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Exploring the Lived Experiences of Supervising Child Protection Social Workers

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Walden University
2016

Abstract

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MBA, National University, 2001

BA, University of California, Riverside, 1997

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Human Services

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Abstract

Social workers in child protective services often handle hundreds of cases regarding children traumatized by abuse and/or neglect. In time, social workers' experiences can become emotionally and psychologically challenging. A problem for supervising child protection social workers (SCPSWs) is that they might experience the same challenges; however, there was no research that described the lived experiences of SCPSWs. This phenomenological study explored the lived experiences of SCPSWs. Conceptually, constructivist self-development theory (CSDT) provided the framework for understanding how SCPSWs managed their lived experiences and the issues related to them. Ten SCPSWs volunteered their time for face-to-face interviews and provided data for this study. Saldana's coding manual was used to guide the identification and coding of key words and phrases. SCPSWs experienced occupational trauma in the form of vicarious trauma, compassion fatigue, secondary traumatic stress, and/or burnout similar to that experienced by front line workers. SCPSWs' experiences required them to set boundaries, stop taking work home and support each other in the workplace. Enhanced resources for training on self-care plus increased administrative and peer support could potentially improve the lives of these SCPSWs and increase their longevity and effectiveness in the workplace. Retaining experienced supervisors also has the potential to promote positive social change by improving the support supervisors can provide to front line staff, thus indirectly helping children, families, and communities they serve.

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Dedication

I dedicate this study to all the individuals who continuously sacrifice, fight, and stand up for children as your passion for child safety transcends in all that you do. In addition, I dedicate all the hard work I put forth to my grandfather, Willie Charles Freeman. He always had my back, believed in me, and was my biggest supporter, and he loved me unconditionally. He was my best friend and always believed I could do great things. I love you Granddaddy and I did this for you.

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First, I thank God for giving me the strength to make it through all the trials and tribulations of this process. Mom and Dad, you have been my rocks and my foundation, and you inspired me from a very young age. You two have always given me hope, loved me unconditionally, taught me so much, and always allowed me my independence…priceless! You are my World and I love you to infinity and beyond. The rest of my family and close friends (Carmen, Kim B., & Sherie), you all are my heroes. Thank you all for keeping me in the loop, your patience, and understanding of my absences or tardiness to events.

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Table of Contents

List of Tables

List of Figures

Chapter 1: Introduction to the Study

Human services professionals include an array of occupations and they are called *helping professionals* also. Helping professionals interact with individuals on many levels and often have encounters with those individuals when they are dealing with crises and/or experiencing trauma. Numerous studies described how other people's crises and trauma have affected helping professionals. According to Mathieu (2014) and Shivy (2012), the effect of experiencing trauma indirectly while working is an occupational- or work-related trauma.

Mathieu (2014) indicated occupational trauma consists of emotional and/or physical exhaustion from exposure to indirect trauma, which can cause a change to an individual's worldviews. In addition, a definition of *occupational trauma* is becoming overwhelmed with work-related issues (Mathieu, 2014). An example of occupational trauma for human services providers may be continuously meeting victims of domestic violence and encountering irritability or becoming desensitized with the victims' situations. Another example of occupational trauma for helping professionals may be experiencing fatigue or cognitive challenges due to the limited resources and high caseloads at work (Shivy, 2012).

Occupational trauma includes one or more phenomena such as vicarious trauma, compassion fatigue, secondary traumatic stress, or burnout (Mathieu, 2014). Studies have been conducted among child welfare social workers (Goddard & Hunt, 2011; Hessenauer & Zastrow, 2013; Knight, 2015; Rhee, Ko, & Han, 2013); nurses and doctors (Meadors et

al., 2009; Rashid & Talib, 2015); clinical and school counselors (Devilly, Wright, & Varker, 2009; Gnilka, Karpinski, & Smith, 2015); emergency response workers (Cicognani, Pietrantoni, Palestini, & Prati, 2009; Agocs, Langan, & Sanders, 2015); police officers (Miller, 2006; Ellrich & Baier, 2015); and crisis interventionists (Naturale, 2007; Howlett & Collins, 2014) experiencing one or more type of occupational trauma previously mentioned. Many studies (Goddard & Hunt, 2011; Kalliath & Kalliath, 2014; Knight, 2015; O'Reilly, Luck, Wilkes, & Jackson, 2011) have explored the lived experiences of child protection social workers and those studies indicated occupational trauma affects the lives of child protection social workers. According to Manen (2004; 2014), a person's "lived experience" is the descriptive meaning of those experiences with a phenomenon or situation.

Nonetheless, I was unable to locate studies on the lived experiences of supervising child protection social workers (SCPSWs). Contemporary studies rarely mention them in research on child protection. Consequently, throughout my literature review, a gap in the literature existed regarding what SCPSWs encountered when they met abused and neglected children during their lived experiences. The literature discussed child protection social workers and their lived experiences, but what appeared to be missing was literature on their supervisors who reviewed and approved their work. The history on child welfare and child protection services fell short regarding the individuals doing the actual work; instead, it has focused on the dynamics surrounding child maltreatment (O'Reilly et al., 2011).

Child protection services history dated back to the middle of the 1870s (Myers, 2008) and social work as a profession blossomed in approximately 1898 (National Association of Social Workers, 2012). According to Myers, the establishment of the world's first organization dedicated to child protection services was in 1875. The organization was the New York Society for the Prevention of Cruelty to Children (Myers, 2008). In 1920, the Child Welfare League of America (CWLA) organization was established (CWLA, 2014). CWLA is a coalition of public and private agencies dedicated to child welfare and strives to protect children from harm and advocate for all children's well-being (CWLA, 2014). The maltreatment of children has remained a constant in society despite the numerous changes in laws, social norms, and the advancement of human rights (O'Reilly et al., 2011). Research in the areas of child protection and child welfare has evolved beyond the scope of victimization and intervention strategies (O'Reilly et al., 2011). A new wave of studies have begun to discuss the lives of the individuals who are employed at child welfare agencies and deal with crises and trauma victims regularly (Goddard & Hunt, 2011; O'Reilly et al., 2011; Rhee et al., 2013; Sprang, Craig, & Clark, 2011).

SCPSWs from child welfare agencies in southern California were the prime candidates for this study because they have daily contact with children who are experiencing crisis and/or trauma. Their role in child welfare services is key because they are the first line of managers for child protection social workers and one of their main job tasks is to review and approve all the work of the child protection social workers they

supervise (Goddard & Hunt, 2011). It was important to determine whether one or more occupational traumata such as vicarious trauma, compassion fatigue, secondary traumatic stress, or burnout described the lived experiences of SCPSWs or whether an unknown phenomenon was occurring because occupational trauma affected child protection social workers, particularly because child protection social workers reported to SCSPWs for guidance, advice, support, and approval of work (Pryce et al., 2007; U.S. Department of Labor, 2012). In addition, it was possible that those experiences were affecting SCPSWs' ability to do their jobs. SCPSWs' exposure to the same work environments possibly present similar work demands as those experienced by child protection social workers. According to Tosone, Nuttman-Shwartz, and Stephens (2012), occupational trauma greatly affects helping professionals. Mathieu (2014) noted that the terminology used in occupational trauma continues to evolve as research develops.

Previous research on occupational trauma included child protection social workers, but no direct focus had specifically been on SCPSWs' experiences they had encountered. It was important to know whether this particular group of human services professionals' experiences had affected their abilities to do their jobs. Moreover, SCPSWs were once child protection social workers and exposure to certain situations may have caused occupational trauma. Tosone et al. (2012) stated occupational traumata such as vicarious trauma, secondary traumatic stress, compassion fatigue, and burnout have possibly affected helping professionals' job tasks and personal lives. However,

among the terms used in occupational trauma, *vicarious trauma* seems to be different from *burnout*, *secondary traumatic stress*, and *compassion fatigue*.

According to Pearlman (2012), vicarious trauma differs because it is theory based, not used as a tool in psychotherapy, and a human services provider can experience trauma specific issues such as sexual difficulty. Vicarious trauma is the progressive transformation of a helping professional's worldviews (inner beliefs) that affects him/her cognitively as he/she is continuously exposed to trauma victims (Vicarious Trauma Institute, 2012). The transformation in vicarious trauma is the process of change from positive to negative that helping professionals' experience (Pearlman, 2012). Nevertheless, researchers erroneously interchange vicarious trauma with some of the other occupational trauma terms (Trippany et al., 2004; Pearlman, 2012). In Chapter 2, a detailed discussion of the different terminologies of occupational traumata occurred as each term had its own characteristics, but they also shared some commonalities.

Background of the Problem

According to Pulido (2012), social workers deliver services during highly stressful and emotional times that create an environment in which secondary traumatic stress can develop. McGregor (2009) noted social workers were becoming reckless on the job due to several forms of occupational trauma because of high caseloads, nonsupportive supervisors, and lack of resources. Michalopoulos and Aparicio (2012) found social workers experienced vicarious trauma because of their work environments. Pulido and Sprang et al. (2011) attested that psychological traumatic events have reached beyond

those directly affected because the social workers sent to help trauma victims become affected by the victims' trauma. Social workers in various specializations experienced some form of secondary traumatic stress due to direct interactions with clients in crisis (O'Donnell et al., 2008; Pulido, 2012). The attributes associated with secondary traumatic stress include cognitive, behavioral, emotional, and physical elements (Bride, 2012). The studies conducted by O'Donnell's et al. and Rhee et al. (2013) indicated secondary traumatic stress affected work ethics, morals, and job satisfaction for social workers. Based on the aforementioned studies, SCPSWs' experiences could not be located in the current literature.

Throughout the United States, child protection social workers have various occupational titles and their work involves some particular stressors that not all in the profession experience. Cieslak et al. (2013) indicated traumatic experiences such as child fatalities, co-workers' dying, severe child maltreatment, and stressful related job tasks often lead to burnout, quitting the job, and problems with health for social workers. However, SCPSWs may have similar experiences because they manage child protection social workers and exposed to the same job demands. Yet, it is unknown what SCPSWs endure because research studies pertaining to them could not be located. Social workers who investigate child maltreatment make difficult decisions such as child removal and deal with a great amount of stress similar to what police officers endure (Ellrich & Baier, 2015). Nonetheless, police officers are mandated to participate in therapeutic psychological services when they encounter an on the job shooting, traumatic crime

scene, and other stress inducing experiences like an internal or disciplinary review (Miller, 2006; Ellrich & Baier, 2015). This is not true for social workers or supervisors employed in child protection (Tosone et al., 2012).

Statement of the Problem

Social workers and their supervisors in child protective services often handle hundreds of cases regarding children traumatized by abuse and/or neglect. The presenting problem is no research could be located describing the lived experiences of SCPSWs. According to Lopez and Klemack (2013), a Los Angeles County child protection social worker averages 31 cases (families) per month. SCPSWs oversee the work of five child protection social workers, so they manage approximately 155 cases (families) per month (Lopez & Klemack, 2013). In time, social workers' experiences can become emotionally and psychologically challenging (Jankoski, 2010; Knight, 2015; Newell & MacNeil, 2010; Sprang et al., 2011). Plausibly, this may also be true for SCPSWs. Rhee et al. (2013) shared their research concerning how society as a whole is affected by child abuse. According to Tosone, et al. (2012), the challenges social workers face may affect their work performance and personal relationships. Such challenges consist of events pertaining to children's deaths, high caseloads, lack of supervision, and hostile work environments (Tosone, et al., 2012).

