. This was followed by selective coding, in which the theoretical statement was explained in narrative

form. For the final stage, the conditional matrix identified how the theory impacts social work practice on a micro and macro level.

### Summary

Chapter three discussed the implementation of the study, specifically, the study participants and the selection of the participants. It included the data collection phase and data gathering processes. It discussed the data recording phase and finally the data analysis procedures.



## CHAPTER FOUR

### EVALUATION

#### Introduction

This chapter covers the evaluation and analysis of the data collected from the interviews completed with participants. This chapter begins by introducing participant demographics and general information. It covers the codes and themes developed during the axial coding phase and the data interpretation. Finally, this chapter ends with discussing how the findings can impact social work practice.

#### Data Analysis

In this study, there were a total of six participants. Participants were females between the ages of 27 and 45. Of the six participants three identified as Hispanic, two as White and one as African American. The average participant had about five years of experience working in a child welfare agency. All participants were knowledgeable about their role as a child welfare social worker and had at least a bachelor's degree in social work or a related major. Most participants expressed that their role as a child welfare social worker was to assess child safety and provide services to foster children and parents.

During the open coding step, the following concepts were identified: feeling unappreciated, mental and physical health symptoms, high caseloads,

coping skills, service delivery and perception of needs. For the axial coding step, these concepts led to the common theme of burnout.

### Feeling Unappreciated

When asked to describe their feelings of their job, several participants brought up feeling unappreciated in their agency. Participant 1 stated “at work I constantly feel like I am replaceable, incompetent, and unacknowledged, as if I don’t matter. I do not feel supported or understood.” Participant 1 further elaborated stating “there is no support from management or supervisors in my agency. They only care about numbers and getting things done fast, they don’t care how much additional stress their pressure adds on us.” Participant 2 added the following:

Management does not care whether you are struggling with your mental health or physical health. They only care about numbers and that your notes are in on time. They have never asked about any ones’ health and if anyone needs any support.

Participant 4 reported:

there is no appreciation for seasoned workers. They are just expected to be quiet and get things done. In these last two years, 2019 and 2020, I have seen more seasoned workers quit than ever before because management is very punitive and not understanding.

### Coping skills

When participants were asked questions regarding self-care practices, only one participant reported practicing self-care. Participant 4 stated, “I do my best to practice self-care, I like to exercise, spend time in prayer, go on walks, and spend time with my friends and family.” Participant 1 stated:

I don't really cope with my stress and pressure from the job very well. I sometimes vent to my coworkers when it gets too much. My coworkers and I share the same experiences, we share our thoughts, frustration and feelings. They are the only ones who understand exactly the pressure of the job when nobody else does.

Participant 5 stated:

when I am stressed and overwhelmed, I tend to eat unhealthy food, which is not a good choice. I do try to spend more time with my daughter, I make it a point to turn off my work phone once I am off work and on the weekends.

### Mental and physical health effects

When asked about any mental or physical health effects because of working in the child welfare field, Participant 1 stated:

I used to be very active and enjoyed working out often; now I have lost motivation to do anything. I often skip lunch hour and do not take breaks because of excessive workload. I experience anxiety because the fear of not meeting all deadlines as expected.

Participant 4 shared “I have had nightmares, night sweats, migraines, extreme weight fluctuation, brain fog, paranoia, night terrors, Sunday blues, high levels of anxiety when leaving work, and extreme sadness when returning to work. I have depression and secondary trauma.” Participant 4 was asked why they felt they were experiencing such symptoms. Participant 4 elaborated:

because at work it’s constant stress, there is always a lot to be done. When I return from the weekend I am already behind, there are many emails to respond to and reports to write and new problems to deal with. There is just never enough time and my supervisor constantly sending reminders of how behind I am and what I have to complete just makes my anxiety rise.

Participant 6 reported:

my mental health has deteriorated since I began working in this field. I have anxiety, post-traumatic stress and depression. Hearing about child abuse constantly has had a negative effect on me. When certain things happen or I find myself at the same location that reminds me of a case I had, I begin feeling stressed and can’t help but remember the clients.

Participant 3 stated:

I experience secondary trauma stress; I have felt numb and detached and exhausted when working with the traumatized client. Then, sometime after I suddenly become very sad and upset and angry. I believe it’s because I

suppress my feelings when I am working and by the time I let them out they are much stronger.