Based on my personal experiences as a child protection social worker and my current position as a supervisor, I have witnessed events on the job that have had a profound influence on my life and relationships. SCPSWs frequently encounter

physically, sexually, and/or emotionally abused children. In addition, throughout my career, I have seen the rescue of children who have been abandoned and/or exploited. However, despite what I have experienced on the job, my passion to help children has never faded, I continue to maintain a solid attendance record, my work performance evaluations have remained positive through the years, and I continue to remain in my position. Reflecting on my experiences as a SCPSW in Los Angeles County, it might be possible some of those experiences may have resulted in an occupational trauma. This lead me to want to know more about the issues and coping mechanisms associated with those experiences for SCPSWs so better services to maltreated children are effectively practiced. I used contemporary research from the last 5 years on occupational traumata such as vicarious trauma, secondary traumatic stress, compassion fatigue, and burnout. However, I also included the latest research available on the topic when literature could be located to explain the research problem in further details.

Purpose of the Study

The purpose of this qualitative phenomenological study was to explore the lived experiences of SCPSWs and to describe the essence of those experiences to determine whether occupational trauma had an effect on them doing a sufficient job. The goal of this study was to recognize SCPSWs as an important group in the human services field who may very likely encounter occupational trauma when they interact on a regular basis with traumatized children. Prior studies have focused on quantitative methodology and other conceptual factors regarding child protection social workers (Sprang et al., 2011;

Van Hook & Rothenberg, 2009). This study aimed to focus on SCPSWs' lived

experiences in child welfare because they have more skills, had been workers in child

protective services longer than most child protection social workers, and may have

advanced college degrees.

Research Questions

This qualitative phenomenological research study aimed to answer the following

questions:

RQ1: What are the lived experiences of SCPSWs?

RQ2: What issues have emerged because of these experiences?

RQ3: Have their experiences affected their personal lives and relationships? If so,

how?

RQ4: What measures do they take to cope with their occupational experiences?

Theoretical Framework

According to Newell and MacNeil (2010), several conceptual bases describe the

aspects of an occupational trauma like vicarious trauma such as (a) learning theory; (b)

theory of shattered assumptions; (c) emotional processing theory; and (d) learned

helplessness theory. The theory employed to explain how SCPSWs managed their lived

experiences and the issues related to them was the constructivist self-development theory.

The development of theory emerged to explain vicarious traumatic experiences among

helping professionals (Saakvitne & Pearlman, 1996). The notion of constructivist self-

development theory indicated helping professionals used cognitive and psychological

skills to manage the effect of others' traumatic experiences (Saakvitne & Pearlman, 1996). Miller, Flores, and Pitcher (2010) noted that constructivist self-development theory explains how exposure to traumatic experiences affects human services providers. Based on the analysis of information collected from the participants in this study, the findings revealed the participants described their perception of their lived experiences in their own words and occupational traumata do affect SCPSWs.

The analysis of the characteristics of SCPSWs' lived experiences and the exploration of those experiences indicated constructivist self-development theory was the appropriate conceptual concept. A discussion of constructivist self-development theory takes place in Chapter 2 and then in Chapter 5 I used the theory to explain how SCPSWs cope with their lived experiences. The data gathered from the participants regarding their lived experiences in child welfare described the effects their work had on them. The research questions of this study set out to identify the issues associated with the lived experiences of the participants and the effects those issues had on their personal life and how accomplished they were at work.

Nature of the Study

A phenomenological study consisting of interviews took place to solicit data that are rich in description and reported the participants' meaning of their lived experiences in their words. Phenomenology acquires depth in the meaning of participants' lived experiences and analyzes specific statements and meaning of words (Finley, 2009; Manen, 2014; Seidman, 2012). Finley wrote the use of phenomenological research

describes a person's direct experience in life. According to Seidman, learning about the essence of participants' lived experiences occurred by language connecting to some of the basics of interviewing research. Rubin and Rubin's (2011) responsive interviewing model was applied in this study to describe what participants had to say about their particular lived experiences. The basis of the responsive interviewing model is asking a question based on a participant's response to a previous question (Rubin & Rubin, 2011). The participants answered open-ended questions, which resulted in detail filled responses (Guion, Diehl, & McDonald, 2011; Jacob & Ferguson, 2009; Janesick, 2015; Maxwell, 2013) and helped saturate the data once participants' responses became repetitive.

In this study, I recruited 10 SCPSWs from public child welfare agencies in southern California using a purposeful criterion sample. Initially, I petitioned the research and evaluation department of the public child welfare agency where I work so I could conduct research in my place of employment. Nonetheless, I did not receive approval for my petition. I had planned to post flyers on the general announcement bulletin boards in several regional offices of the agency. Posting flyers in the regional offices with a large number of SCSPWs would have possibly drawn interest from potential participants to contact me regarding this study. Consequently, the recruitment strategy for participants had to be changed.

I used social media websites, Facebook and LinkedIn, to solicit for subjects to participate in this study. The selection of the participants remained the same and were based on the first 10 inquiries received and if the participants actual held the job title of

SCPSW or its equivalent. However, when more than10 SCPSWs expressed their interest to participate in this research study, the participant who made himself or herself immediately available for data collection became a subject. I collected data until I interviewed 10 participants. However, if fewer than 10 participants inquired about this study, I would have sought to expand my recruitment efforts beyond the southern California region.

I collected data using a handheld digital recorder and interview protocol worksheets during the initial interview with the participants. Then I paid for professional transcription of the audio data so I could analyze the significant statements and meaning of words used by the participants. The initial interview with each participant was within 1 hour of time and the follow up interview was less than 30 minutes to conduct member checking with the participants (Janesick, 2015; Koelsch, 2013; Rudestam & Newton, 2015). Initially, I used Atlas.ti version 7 (Muhr, 2014), a qualitative analysis software application, to document themes and create notes of collected data. Then, I later engaged in hand coding the data for finally analysis.

Working Definitions

Throughout this study, I use several terms. To distinguish the difference among those terms, I have provided their definitions below.

Burnout: The emotional exhaustion and cynicism of human services professionals who work with people (Bride, 2012).

Compassion fatigue: Buildup of emotional and physical exhaustion for helping professionals that affect their empathy and compassion for others (Mathieu, 2012).

Experienced or seasoned child protection social worker: A social worker with many years of experience at a child welfare services agency who investigates the allegations of child abuse and neglect (National Association of Social Workers, 2014).

Occupational trauma: The effect of emotional and/or physical exhaustion from exposure to indirect trauma in the workplace, which can cause a change to an individual's worldviews; including becoming overwhelmed due to issues within the workplace (Mathieu, 2014).

Secondary traumatic stress: Indirect experience of a traumatic event from hearing about it from a familial, social, or professional relationship (Bride, 2012).

Social worker: Those who help people solve and deal with problems in their daily lives (U.S. Department of Labor, 2012).

Supervising child protection social worker: An experienced social worker with leadership skills who directly manages a group of less experienced social workers (Salus, 2004).

Vicarious trauma: A negative transference of trauma to a human services professional because of working with traumatized clients (Pearlman, 2012).

Assumptions

I assumed that the participants would be forthcoming and share their experiences for this qualitative phenomenological research study. SCPSWs and subordinate staff have

shown their interest in this study and shared their lived experiences are significantly affected by occupational trauma has been included in the current study. In addition, the subjects have shared how they subconsciously use coping mechanisms on a regular basis. SCPSWs come in contact on a regular basis with traumatized children and the coping strategies the participants used assisted them in returning to work. However, such coping strategies appeared to stem from some foundation or an explanation existed as to how SCPSWs reacted in certain situations.

I also assumed constructivist self-development theory might explain how SCPSWs functioned from day to day with the issues of their lived experiences. Conducting this study with a phenomenological approach captured data of participating SCPSWs who managed their psychological and emotional health to limit occupational trauma. Working with traumatized children on a daily basis can be difficult, yet SCPSWs continue to work every day. These assumptions stemmed from on my experiences as a SCPSW. Nonetheless, the analysis of the collected data produced the results of this study.

Scope and Delimitations

Occupational trauma terminology appeared in studies on professionals in social work (Knight, 2015), nursing (Douglas, 2010), law enforcement (Ellrich & Baier, 2015), and emergency medical response (Rashid & Talib, 2015). However, I could not locate literature that explained or discussed the lived experiences of SCPSWs who deal with individuals facing traumatic situations. Generally, research studies in this area used quantitative methodology in reference to occupational trauma and child protection social

workers (Kalliath & Kalliath, 2014; Michalopoulos & Aparicio, 2012; Rhee et al., 2013). This current study used a qualitative approach that captured the depth of participants' lived experiences and revealed occupational trauma is an issue for SCPSWs. In addition, the data described the symptomology of the participants' experiences.

The concept of constructivist self-development theory explained how professionals cope with other people's trauma (Pearlman, 2013; Saakvitne & Pearlman, 1996; Webb, 2011). Constructivist self-development theory is the premise from which vicarious trauma was derived (Saakvitne & Pearlman, 1996; Webb, 2011). Theories such as learning theory, theory of shattered assumptions, emotional processing theory, and learned helplessness theory appeared linked to occupational traumata similar to vicarious trauma. However, those theories primary foci are posttraumatic stress disorder experienced by primary victims and not the professionals helping the victims (Miller et al., 2010).

Child protection social workers' lives change because of their work with vulnerable clients such as traumatized children (Pryce et al., 2007; Rhee et al., 2013). The same turned out to true for SCPSWs. The cognitive, emotional, and psychological changes SCPSWs experienced result in occupational trauma, which affected them personally (Kalliath & Kalliath, 2014). Inquiring about SCPSWs from public child welfare agencies in southern California rendered data, rich in text due to managing higher caseloads and working with larger populations compared to private child welfare agencies in the same region (Lopez & Klemack, 2013).

Some major differences between public and private child welfare agencies are budgeting, resources, and quality of service (U.S. Department of Health and Human Services, 2008). The duplication of this research study is possible among other child welfare agencies throughout the country. Smaller child welfare and child protection organizations may be able to gather data for the whole agency because the number of SCPSWs is not as large as one of the public child welfare agencies represented in this study (USC Social Work, 2014).

Limitations

This current study limited participation of subjects to the southern California region and participants who currently hold SCPSWs titles. My role as a SCPSW in child protection possibly drew interests from non-SCPSWs who wanted to participate in the study. However, the exclusion of those potential participants from this study took place to prevent conflicts of interest from developing. Therefore, future studies on the lived experiences of child protection social workers should also include other child welfare personnel. However, transferability can go beyond the scope of qualitative methodology due to the number of participants drawn to the study. The sample size was limited to 10 participants to generate sufficient data for analysis in a timely manner and to prevent this study from elongation (Rudestam & Newton, 2015). The establishment of dependability in this research study transpired using a digital tape recorder during the data collection process. In addition, I described of each aspect of data collection and analysis in detail to provide transparency of conducting future research on the same or similar topic.

Significance of Study

Child welfare services agencies could benefit from the results of this study by using the information to implement policies for self-care training modules and support services. I hope the information will help reduce the rate of recidivism of occupational trauma, early retirement, job termination, and work related health issues (Sprang et al., 2011). This study adds to the existing body of social work literature regarding all levels of child protection social workers and occupational trauma. The goal of this qualitative phenomenological study was to recognize SCPSWs as an important group in the human services field who also cope with occupational trauma when they interact with children in crisis or dealing with trauma.

Social change within child welfare organizations is necessary to the social work profession because meeting the needs of the community is essential to public health, safety, and general well-being (Tosone et al., 2012). Occupational trauma among supervising social workers in various professions affects society due to the emotional and psychological effects it causes helping professionals (Johnson et al., 2011; Knight, 2015; Michalopoulos & Aparicio, 2012; Sprang et al., 2011). SCPSWs cannot effectively help maltreated children if occupational traumata like vicarious trauma, secondary traumatic stress, compassion fatigue, and/or burnout are influencing their decisions, work performance, and health (Tosone et al., 2012). Human services organizations can accomplish social change within their agencies through additional research, training, and advocacy to establish (a) education, (b) resources, and (c) policy implementation to

minimize occupational trauma. Advocating for self-care and improved working conditions in child welfare agencies with the use of research can provide opportunities to change policies (Tosone et al., 2012). In addition, developing practice models for a collective group of professionals who help the helpless and vulnerable populations will enable them to provide efficient and quality care (O'Reilly et al., 2011). Social change through the aforementioned strategies will improve how child welfare agencies work with the public and the vulnerable population of children.

Summary

Existing research is limited regarding the lived experiences of SCPSWs (Knight, 2015; Michalopoulos & Aparicio, 2012; O'Reilly et al., 2011; Sprang et al., 2011). Based on the nature of work child protection social workers encounter, occupational trauma is a factor this specific group of professionals face on a regular basis (O'Reilly et al., 2011). The inquiry of this current research study aimed to explore SCPSWs' lived experiences and determine whether occupational traumata affect them. Occupational trauma consists of one of the following or a combination of vicarious trauma, secondary traumatic stress, compassion fatigue, and burnout. The occupational trauma, vicarious trauma, is a phenomenon commonly used interchangeably (Argentero & Setti, 2011). However, existing research suggests there are contrasts between vicarious trauma, burnout, secondary traumatic stress, and compassion fatigue (Williams, Helm, & Clemens, 2012). Studies concerning the aforementioned terminologies include discussions on other professionals within the human services field, except SCPSWs. This particular group

shared information about the essence of their lived experiences as they explained what is happening in their own words (Van Manen, 2014).

Continuous exposure to victims of trauma significantly affects the emotional and psychological stability of helping professionals such as SCPSWs (Kalliath & Kalliath, 2014; Knight, 2015; Michalopoulos & Aparicio, 2012; Sprang, et al., 2011). The largest child welfare agency in the country employs child protection social workers who meet the description of helping professionals subject to traumatic exposures (USC Social Work, 2014). Conversely, existing research studies have managed to exclude SCPSWs as primary participants in reference to their lived experiences (Cacciatore et al., 2011; Goddard & Hunt, 2011; Knight, 2015). In this study, I explored the lived experiences of SCPSWs and discussed whether occupational trauma is a factor for them. Following this chapter, I present a comprehensive review of literature in Chapter 2 and then in Chapter 3, I describe the design of the study and methodology. In Chapter 4, the results of the study are analyzed and described in detailed, and then I conclude this study with a discussion of the results in Chapter 5.

Chapter 2: Literature Review

Introduction

The presenting problem identified in this current study emerged when I could not locate research literature describing the lived experiences of SCPSWs and whether occupational trauma influenced those experiences. The purpose of this qualitative phenomenological study was to explore the encounters of SCPSWs and describe the essence of those experiences to determine whether occupational trauma affects job performance. Occupational trauma has been closely examined among professionals who assist people in traumatic situations (Gnilk, Karpinski, & Smith 2015; Howlett & Collins, 2014; Pulido, 2012). Research has indicated occupational trauma exists among professionals in the fields of nursing (Grafton, Gillespie, & Henderson, 2010), psychotherapy (Johnson et al., 2011; Voss-Horrell, Holohan, Didion, & Vance, 2011), and emergency response services (Argentero & Setti, 2011). Prior studies (Kalliath & Kalliath, 2014; Michalopoulos & Aparicio, 2012; Sprang et al., 2011) have concentrated on occupational traumata such as compassion fatigue, secondary traumatic stress, burnout, and vicarious trauma to analyze helping professionals' psychological and emotional well-being with quantitative or mixed-methods research methodologies.

Child protection social workers faced personal emotional and psychological challenges when dealing with traumatized children (Goddard & Hunt, 2011; Knight, 2015; O'Reilly et al., 2011; Sprang et al., 2011). Through this investigation, I explored what expectations could arise from the countless episodes of such encounters of SCPSWs

on the job. Occupational trauma includes a range of phenomena that consist of vicarious trauma, secondary traumatic stress, compassion fatigue, and burnout (Mathieu, 2012). The definitions of some of those phenomena continue to evolve and develop. The convolution about vicarious trauma's definition is due to its cross-reference to compassion fatigue and secondary traumatic stress that makes it difficult to differentiate one phenomenon from another (Devilly et al., 2009; Meadors, et al., 2009).

According to Vicarious Trauma Institute (2012), vicarious trauma occurs when holding back one's feelings when listening to the traumatic experiences of others, which transforms one's sense of self, affecting the helping professional cognitively, psychologically, and emotionally. The essence of SCPSWs' involvements of working with traumatized children lacks in-depth research using qualitative methods. Exploring the lived experiences of SCPSWs with a qualitative phenomenological approach led to new understandings about this management level of child protection social workers and their encounters working in traumatic situations. In addition, the categories and themes that surfaced during the data collection indicated behaviors related to the existing phenomenon were present.

Theorists Saakvitne and Pearlman (1996) introduced a personality-based theory called constructivist self-development theory as the result of helping professionals experiencing the phenomenon known as vicarious trauma. The concept of the theory derived from the constructivist view of building cognitive structures from one's own history of dealing with trauma, which explains how an individual adapts to traumatic

situations (McCann & Pearlman, 1992). Generally, different theoretical perspectives in literature discuss human services providers and occupational trauma. Saakvitne and Pearlman's constructivist self-development theory is unique to vicarious trauma's progression and prevention. However, this remained uncertain until the data collection and analysis finalized, which determined their theory did relate to this study. A thorough summary description of Saakvitne's and Pearlman's theory appears in the theoretical foundation section of this study.

Research Strategy

I researched several databases for articles and studies focused on occupational trauma. Literature research transpired with the assistance of databases in Walden University's online library and Child Welfare Information Gateway database of the United States Department of Health and Human Services Administration for Children and Families. The databases used in Walden University's online library included SocINDEX, Academic Search Complete, PsycIndex, Sage Encyclopedias and Handbooks, and Proquest Central. Key words used to locate contemporary articles published were constrained to the last 5 years.

I searched key terms including *vicarious trauma*, *constructivist self-development theory*, *child protection*, *secondary traumatic stress*, *compassion fatigue*, *occupational trauma burnout*, and *child welfare*. Terminology used to describe occupational trauma such as *vicarious trauma*, *burnout*, *compassion fatigue*, and *secondary traumatic stress disorder* populated articles and studies during my search for current literature. Key search

terms such as *vicarious trauma* and *secondary traumatic stress* produced articles in

Academic Search Complete, PsycIndex, and SocINDEX databases.

The key word used in Academic Search Complete and Proquest Central databases

was *compassion fatigue*. In the Child Welfare Information Gateway database, I searched

the term *child welfare*. Throughout the research process theories such as learning theory,

theory of shattered assumptions, emotional processing theory, learned helplessness

theory, and CSDT contributed to the analysis of vicarious trauma, secondary traumatic

stress, compassion fatigue, and burnout (Glomb & Cortina, 2006; Newell & MacNeil,

2010). These theories were the most commonly mentioned throughout the literature

found. Most articles and studies presented in this review were located in the

aforementioned databases from Walden University's online library. I found additional

resources via the web search engines to prepare this literature review.

Theoretical Foundation

Previously, I mentioned a group of theories contributing to the understanding the

prevention of occupational trauma. They included learning theory, theory of shattered

assumptions, emotional processing theory, learned helplessness theory, and CSDT.

Research studies and articles written on occupational trauma primarily discussed CSDT

as the key factor in preventing occupational trauma (Branson, Weigand, & Keller, 2014;

Pearlman, 2013; Webb, 2011). Pearlman and Webb indicated CSDT is the theoretical

framework used to describe vicarious trauma among helping professionals. The

foundation of CSDT centers on cognitive and psychological skills to help professionals

manage the effect of others' traumatic experiences (Saakvitne & Pearlman, 1996). The

theory, influenced by constructivism in reference to the concept of building learning

skills and bridging past experiences that encourage learning (McCann & Pearlman,

1992). Theorists Saakvitne and Pearlman developed the theory to explain the adaption

and development of meaning people created for traumatizing events. Saakvitne and

Pearlman stated their theory describes the self-perceptions of helping professionals

affected by other people's trauma. Van Horn Gatlin (2009) stressed CSDT is based on the

influence trauma has on one's self development by affecting their personality. Devilly et

al. (2009) shared the theory explains how human services professionals deal with

traumatic experiences cognitively.

Miller et al. (2010) conducted a study regarding judges' responses to traumata

such as shootings in the courthouse and related it to constructivist self development

theory (CSDT). Results of the study indicated judges experienced distortions with at least

one of the five components of CSDT (Miller et al., 2010). The judges' experiences of

distortion indicated they had experienced vicarious trauma based on what happened in the

courtroom (Miller et al., 2010). Miller, et al. (2010) found judges responded to trauma

according to their feelings of safety, esteem, intimacy, trust, and/or need to control. The

aspects of CSDT derived from helping professionals developing distorted cognitive

schemas and perceptions as a defense mechanism to protect their worldviews against the

traumatic experiences of other people (Saakvitne & Pearlman, 1996). The foundation of

vicarious trauma derives from the aforementioned theory making it one of the important

phenomena to analyze. In addition, this particular occupational trauma is representative of helping professionals' reactions to the traumatizing events of others (Miller et al., 2010).

Saakvitne and Pearlman (1996) discussed the five components of CSDT relating to how one's self-image and concepts of reality are developed. The components of CSDT are (a) frame of reference: self-identity, worldviews, and belief system; (b) self-capacities: confidence in oneself; (c) ego resources: psychologically healthy to deal with reality and emotions; (d) psychological needs: feeling safe, ability to trust, having control, able to be intimate, and valuing oneself and others (esteem); and (e) cognitive schemas: established memory and perceptions of oneself and others (Saakvitne & Pearlman, 1996).

Vicarious trauma occurs when one or more of the CSDT components alter resulting from a helping professional engaged in continuous exposure to clients' trauma (Miller, et al., 2010). For example, experiencing frame of reference is when a helping professional loses his or her sense of who he or she is or what he or she believes. In other words, who they are or should believe in is no longer true (Miller, et al., 2010). Other examples of the last four components of CSDT can be summarized by the following: being positive about oneself (self-capacities), meeting one's own needs and relating to other people (ego resources); stability with self-capacities and ego resources (psychological needs); and developing perceptions according to how one manages the aforementioned components (Miller et al., 2010).

A disruption to any component of CSDT can cause vicarious trauma (Saakvitne & Pearlman, 1996). Theorists, Saakvitne and Pearlman provided the following declaration about vicarious trauma: "Vicarious traumatization is the transformation of a helping professional's inner experience due to empathic encounters of a client's trauma" (Saakvitne & Pearlman, 1996, p. 25). Williams et al. (2012) defined *vicarious trauma* as a traumatic reaction to specific client presented information. Vicarious trauma represents the changing of one's thinking pattern or outlook on life experiences based on other people's trauma and not on self-experienced trauma (Pearlman, 2012).

The theoretical framework, CSDT, assisted with the explanation of the phenomena in this study. The answers to the research questions added to the scope of the phenomena as the participants described their lived experiences. Analyzing whether occupational traumata applied to SCPSWs' lived experiences enhanced the current literature on conceptual concepts that affect child welfare. SCPSWs are also experienced child protection social workers who explained in detail their lived experiences and described the symptoms associated to those experiences. In addition, the subjects of this study shared their coping mechanisms.

Again, CSDT explained how helping professionals managed occupational trauma as they practiced self-care (Pearlman, 2013). Conducting a study on a specific group of helping professionals who had not been the focus in previous discussions on occupational traumata provided a profound analysis on the relationship between the encounters of SCPSWs and the essence of those experiences. However, it remained possible that once

the data were collected and analyzed using a qualitative phenomenological research methodology, other existing theories could also explain what is happening with SCPSWs' and their lived experiences. A review of contemporary literature on occupational trauma effecting professionals in other fields of human services and a review of research studies conducted on children protection social workers helped explain the encounters of SCPSWs.