### High caseloads and Service Delivery

During the open coding process, the topic of high caseloads and service delivery arose. Participant 1 stated:

high caseloads mean there is not enough time to complete all the required tasks and provide quality case management. There is constant high stress, no support, no understanding, pressure to get tasks completed fast and meet unrealistic and unreasonable timelines. This leads to constantly being overworked and always being exhausted and burnt out.

Participant 1 commented:

The service I have provided my clients has always been to the best of my ability. However, I feel that because I have an excessive workload, I have not been able to fulfill all my responsibilities to provide quality service.

Participant 2 described high caseloads as being an issue as well, stating:

Due to high demand of the job, I developed stress and burnout, which has affected my service delivery. The pressure to get things done such as typing notes, completing reports, getting my monthly visits done affected my engagement with my clients. I always feel rushed and only spend a limited time with my client in order to get to my second visit. Then I am left feeling like I may have missed something.

Participant 4 reported:

There is no relief to our caseload. There is no additional support, and you are expected to perform high quality work 100 percent of the time no matter how many cases we continue to be assigned. At this moment as a case carrying social worker, I am assigned 35 children. That is too many for one worker.

### Perception of Needs

All participants were asked to share what they believed their needs were in regard to their mental health symptoms and in order to improve their service delivery. Participant 1 shared:

I need therapy, in order to decrease my anxiety, stress and to process my thoughts and feelings. I believe it should be something the agencies should provide during the work week for all workers, at least one hour a week.

Participant 2 shared a similar idea, stating:

I feel child welfare management should encourage social workers to seek therapy. It would be best if they provided therapists for social workers built into the work week, because there's rarely time outside of work to do it on our own. In order for social workers to take advantage of the services there would need to be a reduction in workload. We often do not want to be pulled from our work due to having the pressure of getting work done so if the service is offered and there is a lot of work to be done social workers will rarely take it.

Participant 4 shared:

I would say I need therapeutic activities to reduce my stress, anxiety and depression. I currently do not feel my agency supports me or cares about my needs and addressing burnout. I believe organizational change is necessary and there should be a focus on caseload reduction, additional staff hired, and increase the support from management and supervisors.

Participant 5 shared some of their needs such as having lower caseloads, self-care workshops and time to attend them, appreciation, additional financial compensation, more social workers hired, and understanding management.

Participant 5 elaborated, saying, "Some supervisors are good, but management is harsh and punitive. This is not beneficial to social workers and job satisfaction."

Participant 3 stated "I need compassion, support, acknowledgment. Right now, it's very punitive in child welfare. Management only looks into the negative things and does not say anything positive to workers. Morale in the agency is very low."

Participant 6 indicated:

I believe workers in the child welfare system should receive mental health services to promote well-being and self-care. Group therapy, individual counseling and mindfulness activities to address stress reduction and anxiety. Support from management would be essential during these times to reduce social worker stress.

## Data Interpretation

After analyzing the data, the themes (e.g., codes) that emerged were feeling unappreciated, mental and physical health symptoms, high caseloads, coping skills, service delivery, and perception of needs. The overarching theme that rose from the noted codes was social worker burnout. Social workers in child welfare reported a combination of high caseloads and a lack of management support, which resulted in their mental health being affected negatively. Commonly cited mental health concerns included anxiety, depression, secondary trauma, post-traumatic stress.

Surprisingly, participants did not express their mental health being affected as much from the job itself but more so due to the high caseload stress and lack of support from their agency. Participants specifically reported that their agencies as a whole and their supervisors in particular displayed little appreciation for the demanding work, offered infrequent/inadequate support, and were remiss in offering any sort of wellness benefits. It was clear that child welfare social workers are in need of services such as therapeutic and mindfulness activities to develop stronger coping skills and self-care practices as well as to address symptoms of anxiety, depression, and stress. Participants mentioned that – due to the effects of high caseloads – their service delivery has been negatively affected.



## Implication of Findings for Micro and/or Macro Practice

Considering the study findings, the mental health symptoms social workers have experienced, and their perception of needs, the findings would be crucial in the child welfare field to improve social worker's mental health and service delivery. Social workers can begin to acknowledge their needs and participate in self-care routines and/or seek assistance from their medical providers and/or agencies. Child welfare agencies could possibly benefit from implementing interventions to help improve social worker support, job satisfaction, and provide necessary services such as mindfulness training, self-care seminars, and therapeutic services. These interventions have the potential of reducing burnout, increasing retention, and improving client service delivery. The findings can be used to train new social workers entering the child welfare field. For example, ensuring social workers are prepared with therapeutic services and knowledge on where to obtain services available to them before they begin field work. The findings from this study can help social workers improve their coping skills and establish self-care practices.