Literature Review: Occupational Trauma

According to the American Psychological Association (2013), the definition of trauma is "an emotional response to a terrible event like an accident, rape, or natural disaster." Trauma experienced by helping professionals because of their work can manifest in several ways. Throughout the years, research studies have identified, measured, and evaluated occupational traumata working professionals' experience. The traumata included secondary traumatic stress, compassion fatigue, burnout, and/or vicarious trauma (Sprang et al., 2011). In addition, some studies mentioned countertransference as an occupational trauma (Figley, 1995; Gibbons, Murphy, & Joseph, 2011). Countertransference has evolved into a phenomenon that includes both the therapist and client's experiences (Gibbons, et al., 2011; Tosone et al., 2012). However, SCPSWs rarely participate in therapeutic settings in the scope of their work. Therefore, I did not discuss countertransference in this study regarding the lived experiences of SCPSWs since it is an approach used in therapeutic settings (Gibbons, et al., 2011;

Tosone et al., 2012). The concept of countertransference is a good exploration in future studies.

Many studies (Bourassa, 2009; Catanese, 2010; MacRitchie & Leibowitz, 2010; McNamara, 2010) have cross-referenced vicarious trauma with secondary traumatic stress and presented information that suggested the two are synonymous. Catanese (2010) proclaimed both terminologies share the same meaning and their symptoms mirror one another. Figley (1995; 1999) and Bourassa (2009) stated compassion fatigue is synonymous with secondary traumatic stress. Catanese, Bourassa, and Van Hook and Rothenberg (2009) wrote vicarious trauma, secondary traumatic stress, and compassion fatigue are the same phenomenon. This study attempted to assist in the differentiation between the various occupational traumata and discuss their similarities and differences. Also, it was imperative to describe the symptoms of vicarious trauma, secondary traumatic stress, compassion fatigue, and burnout so once the data were collected and analyzed it could be determined if they applied to the lived experiences of SCPSWs. In the following section, I compared vicarious trauma with other occupational traumata such as secondary traumatic stress, compassion fatigue, and burnout.

Secondary Traumatic Stress

O'Reilly et al. (2011) noted that social workers deliver services during difficult times that are highly stressful and emotional which creates an environment for secondary traumatic stress to develop. Figley (1995) stated that secondary traumatic stress happens when helping professionals indirectly become victims by taking care of traumatized

clients. Bride (2007) indicated that psychological traumatic events have reached beyond those who are directly affected and inadvertently have traumatized social workers who are sent to help trauma victims. Catanese (2010) specified, "Vicarious trauma occurs when a secondary person is exposed to the original victim" (p. 36). Nonetheless, vicarious trauma and secondary traumatic stress are two separate work related traumata because of their traits (Newell & MacNeil, 2010).

McNamara (2010) conducted a study that took place at an Australian juvenile justice facility, saying vicarious trauma is a secondary experience because trauma occurs secondhand. Then, McNamara furthered claimed and stated vicarious trauma is secondary traumatic stress. Participants in McNamara's qualitative study indirectly (second handedly) experienced symptoms of posttraumatic stress disorder based on American Psychological Association's (2013) definition of post-traumatic stress disorder. Carmel and Friedlander (2009) would indicate participants in McNamara's study experienced compassion fatigue because they believed it was synonymous with vicarious trauma. Nevertheless, McNamara described the participants' indirect experience as vicarious trauma due to their exposure of working with maltreated juvenile delinquents. Results of McNamara's study concluded that staff experienced changes in their worldviews, became numb, and experienced symptoms of intrusion due to the trauma staff heard the juveniles had suffered.

However, Meadors, Lamson, Swanson, White, and Sira (2009) explained researchers have moved away from secondary traumatization's original definition.

Apparently, several terms show a relationship with one another and subsequently over time have been merged to equate to the same definition (Meadors' et al., 2009). Similar terminologies such as compassion fatigue, secondary traumatic stress, and vicarious traumatization have been erroneously interchanged (Meadors' et al., 2009). Meadors' et al. study focused on making the distinctions between those terms and explored specifically how secondary traumatization affect healthcare providers who work with infants in a hospital setting (Meadors et al., 2009). The authors explained secondary traumatization is indirect exposure to trauma by hearing about it or caring for a traumatized person (Meadors et al., 2009). Secondary traumatic stress describes a state of emotional damage from making contact with a person who has been traumatized (Meadors et al., 2009). Yet, other studies (Boscarino, Adams, & Figley, 2010; Sprang et al., 2011; Tosone et al., 2012; Voss Horrell et al., 2011) have noted that secondary traumatic stress is human services professionals experiencing the same emotions as their clients because of the client's trauma.

Meadors et al. (2009) conducted a quantitative study using various tests to analyze data collected from questionnaires completed by 167 healthcare providers. Results of their study indicated a relationship existed between secondary traumatic stress, compassion fatigue, and burnout (Meadors et al., 2009). Other indications in Meadors' et al. study suggested secondary traumatic stress triggers compassion fatigue. Subsequently, the belief is there are differences in compassion fatigue, secondary traumatic stress, burnout, and vicarious trauma (Meadors et al., 2009). Nonetheless, researchers have

misinterpreted the definitions and used the terms interchangeably without considering their symptomology or original foundation (Meadors et al., 2009).

A study conducted in South Africa explained trauma workers (therapists, counselors, and social workers) encounter secondary traumatic stress due to personal and societal factors (MacRitchie & Leibowitz, 2010). Nevertheless, the level of exposure to traumatizing events has an effect on the development of secondary traumatic stress as well (MacRitchie & Leibowitz, 2010). Conversely, MacRitchie and Leibowitz also equated secondary traumatic stress to compassion fatigue as they have adopted Figley's (1995) notion indicating the terms are interchangeable.

A quantitative study completed by MacRitchie and Leibowitz (2010) revealed previous exposure to trauma had a strong correlation with developing secondary traumatic stress for professionals working with trauma victims. The population studied represented a sample of 64 trauma workers in MacRitchie and Leibowitz's research study. They completed a questionnaire comprised of checklists, self-tests, indexes, and scales. Overall, empathy was an attribute MacRitchie and Leibowitz linked to trauma workers developing secondary traumatic stress. In addition, high levels of empathy found among the participants elicited spikes in their chances of developing compassion fatigue and vicarious trauma (MacRitchie & Leibowitz, 2010). Nevertheless, keep in mind the authors used secondary traumatic stress, compassion fatigue, and vicarious traumatization interchangeably.

Compassion Fatigue

Figley (1995) created the term "compassion fatigue" to explain the nature of feelings social workers and counselors experienced when they worked with traumatized clients. Bourassa (2009) discussed compassion fatigue among social workers in adult protective services and stated learning of clients' trauma placed social workers at risk of developing compassion fatigue. This particular occupational trauma is described as a stressor eventually effecting helping professionals as they come in contact with, listen to, and/or witness the trauma clients endure (Bourassa, 2009). In Bourassa's study, the author's explanation of compassion fatigue mimics secondary traumatic stress (Naturale, 2007). More so, Figley (1999) stated compassion fatigue and secondary traumatic stress are interchangeably. Researchers noted it only takes one incident of exposure to another person's trauma to develop compassion fatigue, which is similar to post traumatic stress disorder symptoms (Bourassa, 2009; Figley, 1995).

Compassion fatigue differs from vicarious trauma because the former results from one occurrence of exposure to trauma and the latter occurs over a period of time as helping professionals are continuously exposed to their clients' trauma (Figley, 1995; Howlett & Collins, 2014; Vicarious Trauma Institute, 2012). Howlett and Collins (2014) indicated compassion fatigue relates more to emotional and physical fatigue. Compassion fatigue occurs because working with suffering people during an extended period of time (Figley, 1995; Berzoff & Kita, 2010; Mathieu, 2012). The affected of compassion fatigue

on helping professionals affects them cognitively, behaviorally, and emotionally (Figley, 1995).

The occupational traumata social workers endure due to secondary exposure have an effect on their emotional and psychological well-being in similar ways posttraumatic stress has on primary victims (Voss Horrell et al., 2011). McGregor (2009) declared stress and burnout affect social workers from doing their job well and now they are becoming irresponsible. Working with traumatized clients and working in hostile environments for social workers can cause an array of ill feelings that affects one's psychological and emotional well-being. Voss Horrell et al. (2011) noted the differences between compassion fatigue, secondary traumatic stress, burnout, and vicarious trauma.

Compassion fatigue relates with secondary traumatic stress, which is associated with posttraumatic stress symptoms; burnout relates to workplace environment stressors like micromanagement and monotonous work tasks; and vicarious trauma associates to changes in thoughts, beliefs, and perceptions (Voss Horrell et al., 2011). Newell and MacNeil (2010) indicated vicarious trauma is more intense than burnout and secondary traumatic stress because cognitive changes occur regarding beliefs, self-perceptions, and worldviews. The authors expressed burnout and secondary traumatic stress in relationship to emotional patterns and behavioral symptomology (Newell & MacNeil, 2010).

Sprang et al. (2011) indicated compassion fatigue is a lighter description of secondary traumatic stress. However, Bush (2009) proclaimed secondary traumatic stress is a combination of compassion fatigue and vicarious trauma. According to Berzoff and

Kita (2010), compassion fatigue is a state of being emotionally overwhelmed. Negash and Sahin (2011) described compassion fatigue as extensive exposure to people displaying high states of emotional stress. Based on current literature, secondary traumatic stress presents as symptoms of post-traumatic stress disorder in non-primary victims of trauma and compassion fatigue is frequent contact with trauma victims causing great emotional distress to human service professionals (Bourassa, 2009). According to Portnoy (2011), researchers are not acknowledging the psychodynamic concepts of compassion fatigue. Particularly, vicarious trauma is distinctively different from secondary traumatic stress and compassion fatigue (Shoji et al., 2015; Vicarious Trauma Institute, 2012; Voss Horrell et al., 2011).

Burnout

Burnout has also been associated to vicarious trauma similar to compassion fatigue and secondary traumatic stress. Cody (2011) shared compassion fatigue is a companion to burnout and eventually, compassion fatigue will need to be treated to prevent burnout from occurring. Argentero and Setti (2011) investigated the symptomology of vicarious trauma among rescue personnel in Italy and the results indicated burnout and vicarious traumatization are associated. However, Argentero and Setti (2011) found there are differences between burnout and vicarious trauma. Burnout occurs in helping professionals and people in general resulting from demanding and overwhelming tasks in the workplace environment (Knight, 2015; Sprang et al., 2012). In addition, it is more of an occupational stressor than a trauma as explained by many

authors (Howlett & Collins, 2014; Sprang et al., 2011). Contrary to the aforementioned discussion, compassion fatigue, burnout, secondary traumatic stress, and vicarious trauma are respectively different (Tosone et al., 2012).

Shoji et al., (2015), Sprang et al., 2011, and Tosone et al., (2012), indicated burnout is not secondary traumatic stress; however, Figley (1995) stated secondary traumatic stress name changed to compassion fatigue due to post-traumatic stress disorder symptomology. Negash and Sahin (2011) and Portnoy (2011) stated compassion fatigue is a version of burnout. Furthermore, both are similar to each other and they affect relationships (Portnoy, 2011). Burnout results from helping professionals' indirect exposure to trauma (Negash & Sahin, 2011). Reflecting on the definitions of secondary traumatic stress, burnout, compassion fatigue, and vicarious trauma, a pattern presents showing how each relate to one another while affecting different aspects of the helping professional. Cicognani et al. (2009) notated burnout develops from prolonged job stress and compassion fatigue is an outcome sudden exposure to stressful events in the workplace.

Van Hook and Rothenberg (2009) investigated how social workers in Central Florida experienced compassion fatigue, vicarious trauma, and burnout. The authors sought answers to five research questions regarding the previously mentioned occupational traumata (Van Hook & Rothenberg, 2009). In their study, they found social workers are very susceptible to compassion fatigue and secondary traumatic stress, but burnout was low among social workers (Van Hook & Rothenberg, 2009). However,

Michalopolous and Aparicio (2012) found social workers experience vicarious trauma due to their work environments.

Bourassa (2009) discussed the various effects of vicarious trauma to social workers and addressed self-intervention methods. Keeling (2012) reported occurrences of vicarious trauma may lead to compassion fatigue and then result in burnout. Adams and Riggs (2008) conducted a study and found psychological defense mechanisms effectively deal with work related traumata like vicarious trauma. Howlett and Collins (2014) said intervention and prevention methods at the organization level offset trauma experienced in the workplace. Sprang et al. (2011) noted there is very little organizational and professional support for social workers dealing with occupational trauma. Therefore, social workers meet with their colleagues and peers to deal with secondary traumatic stress (Pulido, 2012). In addition, characteristics like emotional intelligence and using various other coping strategies can be effective in managing occupational traumata (Grafton et al., 2010).

Nevertheless, based on the aforementioned studies (Bourassa, 2009; Howlett & Collins, 2014; MacRitchie & Leibowitz, 2010; Tosone et al., 2012) terms for work related traumata are often used interchangeably, which can be confusing and complex for some audiences. As shown in Table 1, the definitions are different and most symptomologies as well. Weaving through literature and deciphering the definition of work related traumata leads to defining vicarious trauma according to various definitions found in contemporary literature in order for participants in this study to apply it to their

work related trauma experiences. The definition of vicarious trauma was derived from the consensus of studies completed by Ilesanmi and Eboiyehi (2012), Keeling (2012), Saakvitne and Pearlman (1996) and the Vicarious Trauma Institute, (2012). For the purpose of this study, the definition of vicarious trauma was as follows: cognitive transformations for human services providers affecting their beliefs, worldviews, and self-perceptions due to repeated exposures of secondhand trauma experiences causing high levels of emotional and psychological distress.

The above literature review addressed the research questions for this study as the participants' statements and meaning of their lived experiences described characteristics similar to the mentioned phenomena. Studies conducted by Knight (2015), O'Reilly et al. (2011), Sprang et al. (2011), and Rhee et al. (2013), were based on the experiences of social workers or child protection social workers in child welfare agencies. Each study indicated that those professionals experienced one or more occupational trauma in the form of vicarious trauma, secondary traumatic stress, compassion fatigue, and/or burnout. The present approach to this study was meaningful because SCPSWs were former child protection social workers and they continue to do the same work, but on a management level which includes additional responsibilities (Goddard & Hunt, 2011).

Table 1

Occupational Traumata Affecting Human Service Providers

Occupational traumata	Definition	Symptoms	Authors
Secondary traumatic stress	Experiencing the trauma of a victimized loved one, family member, or friend by hearing about their trauma.	Intrusive imagery, avoidance of reminders, distressing emotions, hyper arousal, and functional impairment. Most symptoms resemble those of PTSD.	B. E. Bride (2012) In C. Figley, *Encyclopedia of Trauma: An Interdisciplinary Guide.*
Compassion fatigue	Emotional and physical exhaustion of caregivers and human service providers from hearing clients' stories.	Decreased levels of quality of care, lack of empathy, increased rates of depression and stress, and anxiety.	C. R. Figley (1995); F. Mathieu (2012) In C. Figley, *Encyclopedia of Trauma: An Interdisciplinary Guide.*
Vicarious trauma	Process of change for human services providers that happens over a period of time that effects their cognitive schemas of identify, belief system, and memory system from working with traumatized clients; specific to trauma workers.	Social withdrawals, aggression, sleep disruption, depression, disruption in core beliefs, hyper vigilance, cynical, and trust issues.	Pearlman & Saakvitne (1996); Pearlman (2012) In C. Figley, *Encyclopedia of Trauma: An Interdisciplinary Guide.*
Burnout	Loss of ideals, hope, and goals; emotional exhaustion and psychological stress from dealing with difficult clients and overwhelmed due to work obligations; not specific to any profession.	Lack of motivation, negative self-esteem, and poor attitude, no desire to be effective or productive.	Trippany, White-Kress, & Wilcoxon (2004); T. E. Baker (2012) In C. Figley, *Encyclopedia of Trauma: An Interdisciplinary Guide.*

Summary

A literature review of studies and articles on occupational traumata revealed there are similarities and differences among vicarious trauma, secondary traumatic stress, compassion fatigue, and burnout (Mathieu, 2014). A vast number of definitions for vicarious trauma exist which have been used interchangeably with secondary traumatic stress and compassion fatigue (MacRitchie & Leibowitz, 2010). On one hand, there are studies proclaiming vicarious trauma and secondary traumatic stress are the same (Keeling, 2012; Mathieu, 2014). On the other hand, there are other studies indicating vicarious trauma and compassion fatigue is the same (McNamara, 2010). Some literature on occupational trauma appeared to be confusing and ambiguous about these definitions, particularly concerning vicarious trauma. Researchers indicated vicarious trauma and burnout are not the same (Boscarino et al., 2010; Knight, 2015; Newell & MacNeil, 2010; Tosone et al., 2012). In addition, the literature indicated vicarious trauma differs from compassion fatigue and secondary traumatic stress (Newell & MacNeil, 2010; Tosone et al., 2012; Voss Horrell, et al., 2011).

Traditionally, the description of secondary traumatic stress indicated a behavioral construct similar to post traumatic stress disorder symptomology (MacRitchie & Leibowitz, 2010; Sprang et al., 2011; Tosone et al., 2012; Voss Horrell et al., 2011). Compassion fatigue description indicated a prolonged emotional stress experienced at high levels resulting in fatigue (Hernandez, Engstrom, & Gangsei, 2010). Burnout attributed to exhaustion of work related issues like excessive paperwork, high caseloads,

unsupportive supervisors and co-workers, and hostile work environments that eventually

wears down human services professionals, emotionally, psychologically, and physically

overtime (Shoji et al., 2015).

Establishing a working definition of vicarious trauma was important so there is a

foundation to identify it. My intention was to move away from the stereotypical notion

set by many authors (Bourassa, 2009; Catanese, 2010; MacRitchie & Leibowitz, 2010;

McNamara, 2010; Van Hook & Rothenberg, 2009) who wrote vicarious trauma is

synonymous to secondary traumatic stress. My research sought to identify whether it is

wiser to revert to the initial meaning of vicarious trauma introduced by Saakvitne and

Pearlman (1996) to distinguish a clear meaning of the term. In addition, I believed it was

logical to focus on CSDT as it may explain the lived experiences of SCPSWs. Reflecting

on prior studies focused on occupational trauma in several human services fields has

illustrated the encounters of SCPSWs are a doable study because this particular group are

rarely discussed in previous studies. In the following chapter, I discussed the research

methodology of this study in detail and outlined the research design to explore the lived

experiences of SCPSWs.

Chapter 3: Research Method

Introduction

I used a qualitative phenomenological approach in this study to explore the lived experiences of SCPSWs by conducting interviews with the volunteers to describe their experiences in their own words. According to Lichtman (2013), Van Manen (2014), and Rudestam and Newton (2014), phenomenological research investigates the nature of a phenomenon among a group of people and identifies the themes or categories emerging from the meaning of their lived experience. Based on the themes emerging from the participants' responses to the interview questions, the performance of a data analysis determined the significance of meaning that arose among the participants' encounters. The purpose of this study was to explore the lived experiences of SCPSWs and describe the essence of those events to determine whether occupational trauma had an effect on them doing a sufficient job. The participants of this study were SCPSWs who were experienced child protection social workers. My role as the researcher of this study did not present an issue regarding conflict of interest because I am also a SCPSW.

I recruited participants from public child welfare agencies in southern California. The data retrieved for this study occurred during individual interviews with SCPSWs who are current employees with a child welfare agency in southern California. The interviews consisted of qualitative interview questions and the application of Rubin and Rubin's (2011) responsive interviewing model to elicit information for data analysis at a later stage in the study. Responsive interviewing is the practice of deriving interview

questions during the interview process based on a participant's response to previous interview questions (Rubin & Rubin, 2011). In addition, I asked follow-up questions to provide depth and details to the interviewing process as the participants clarified and expanded on their responses (Finlay, 2014; Rubin & Rubin, 2011; Seidman, 2012).

Research Design and Rationale

I chose phenomenology as the research methodology for this study to explore the lived experiences of SCPSWs. A gap in child welfare literature exists because I was unable to locate salient research on the lived experiences of this particular group of human services' professionals. Conducting a phenomenological study presented an opportunity for new information to emerge about the meaning of the lived experiences of SCPSWs once data collection and analysis transpired for the meaning and significance of statements (Van Manen, 2014; Merriam, 2009; Lichtman, 2014). Participants in this study discussed their lived experiences. The central research question for this qualitative phenomenological study was: What are the lived experiences of SCPSWs? Subquestions that will follow are as follows:

• What issues have emerged because of these experiences?

• Have their experiences affected their personal lives and relationships? If so, how?

• What measures do they take to cope with their occupational experiences?

These research questions elicited in-depth responses from the participants to explain the essence of their lived experiences as SCPSWs (Rubin & Rubin, 2011; Seidman, 2012).

Conducting phenomenological research on the lived experiences of SCPSWs assisted in developing conclusions about their common encounters that may influence the development of policies and practices to minimize work related psychological and emotional concerns for all levels in child welfare services (Knight, 2015; Tosone et al., 2012). Using open-ended questions during the interview process assisted participants in explaining their lived experiences in their own words (Van Manen, 2014; Merriam, 2009; Rubin & Rubin, 2011; Seidman, 2012).

I considered other qualitative approaches for this research study; however, the unit of analysis and focus of study distinguished the difference among the common approaches: (a) narrative, (b) ethnography, and (c) case study (Rudestam & Newton, 2014). First, narrative qualitative research focuses on an individual and concentrates on his or her life span to outline his or her experiences (Rudestam & Newton, 2014). Second, an ethnography approach analyzes a group based on the culture they share (Rudestam & Newton, 2014). Next, case study inquiry evaluates a particular case, event, or activity that involves multiple individuals (Rudestam & Newton, 2014). Grounded theory proposes an analysis of observations produce a theory based on data gathered from multiple people (Rudestam & Newton, 2014). Again, phenomenological inquiry presented to be more suited for this research study because participants had the opportunity to explain the essence of their lived experiences in their own words (Rudestam & Newton, 2014).

Previous research studies have focused more on quantitative and mixed methodologies providing insight into the common terminologies associated to occupational trauma and often used terms interchangeably (Bourassa, 2009; Howlett & Collins, 2014; MacRitchie & Leibowitz, 2010; Tosone et al., 2012). Subsequently, the true nature and original meaning of vicarious trauma has been misconstrued (Meadors et al., 2009). The theoretical framework CSDT dwells on vicarious trauma, but also provides a general rationale on how professionals cope with indirect trauma (Branson et al., 2014). Among the mentioned occupational traumata in this study, the concept of vicarious trauma derived from CSDT, as the adaption to trauma is described (Branson et al., 2014; Devilly et al., 2009). However, the lived experiences of SCPSWs require identification and analyzation in order for the meaning and significance of statements to surface contributing to a new understanding or perception of work in child protection services. Realistically, a qualitative phenomenological study is a good research approach to understanding the lives of individuals who share common factors.

Role of the Researcher

My role as the researcher of this study consisted of conducting interviews, recording responses, and transcribing field notes to present an in-depth analysis of the data. In this study, I, interviewed participants using open-ended questions with a responsive interviewing approach (Rubin & Rubin, 2011). I hold the job title of SCPSW like the participants recruited for this study and my employment with one of the child

welfare agencies in southern California did not present any issues during the data collection process.