## Summary

This chapter presented the findings from interviews completed with current child welfare social workers. It discussed the analysis of the findings, the process of open coding and the interpretation of the data. The chapter concluded with a discussion of the implications of the findings for micro and macro social work practice.

## CHAPTER FIVE

### TERMINATION AND FOLLOW UP

#### Introduction

This study examined the mental health symptoms social workers working in child welfare were experiencing and what services could reduce those symptoms. This chapter covers the termination phase of the study, the communication of findings to the participants and the dissemination plan.

#### Communication of Findings to Study Site and Study Participants

At the conclusion of each interview, the participant was informed how to access the full report on the school website. The complete report will be accessible at the California State University, San Bernardino Library for those interested.

#### Ongoing Relationship with Study Participants

Termination with study participants took place at the end of each interview. The researcher had no further contact with the study participants after the initial interview.

#### Termination of Study and Dissemination Plan

At the end of each interview, participants were thanked for their time and contribution to the research study and were provided a debriefing statement (See Appendix C). They were able to provide feedback, concerns, questions, and/or

comments about the research study, and were informed they could access the study results on the schools' Pfau Library Scholar Works database. They were also provided the researcher's contact information in case participants had any questions at a later time.

The audio files from the interviews were destroyed (deleted) after they were transcribed. Any notes taken during the interviews did not include any identifiable information and were shredded after they were transcribed.

The termination of the study occurred when the final paper was submitted to the University. The findings of this study were submitted to the California State University, San Bernardino Office of Graduate Studies by means of this research paper. The final results of the study are available through the California State University, San Bernardino Pfau Library Scholar Works database.

### Summary

This chapter discussed communication of the study findings and study termination processes. It further discussed that there was no ongoing relationship or contact with the study participants. The chapter concluded with the dissemination plan.

APPENDIX A  
INSTITUTIONAL REVIEW BOARD APPROVAL LETTER

May 10, 2020

**CSUSB INSTITUTIONAL REVIEW BOARD**

Administrative/Exempt Review Determination

Status: Determined Exempt

IRB-FY2020-279

Sintia Mota Muniz Gretchen Heidemann  
CSBS - Social Work, Users loaded with unmatched Organization affiliation.  
California State University, San Bernardino  
5500 University Parkway  
San Bernardino, California 92407

Dear Sintia Mota Muniz Gretchen Heidemann

Your application to use human subjects, titled "Mental Health in Child Welfare Social Workers " has been reviewed and approved by the Chair of the Institutional Review Board (IRB) of CSU, San Bernardino has determined your application meets the federal requirements for exempt status under 45 CFR 46.104. The CSUSB IRB has not evaluated your proposal for scientific merit, except to weigh the risk and benefits of the study to ensure the protection of human participants. The exempt determination does not replace any departmental or additional approvals which may be required.

You are required to notify the IRB of the following as mandated by the Office of Human Research Protections (OHRP) federal regulations 45 CFR 46 and CSUSB IRB policy. The forms (modification, renewal, unanticipated/adverse event, study closure) are located in the Cayuse IRB System with instructions provided on the IRB Applications, Forms, and Submission webpage. Failure to notify the IRB of the following requirements may result in disciplinary action.

- Ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study
- Submit a protocol modification (change) if any changes (no matter how minor) are proposed in your study for review and approval by the IRB before being implemented in your study.
- Notify the IRB within 5 days of any unanticipated or adverse events are experienced by subjects during your research.
- Submit a study closure through the Cayuse IRB submission system once your study has ended.

If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email

at [mgillesp@csusb.edu](mailto:mgillesp@csusb.edu). Please include your application approval number IRB-FY2020-279 in all correspondence. Any complaints you receive from participants and/or others related to your research may be directed to Mr. Gillespie.

Best of luck with your research.

Sincerely,

*Donna Garcia*

Donna Garcia, Ph.D., IRB Chair  
CSUSB Institutional Review Board

DG/MG

APPENDIX B  
INFORMED CONSENT

## INFORMED CONSENT

The study in which you are asked to participate is designed to investigate the Mental Health services needed by Child Welfare Social Workers to improve their service delivery. We are interested in assessing current child welfare social workers mental health and how it affects their service delivery. Along with this we would look into what services could be provided or developed for child welfare social workers to improve their mental health and their service delivery to their clients. The study is being conducted by Sintia Mota Muniz, a graduate student under the supervision of Dr. Gretchen Heidemann-Whitt, Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board at CSUSB.

**PURPOSE:** The purpose of the study is to examine the mental health services needed for child welfare social workers.

**DESCRIPTION:** Participants will be asked questions regarding the experience in child welfare, mental health symptoms experienced, and services currently available.

**PARTICIPATION:** Your participation in the study is totally voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

**CONFIDENTIALITY:** Your responses will remain confidential and data will be destroyed once study has been completed.

**DURATION:** The interview will take between 30 to 40 minutes to complete.

**RISKS:** The risks of participation in the study will be possible discomfort in answering questions asked. However, you will have the right to skip questions and terminate your participation at any time during the interview.

**BENEFITS:** There will not be any direct benefits to the participants.



**CONTACT:** If you have any questions about this study, please feel free to contact Dr. Gretchen Heidemann-Whitt via email at Gretchen.Heidemann@csusb.edu.

**RESULTS:** Results of the study can be obtained from the Pfau Library ScholarWorks database (<http://scholarworks.lib.csusb.edu/>) at California State University, San Bernardino after July 2021.

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\*\*\*\*\*

I agree to have this interview be audio recorded: \_\_\_\_\_ YES \_\_\_\_\_ NO

I understand that I must be 18 years of age or older to participate in your study, have read and understand the consent document and agree to participate in your study.

\_\_\_\_\_

Place an X mark here

\_\_\_\_\_

Date

APPENDIX C  
QUESTIONNAIRE

## Child Welfare Social Workers Questionnaire

Age:

Current Position/Title:

How long have you worked in child welfare?

Brief Description of duties:

What do you like the most of your job? Why?

What do you like least about your job? Why?

Has working in the child welfare field had any impact on your physical or mental health? (positive or negative) If so, how?

Do you have any support in the agency you work at? If so, what type of support?

Is there any additional services/support you need from your agency?

How do you feel about the service you provide to your clients? Is there anything you feel needs improvement?

How would you improve your service delivery?

Developed by Sintia Mota Muniz

APPENDIX D  
DEBRIEFING STATEMENT

## DEBRIEFING STATEMENT

The study you have just completed was designed to investigate the Mental Health services needed by Child Welfare Social Workers to improve their service delivery. We are interested in assessing current child welfare social workers mental health and how it affects their service delivery. Along with this we would look into what services could be provided or developed for child welfare social workers to improve their mental health and their service delivery to their clients. This is to inform you that no deception is involved in this study. Thank you for your participation. If you have any questions about the study, please feel free to contact Dr. Gretchen Heidemann-Whitt at [Gretchen.Heidemann@csusb.edu](mailto:Gretchen.Heidemann@csusb.edu).

APPENDIX E  
FLYER



**Goal:**

-Find services needed for child welfare social workers.

**How to Participate:**

-Complete a Survey-  
-Complete an in person or telephonic interview

**Contact:**

MSW Student-  
Sintia Mota Muniz

**Definiton of Mental Health according to the World Health Organisation**



Contribute to Social Work Practice by bringing awareness to the mental health needs in child welfare.

## Participants Needed!

**Research Study about Mental Health and Child Welfare Social Workers**

**Looking for: Child Welfare Social Workers**

**Email: [006705238@coyote.csusb.edu](mailto:006705238@coyote.csusb.edu)**



Developed by Sintia Mota Muniz

## REFERENCES

- Anderson, D.G. (2000). Coping strategies and burnout among veteran child protection workers. *Journal of Child Abuse and Neglect*, 24: 839-848
- Biddle, B. (1986). Recent developments in role theory. *Annual Review of Sociology*, 12, 67-92
- Morris, T. (2013). Practice informed research methods for social workers. Thousand Oaks: Sage.
- Salloum, A. Choi, M.J., Smith Stover, C. (2019). Exploratory study on the role of trauma-informed self-care on child welfare workers mental health. *Children and Youth Services Review*, 101, 299-306.
- Travis, J.D., Lizano, E.L., Mor Barak, M.E. (2015). 'I'm So Stressed!': A longitudinal model of stress, burnout and engagement among social workers in child welfare settings. *British Journal of Social Work*, 46, 1076-1095.
- Wagaman, M.A., Geiger, J.M., Shockley, C., Segal, E.A. (2015). The role of empathy in burnout, compassion satisfaction, and secondary traumatic stress among social workers. *Social Work*, 60, 201-209