Conversely, I had no influence or authority over the participants in this study and their participation was voluntary and confidential. The measure taken to minimize my role of influence and authority included using SCPSWs outside my assigned office. Such measure helped eliminate coercion and retaliation on participants because their employment remained unthreatened because my job title renders no power over employees with the same job title and status.

The biases I brought to this study as the researcher were pivotal to address upfront to clarify my role and position as they relate to this study (Rudestam & Newton, 2014). Based on my experiences as a SCPSW, I have witnessed inconsistencies in the workplace associated with work ethics. I think most upper management of child protection social workers only show up to work for the pay and health benefits as they have experienced burnout and care less about the nature of the job. In addition, some people on the job lack comprehension skills to be effective to perform his or her job tasks. Lastly, SCPSWs who have experienced or who are dealing with personal trauma may not effectively help other individuals in traumatic situations as countertransference can occur (Figley, 1995).

According to Van Manen (2014), researchers ensure credibility, trustworthiness, and quality by acknowledging his/her biases, stating his/her position at the beginning of the research, and exploring all avenues of the research even if the road does not travel in the direction of the data. As the researcher of this study, I am ethically obligated to

disclose that I am an SCPSW employed with public child welfare agency where

participants have volunteered to participate in this study. My experiences in the capacity

of my occupation have continuously exposed me to traumatized children resulting in a

change to my cognitive perceptions of the world and people around me. Such cognitive

changes to my worldviews suggest that I may have experienced vicarious trauma

(Meadors, et al., 2009; Pearlman, 2012). I believed other SCPSWs had similar incidents

and they shared the essence of their lived experiences regarding their supervision of child

protection social workers who have experienced occupational trauma (Goddard & Hunt,

2011; Michalopoulos & Aparicio, 2012; O'Reilly et al., 2011; Rhee et al., 2013).

Methodology

The population for this study consisted of SCPSWs from the southern California

region. The sample size included 10 SCPSWs based on criterion sampling. According to

Converse (2012) and Mason (2010), qualitative phenomenological researchers should

keep the sample size small. The sample size in qualitative studies is small compared to

other methodologies because qualitative studies are more concerned with information that

is rich with information and not generalized (Rudestam & Newton, 2014). In addition, I

used interviews to extract in-depth information from the participants and collected data

until I obtained saturation (Seidman, 2012). The phenomenon of this study was

occupational trauma such as vicarious trauma, secondary traumatic stress, compassion

fatigue, and/or burnout, which is emotional, psychological, and/or physical exhaustion

from exposure to indirect trauma in the workplace (Mathieu, 2014; Shoji, 2015).

Participants Selection

The criteria set for subjects to participate in this study included working for a child welfare agency in southern California and holding the job title of SCPSW or its equivalent "Supervising Children's Social Worker." All SCPSWs have a bachelor's degree and some moved on to receive their graduate degrees. Child welfare agencies in southern California employ individuals with college degrees in sociology, psychology, social work, and child development (Bureau of Labor Statistics, 2016). I employed a purposeful criterion sample to limit my authority over participants and minimize my influence by using subjects with the same or equivalent job title. Suri (2011) indicated criterion sampling promotes quality assurance. In addition, criterion sampling offers researchers the opportunity to gather in-depth information as the participants share common characteristics to a particular phenomenon (Suri, 2011).

As the researcher of this study, I recruited participants using social media websites, Facebook and LinkedIn, by creating community pages seeking volunteers. The community pages I created had my contact information for SCPSWs to call or email me if they were interested in voluntarily participating in this research study. Participants had the opportunity to contact me to obtain additional information about this study and provide their contact information if they had remained interested in participating.

Once the potential subjects made telephonic or email contact with me, I collected their names and contact information. Then I scheduled interviews based on the participant's availability. The selection of candidates for this study happened by picking,

the first 10 inquiries received and if the participants actually hold the job title of SCPSW or its equivalent. However, if more than10 SCPSWs volunteered to participate in this research study, then I selected based on which participant was available first for data collection. On the other hand, if less than 10 participants inquired about this study, I had planned to expand recruitment beyond the region of southern California.

The location of the interviews was at the discretion of the volunteering SCPSWs. Face-to-face interviews took place at neutral locations of the participants' choosing to establish a setting that was comfortable for the subject to talk freely. I established the identification of participants by checking their work badges that contained their names, job titles, and place of employment. The presenting barrier during this process consisted of individuals expressing their interest to participate in this study, but not following through with this researcher for scheduled face-to-face interviews. However, I avoided ethical issues by maintaining the confidentiality of the subjects, not discussing one subject's data with another subject, and keeping all data secured in a locked satchel during data collection and then later in my home security safe.

Saturation with a sample size of 10 SCPSWs appeared sufficient because I interviewed them until no new information was available about their lived experiences (Mason, 2010). In addition, once information and data collection were over, this researcher began reviewing field notes and the transcribed interviews. During the follow up interviews, the participants indicated they had no additional information to provide as evident when they began repeating similar responses to different questions. Based on

their nature of work, obtaining rich information and data from 10 voluntary SCPSWs on their lived experiences was crucial (Mason, 2010; Shivy, 2012).

Instrumentation and Data Collection

A researcher's key role in qualitative research is to collect data and information from voluntary participants for analysis and interpretation later (Rudestam & Newton, 2014; Van Manen, 2014). During the interview process with the subjects, I took hand written notes on interview protocol sheets (Appendix A) and tape-recorded the interviews (Ruben & Ruben, 2011). I developed an interview protocol sheet to hand record information during interviews for data analysis at a later time and interpretation (Lichtman, 2013; Van Manen, 2014; Merriam, 2009) (Appendix A). The purpose of the interview protocol sheets was to record the answers to the interview questions about their lived experiences of working with traumatized clients.

The data collected on the interview protocol sheets helped answer the research questions of this study. During the course of interviews, I used a digital handheld voice recorder to collect data for future analysis as it assures accuracy of recording and data collection (Rudestam & Newton, 2014). Rubin and Rubin (2011) also advised using digital voice recording devices because they are less detractive, recordings download to audio files on a computer, and they record for hours without a tape. Methodically, I requested each SCPSW's permission to audio record the interview prior to collecting data and all SCPSWs agreed.

Collection of data took place during a period of several weeks until the desired number of 10 or data saturation occurred. I limited the interviews to two per day to allow myself time to review the audio recordings and field notes. Rubin and Rubin (2011) suggested transcribing field notes quickly after interviews because the researcher will have better recollection of what the subjects divulged. Seidman (2012) indicated spacing between interviews should be at least 3 days to a week to allow participants to reflect on the information they shared. SCPSWs were interviewed for approximately one hour during the initial interview in hopes of soliciting sufficient responses to questions, which I will recorded for analysis at a later time. Subsequently, after conducting the initial interviews and reviewing the transcribed field notes, I followed up with the SCPSWs 2 weeks later for clarification and accuracy with a second member-checking interview (Rubin & Rubin, 2011; Seidman, 2012).

During the initial interview process, I reminded the subjects of the follow up interview within 2 weeks to clarify (member checking) the collected data and obtain additional information if necessary. In addition, I informed the SCPSWs that the follow up interview will take no longer than 30 minutes of their time and I would contact them by telephone or email to set up a date and time that is convenient for them. At the end of each interview, I informed the participants they could receive a summary of the results on this research study by sending a request to this researcher (Rudestam & Newton, 2014). Further, the invitation letter (Appendix D) provided to the subjects prior to their involvement in this study explained the purpose of the study, who it will benefit, and

what social change can result from their involvement. During the course of data

collection, I did not offer or provide SCPSWs compensation for their participation.

Nonetheless, I thanked them for their time and candidacy. Finally, I reminded the

participants their participation in this study was voluntary and they could withdraw at any

time. In addition, their identification will remain confidential.

Data Analysis

I conducted data analysis using codes to highlight significant statements and key

words used by SCPSWs to describe the essence of their lived experiences (Rubin &

Rubin, 2011; Seidman, 2012; Van Manen, 2014). Initially I used data analysis software,

Atlas.ti version 7 (2015), to group codes based on the emerging information (Saldana,

2013). I named codes based on the participants' wordings. Saldana (2013) stated this type

of coding is "in vivo codes" and suggested codes be named closely to the concept or

pattern that is conveyed from the data. However, the emerging codes were broad making

it difficult to reduce them to themes. Consequently, I reviewed the collected information

again and then engaged in coding the data for a second time by hand. Once the codes

emerged, I then reduced them to themes for further analysis of commonalities shared

among the SCPSWs (Maxwell, 2014; Saldana, 2013).

I clarified discrepancy issues during the initial interview or during the member-

checking process (Houghton, Casey, Shaw, & Murphy, 2013). For example, if a SCPSW

contradicted himself or herself, I followed up with the participant during the interview or

during the seconding meeting (member checking) to obtain explanations. Each subject

expressed differences and similarities in their experiences. Nonetheless, I engaged in member checking with the participants during the last interview as one form of establishing validation of the findings (Creswell, 2009; 2012; Patton, 2002; Rudestam & Newton, 2014).

Issues of Trustworthiness

The establishment of validation for credibility in this study took place using follow up questions and member checking with the participants (Houghton et al., 2013). I rephrased interview questions for participants' if their responses were ambiguous or the subjects moved away from the general topic. Houghton, Casey, Shaw, and Murphy (2013) and Mason (2010) noted member checking establishes validation because it verifies the accuracy of the information provided. Rudestam and Newton (2014) indicated member checking establishes credibility and confirmability in qualitative studies. I was not able to ascertain if SCPSWs exaggerated and/or distorted their experiences since individual situations vary and the subjects reported they encountered multiple events over the time of their career.

Verification of Transferability and Dependability

According to Creswell (2009; 2012) and Rudestam and Newton (2014), several validation strategies exist to address issues such as transferability. I achieved transferability with rich, thick description of data provided by interviewees (Creswell 2009; 2012; Rudestam & Newton, 2014). Descriptive details about the subjects and the study's setting were transparent, which provides the audience an illustration that is

transferable to other areas (Houghton et al., 2013). Reliability in qualitative research focuses on establishing dependability (Houghton et al., 2013). The use of digital tape recordings and accurate transcription of field notes are strategies in qualitative research that applied dependability to this study (Creswell, 2012; Rudestam & Newton, 2014).

Ethical Procedures

The SCPSWs invited to participate in this study work for public child welfare agencies in southern California. The selection of participants did not include factors of race, gender, religious affiliation, age, sexual orientation, or nationality. However, to prevent conflicts of interest, the subjects were required to hold the same job title as this researcher of SCPSW to participate in this study. The act of coercion and retaliation on the participants was irrelevant in this study because I had no authority or power to jeopardize their employment status or personal lives.

I collected data from 10 SCPSWs who volunteered their time for me to conduct interviews with them and I assured their identifying information would remain confidential. I stored collected data and the information on USB drives and secured them in a locked security box at my place of residence. I followed the procedures below to recruit and inform SCPSWs about this study, data collection, analysis, storage and all confidential information.

1. Created a community page with content from flyer (Appendix B) on social media websites, Facebook and LinkedIn, inviting SCPSWs to contact me on my personal cell or email regarding participation in this research study.

2. Checked voicemail messages and emails for responses from potential subjects.

3. Documented contact information of potential participants who emailed or called me to express their interest of participating in this study.

4. Returned calls and/or responded to emails of potential participants.

5. Scheduled interview dates, times, and locations with respondents who reported working for a child welfare agency in southern California.

6. Met with subjects at the location of their choosing; provided the informed consent; once signed, began interviewing using a digital voice recorder and interview protocol worksheet (Appendix A).

7. At the end of each interview, scheduled the date, time, and location of the next meeting for follow-up questions and member checking.

8. Professional transcription of the digital recordings and completed non-disclosure statement (Appendix D) with company.

9. Met SCPSWs within 2 weeks from the initial interview to review transcripts and clarify/follow-up on ambiguous data. Engaged in member checking.

10. Gave SCPSWS my contact information if they choose to obtain results of this study. Addressed the subjects' questions and concerns; thanked them for their cooperation.

11. Began data analysis by coding transcriptions and notes on interview protocol worksheets (Appendix A) using qualitative data analysis computer software program, Atlas.ti version 7.

12. Completed a second data analysis after hand coding the data using colored highlighters.

13. Identified the emerging themes of the data.

14. Maintained all collected data and SCPSWs' information inside a locked security safe at my residence.

Summary

I explored the lived experiences of SCPSWs using a qualitative phenomenological approach (Converse, 2012; Finaly, 2014). Prior research studies have focused more on quantitative methodologies to address the occupational work hazards human services providers' experience. The essence of SCPSWs' lived experiences could not be located in current literature. Literature exists regarding the lived experiences of social workers (Goddard & Hunt, 2011; Rhee et al., 2013), clinicians (Pulido, 2012; Gnilka et al., 2015), and other human services workers like nurses and doctors (Shoji et al., 2015; Rashid & Talib, 2015). Those studies indicated helping professionals have encountered occupational traumata such as vicarious trauma, secondary traumatic stress, compassion fatigue, and/or burnout due to their workplace. In my experience as a SCPSW in a public child welfare agency, it is feasible the subjects in this study are also susceptible to occupational traumata because of their exposure to high levels of trauma in their workplace. Biases and ethical issues were minimal in this study because participants volunteered, they held the same job title as this researcher, and they choose the setting of the interviews. Subsequently, conflicts of interest, coercion, and threats of retaliation

bared no risk to the subjects, as this researcher had no authority or influence over their employment status.

SCPSWs from child welfare agencies in southern California provided the data collected in this study until the achievement of saturation. I captured the data using interview protocol worksheets (Appendix A) and a digital voice recorder for accuracy. Once transcription of the data finalized, analysis of the data took place by describing the essence of SCPSWs' lived experiences. I defined the emerging themes of the analyzed data and used the subjects' shared information to expound on their perception of their experiences. Validity and reliability were established using member checking, rich, thick descriptions, and a digital voice recorder for accuracy. The security of data and information collected from SCPSWs are only available to this researcher, the dissertation committee members and Walden's IRB upon request. Moreover, I placed it on USB drives secured in my home inside a locked security safe.

In Chapter 4, I methodically and thoroughly discuss the data collection and analysis. The chapter includes SCPSWs' responses to interview questions, which addressed the research questions of this study. Participants described their experiences in their own words and provided a variety of responses detailing the significance of their lived experiences. The definitions of occupational traumata discussed in this study were not as complex as vicarious trauma; however, they do have similarities and differences regarding symptomology. I used the following definition for vicarious trauma: cognitive transformations for human services providers affecting their beliefs, worldviews, and

self-perceptions due to repeated exposures of secondhand trauma experiences that cause

high levels of emotional and psychological distress. I summarized the definition based on

the writings of Ilesanmi and Eboiyehi (2012), Michalopoulos and Aparicio (2012),

Pearlman (2012), Saakvitne and Pearlman (1996), and Vicarious Trauma Institute,

(2012).

Chapter 4: Research Findings

Introduction

The purpose of this qualitative phenomenological research study was to explore the lived experiences of SCPSW and to describe the essence of those experiences. I collected data by interviewing 10 SCPSWs individually in face-to-face settings. I developed interview questions with the intent of eliciting responses from the participants to address the research questions. Themes emerged during the data analysis describing the participants' experiences and perception of their lives as SCPSWs.

The main research question of this study was: What are the lived experiences of SCPSWs? The subquestions are:

- What issues have emerged because of these experiences?

- Have their experiences affected their personal lives and relationships? If so, how?

- What measures do they take to cope with their occupational experiences?

In this chapter, I describe the settings, demographics of the participants, data collection, data analysis, and the findings as they developed for this study.

Setting

Initially, I sought to collect data from SCPSWs at my workplace, which is a public child welfare agency. However, my request to post flyers on general purpose bulletin boards at several regional offices of my employer was not approved by my employer's systems improvement section that supports and monitors research conducted

within the agency. The agency indicated their reason for denying my request was due to not wanting to overburden the employees with additional work.

The location to recruit such participants was limited to the southern California region. Because I live and work in southern California, recruitment of subjects outside this area would have been costly. Generally, SCPSWs work in public and nonprofit child welfare agencies (Salus, 2004). Nonetheless, public child welfare agencies in the California operate at the government level of each county, instead of sole control by the state (Reed & Karpilow, 2009). California has 58 counties and each county varies with their operation of child welfare services (Redd & Karpilow, 2009). Time constraints restricted the selection of other child welfare agencies in the southern California region. Subsequently, I submitted a request for change in procedures to the Walden University Institutional Review Board (IRB).

The change in procedures involved recruiting potential candidates using Facebook and LinkedIn social media websites by first creating community pages. Then I posted invitations to take part in this research study on each website. A community page on social media websites displays information regarding a specific topic (Business Dictionary, 2015). Once the Walden University IRB approved the change in my procedures and authorized approval number 12-12-14-0172427, I created the community pages for both social media websites and invited potential contributors to participate in this study by displaying the same information on the prepared flyer previously intended under the initial recruitment plan (Appendix B).

Gradually, potential candidates began to respond to the Facebook and LinkedIn community pages. The messages I received on them indicated the readers liked the postings and some potential participants provided their email addresses for me to contact them. Some individuals were from places around the world such as England, India, Africa, Canada, and Australia. I also received correspondence from individuals in Florida and Texas. All those individuals expressed an interest in participating in this study. However, the requirement for face-to-face interviews precluded their involvement. Therefore, I emailed those individuals informing them of the following criterion for this study, which included SCPSWs currently employed at a public child welfare agency in southern California.

Subsequently, I received several inquiries and messages on my personal cell phone and/or email at my Walden University email account from 16 individuals. The 16 potential candidates identified themselves as SCPSWs in southern California and they had agreed to face-to-face interviews. Based on the potential participants' availability, we scheduled dates and times to conduct face-to-face interviews. I selected the first 10 participants who were available on the earliest date and time because 10 subjects were the target population for this study. Six potential candidates did not follow through on their scheduled interviews, so I replaced them with the other six available candidates because they became nonresponsive to telephone calls and voicemail messages. I suspected some potential participants were preoccupied with prior commitments or other obligations especially because spring break occurred during the first 3 weeks of data collection.

Prior to the start of the face-to-face interviews, each respondent provided me with his/her work verification. Each candidate was able to validate his/her current position as an SCPSW by presenting me with his/her employment identification card also known as a work badge. The work badges contained the participant's photo, work title, name, and place of employment. Then I assigned each SCPSW an alphanumeric reference number to maintain his/her confidentiality in this study. I identified the first volunteering candidate as 'P001' and then each participant thereafter was assigned the letter "P" and the chronological number in sequence (i.e., P002…P010).

In the next section of this chapter, I documented some general details about each participant who volunteered to participate in this study. The subjects are SCPSWs representing two child welfare agencies in southern California and made themselves available for face-to-face interviews at their earliest convenience.

Demographics

SCPSWs were the desired applicants to contribute to this research study because of their implied familiarity with the study's purpose. According to the U.S. Department of Health and Human Services (2004), the job responsibilities of SCPSWs are to achieve safety, permanency, and assure the well-being of children. They accomplish this by building relationships with staff and managing the development of their subordinates who directly investigate allegations of child abuse and/or neglect.

The profiles of the participants are:

- P001 is a female SCPSW with Los Angeles County Department of Children and Family Services. The candidate has worked for the agency for 15 years and she has Bachelor degrees in Psychology and Ethics. This participant had work experience in private business not related to human services.

- P002 is a male SCPSW who has worked for Los Angeles County Department of Children and Family Services for 10 years, and has been a supervisor for 3 years. This participate begin a career is the financial sector, and then returned to college to earn a Master of Social Worker (MSW) degree prior to beginning a career in child welfare services with a private nonprofit agency. A few years later, this subject started working for Los Angeles County Department of Children and Family Services.

- P003 has worked for Los Angeles County Department of Children and Family Services for 16 years and she has been supervising for the last 7 years. She earned a Bachelor degree in Sociology and an MSW. According to this candidate, she has previous experience at group homes designed for foster children needing specialized care.

- P004 is a female SCPSW at Los Angeles County Department of Children and Family Services. She began her career with the agency for 19 years ago and began supervising 3 years ago. The respondent's educational background includes Bachelor degrees in Spanish Literature and Psychology and an MSW.

- P005 has been with Los Angeles County Department of Children and Family Services for 31 years. He is male and has been a SCPSW for 9 of those 31 years. This candidate shared that he earned a Bachelor's degree in social psychology and then an advanced college degree in clinical psychology. He began his career with the probation department prior to transferring to child welfare services.

- P006 is a female SCPSW with Orange County Child Protective Services. She began with the agency for 14 years ago and promoted to her current position 3 years ago. During her undergrad studies, she earned a Bachelor's degree in behavior sciences and then continued her education to earn an MSW. According to this candidate, she began her career in child welfare services after college.

- P007 is a female SCPSW who earned both her Bachelor and Master's degrees in social work. This participant reported no working experience prior to gaining employment with Los Angeles County Department of Children and Family Services 13 years ago. She has been supervising for 8 years.

- P008 is female and she has been a SCPSW with Los Angeles County Department of Children and Family Services for 21 years. She began her career with the agency 29 years ago after earning her Bachelor's degree in sociology and advanced degree business administration.

- P009 is a male SCPSW who has been working for Los Angeles County Department of Children and Family Services for 30 years. This participant reported earning two Bachelor degrees, one in art and the other in political

science. Then P009 earned an MSW. He has been supervising for the last 15 years and he has had various work experiences in different occupations prior to working with his current employer.

- P010 is a male and SCPSW with Los Angeles County Department of Children and Family Services. This participant has earned Bachelor degrees in human development and family studies. He has been a supervisor for 11 years and he started with the agency 15 years ago. Participant P010 reported working in the human services field with activist organizations prior to his employment with his current employer.

Demographics pertaining to personal information were not included in this study to protect the identification and to ensure confidentiality of all the candidates. The 10 SCPSWs consisted of four men and six women. Approximately 40% of the participants were dual majors in college and shared they had earned two Bachelor degrees. According to participants P002, P005, and P009, a career in child welfare services was not their first choice.

P002 discussed working with stocks and bonds in the financial money market profession and participant P005 discussed working for the probation department prior to developing a desire to help children in which intervention strategies could affect change. Participant P009 planned for a career in the arts and intended to become a playwright. The majority of those queried began their profession in child welfare services and have not pursued other career tracks. The participants' years of experience ranged from 10

years to 31 years in child welfare and their supervisory experience varied from 3 years to

21 years. The minimum timeframe for promotion to the supervisory level was four years.

Table 2 is a depiction of the participants' demographics.

Table 2

Demographics of Participants

Participant	Gender	Bachelor's degree	Master's degree	Years of experience	Years as supervisor
P001	Female	Psychology *ethnic studies	None	15	5
P002	Male	Economics	Social work	10	3
P003	Female	Sociology	Social work	16	7
P004	Female	Spanish lit *Psychology	Social work	19	6
P005	Male	Social psychology	Clinical psychology	31	9
P006	Female	Behavioral science	Social work	14	3
P007	Female	Social work	Social work	13	8
P008	Female	Sociology	MBA	29	21
P009	Male	Art *Political science	Social work	30	15
P010	Male	Human development *Family studies	None	15	11

Note. * = Second bachelor's degree.

Data Collection

I used a purposeful criterion sample to identify potential candidates for this

research study (Creswell, 2012; Suri, 2011). I posed open ended, semi-structured

questions to 10 interviewees. With respect to the candidates' time and volunteer status,

each participant chose the physical location for the in-person interview. This afforded a comfortable, familiar and safe setting facilitating openness for our discussions.

I met with each participant on the designated date, time, and at the location of his/her selection to conduct the face-to-face interview. Our meetings took place in various locations. Two participants were interviewed at a restaurant; six in workplace conference rooms; one at a community clubhouse; and another at a study hall on a college campus. Prior to each initial face-to-face interview, all the subjects received the participant invitation letter (Appendix C) and two consent forms, one to keep for his/her records and one to sign and to return to me. Each participant read the consent form and then proceeded to sign it. Then once the introduction formalities were completed, the interviewing process started.

I set up the digital handheld recording device and began the interviews by reading questions from the interview protocol worksheet (Appendix A). The interview format consisted of my reading a question to the participant and allowing him/her as much time as needed to respond. I employed a qualitative research technique called "responsive interviewing" during the process to evoke responses rich in meaning (Rubin & Rubin, 2011). According to Rubin and Rubin (2011), responsive interviewing consists of three kinds of questions: (a) main – structures the interview; (b) probing – helps manage the dialogue; and (c) follow up – investigates ideas. This pattern took place throughout each interview and I documented field notes on the interview protocol worksheet in addition to audio recording each interview (Appendix A). To control my biases and preconceived

thoughts concerning the data, I took memos and field notes (Maxwell, 2013). For instance, I wrote down additional questions to ask the participants and noted key words the subjects used in their responses.

During the data collection processes, unusual circumstances did not occur. In addition, respondents appeared to be honest, spoke openly and candidly about their experiences. For purposes of clarification, the candidates provided circumstantial information to support their responses. I completed the interviews without incident with each lasting approximately 40 minutes. The entire period of inquiry took place between the dates of March 22, 2015 to May 12, 2015. Additionally, at the end of each data collection, I secured and stored the information in a safe location at my home pending future analysis and I used professional transcription services to document the audiotaped information. The transcriber completed a standard nondisclosure agreement (Appendix D). Prior to conducting follow up interviews with the respondents, I reviewed the transcripts of the data.

Five to seven days after the initial interview, I held face-to-face follow up interviews with nine participants addressing additional questions and conducting member checking (Mason, 2010; Schwandt, 2015). The follow up meetings with the subjects took place at the original interview location and lasted approximately 25 minutes. Member checking is a process in which the researcher asks the candidates to verify the accuracy of information they shared (Schwandt, 2015). One participant was unable to meet a second time, which required me to conduct member checking through emailed correspondence.

During the follow up interviews, I asked participants to expound on certain responses to clarify their statements. For instance, I asked the question "What did you mean by…?" The candidates referred me to specific sections of their transcribed interviews in which they provided either an example or explanation while responding to another question. Participant P007 said, "You see I said this here (pointing to a segment on one page) and over here in this answer I explained why (participant flips the pages of the transcripts and points out their explanation)". The participants indicated they were satisfied with the transcribed audio recordings. Once I completed the last follow up interview, I conducted another review of the collected data so I could begin the analysis of all the information generated by the candidates.

Data Analysis

The purpose of the interview questions was to collect in-depth information addressing the main research question and tangentially, the prepared sub questions. Following the completion of the data collection, audio transcription and member checking, the analysis process began by coding the participants' key statements (Rubin & Rubin, 2011; Seidman, 2012). Upon receiving the transcribed interviews, I read each transcript line by line to assess accuracy in comparison to the actual audio recordings, while simultaneously searching for commonalities among the data (Creswell, 2012; Maxwell, 2013; Saldana, 2015). Initially, coding the data consisted of using data analysis software. Then I proceeded to manually hand code the data for the final analysis.

Qualitative Data Analysis Software

I used Atlas.ti (Atlas.ti version 7, 2014) data analysis software to assist with managing the information data and facilitate organizing and storing it for later retrieval. Rudestam and Newton (2015) said "Atlas.ti v7 is an integrated collection of tools supporting analysis of written texts, audio, video, and graphic data" (p. 212). The utilization of data analysis software afforded me the opportunity to code the data much faster than manual coding.

Coding

Holistic coding.

Upon completion of each interview, I imported the previous participant's transcribed interview into Atlas.ti (Atlas.ti version 7, 2014) to conduct holistic coding. Miles, Huberman, and Saldana (2014) indicated codes label data and are useful when retrieving the material. Codes identify large amounts of data by reducing them to meaningful segments (Creswell, 2012; Saldana, 2015). Holistic coding is a preliminary process of chunking data to formulate a general idea of the concepts before conducting an in-depth review (Dey, 1993; Saldana, 2015). Chunking data is a process of sorting information into various topics (Saldana, 2015). I followed this pattern until I collected data from all 10 respondents. The process of coding holistically with the use of qualitative data analysis software yielded broad codes as the procedure was fast and completed without putting much thought into the data analysis process (Dey, 1993; Saldana, 2015).

Open (Initial) coding.

I reviewed the raw data for a third time and manually coded the results. During this process, I read the transcripts line by line and conducted open coding using highlights to differentiate the concepts. I coded the participants' statements based on identifying key words used in their responses (Saldana, 2015). Referred to as *in vivo* processing, I selected names closely related to the concept or pattern the data described (Creswell, 2012; Miles et al., 2014; Saldana, 2015)

The next steps included recoding repetitive or words with similar meaning. For example, I combined "helping", "helped", or "help" due to the likeness in meaning expressed by the participants. During the interview, I asked participants "What made them choose a career in child welfare"? Responses included, "I just always like to help people" and "It's good knowing you helped someone." Another participant shared, "I've always been interested in helping someone". Miles et al., (2014) said working inductively eliminates unnecessary codes.

Pattern Coding.

Next, I grouped the codes generated during open and *in vivo* coding into categories based on their resemblance to one another (Maxwell, 2013; Miles et al., 2014; Patton, 2011). Saldana (2015) indicated pattern coding is a process of grouping like codes into categories. According to Maxwell (2013), categories are usually broad and serve as bins for sorting data for analysis (p. 97). In addition, the field notes and memos written

on the interview protocol worksheets (Appendix A) assisted with grouping the codes into categories (Creswell, 2012; Patton, 2011; Saldana, 2015).

A category labeled child maltreatment consisted of codes like physical abuse, raping, beaten, sexually molested, and mistreating kids because they represented negative actions towards children. Some candidates expressed the following in regards to the maltreatment of children: "There was a lot of serious physical abuse" (P007). Candidate P002 reported "I never seen a child beaten that bad". Research subject P009 said, "Guys are raping little kids all the time." P010 shared "A foster parent sexually molested one of my foster youth". According to study participant P004, "All sorts of people are mistreating kids."

Subsequently within the categories, five themes and two subthemes emerged. I reduced the themes to assist in aligning them with the research questions (Creswell, 2012; Miles et al., 2014). Patton (2011) suggested breaking themes down until saturation occurs (p. 466). Figure 1 displays the inductive process of the data I used to move from interviews to themes.

Figure 1. Inductive processing of data.

Discrepant Cases

I noted one discrepant case; however, there was no significant influence on the results (Coromina, Capó, Coenders, & Guia 2011). The discrepant case concerned respondent P010 because the participant had briefly supervised subordinates prior to his current assignment as a facilitator of family meetings. P010's experience in supervising is different because P010 does not have social workers to supervise or oversee the management of cases like the other candidates in this study. Nonetheless, data gathered from P010 were consistently similar to information obtained from the other respondents. In addition, no participant made a statement refuting another participant's statement.

Evidence of Trustworthiness

Rudestam and Newton (2015) stated the nontraditional ways of indicating validity

and reliability in qualitative research is establishing credibility, transferability,

dependability, and confirmability. I achieved credibility and confirmability through

member checking (Creswell, 2012; Mason, 2010; Rudestam & Newton, 2015). Member

checking took place when I returned to the participants for a second meeting, and

provided them with copies of the transcription of their face-to-face interview to verify

accuracy (Creswell, 2012; Mason, 2010; Maxwell, 2013; Rudestam & Newton 2015). In

addition, I also asked the participants to clarify any discrepant information. The

respondents indicated they were fine with the transcription of the interviews and did not

have any additional information.

To establish transferability I provided rich, detailed descriptions of the

participants' disclosures, demographics, and interview settings (Creswell, 2012;

Rudestam & Newton, 2015). Such details would enable future researchers to conduct

studies in other settings because the meticulous descriptions of the participants'

experiences and the data collection sites have the ability replication in other locations

(Creswell, 2012; Rudestam & Newton, 2015). The measures of reliability remained the

same as stated in chapter three because I established dependability with the use of a

digital handheld recording device (Creswell, 2012; Rudestam & Newton, 2015). The

initial face-to-face interview with each participant was audio recorded and then

professionally transcribed and hand coded. Because the transcripts reflected what was

audio recorded, the data obtained was determined to be reliable. Subsequently, the

transcripts of the interviews were not included, because doing so would jeopardize the

confidentiality of all participants. I conveyed the essence of the respondents' experiences

through the emerging themes and aligned them with the research questions, conceptual

theory, and literature review in the following results section of this study.

Results

This research study aimed to explore the lived experiences of SCPSWs to expand

the current knowledge of this particular group of human service providers. The 10

subjects in this study discussed their experiences and shared their personal beliefs and

feelings about their work in child welfare. The collected data produced five main themes

(T) and two subthemes (ST), which are:

- Inherent motivators (T).

- Consequential job expectations (T).

- Memorable stories about clients (ST).

- Workplace challenges (T).

- Self-reported outcome of experiences (T).

- Indications of occupational trauma (ST).

- Coping strategies (T).

Theme 1: Inherent motivators

During the interviews, the participants expressed their sentiments about working in child welfare based on their personal core values and experiences. The characteristics SCPSWs described were upbringing, helping others, and advocating. Based on the candidates' responses, inherent motivators are the natural behaviors, beliefs, and actions that candidates retained from familial and environmental influences. Such naturalisms assisted in the development of their personal core values and exposed them to experiences early in life. Participants gave the impression their upbringing and interactions with their parents provided a foundation for them to work in human services. The candidates provided quotes regarding their families' influence and/or experiences. P007 shared the following in regards to her experience upon moving to the United States:

> I come from a humbling background…we were poor...as a kid growing up there was a lot of serious physical abuse; the beating was pretty severe. I learned that it's so sad for kids to be abused. We applied for welfare, which was my first exposure to the welfare kind of office. That's where I first learned about social services and that peak my interest.

P005 expressed his gratitude for having parents who really cared and provided for him:

> Strange as it sounds, I really realized that how lucky I was to have great parents. I realized that parents did not have to really do some things for you. They can give you the basic necessities. I felt how unfortunate so many of these kids have parents who really can't follow through with caring for them or don't care for them.

P004 added:

> My mother was very loving; never hit me; never hit us. I think God put me
>
> here to serve people…to help people. We are here to motivate them
>
> (people) and definitely help them to become better people. I think this was
>
> my calling.

In addition to family influence, helpfulness and advocacy were other intrinsic

values identified by the SCPSWs. Both principles were interchangeable among the

respondents daily dialogue. The subjects expressed the importance of the principles

because they are natural actions SCPSWs engage in without prompting and actions

SCPSWs would do no matter their chosen profession. P004 said:

> I've always been interested in helping people and then that makes this world a
>
> better place. If I can help someone get over something or move past something
>
> and heal to become a better parent…a better person, then of course, I'm going to
>
> do that.

P006 shared:

> I think I just always liked to help people. I have particularly always liked children
>
> and working with children. Being out in the community and making connections
>
> with different people I thought for me that was a really good fit. I saw that
>
> children are very vulnerable. They need strong advocates to help them. I thought
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> if I could help children before they get involved in…like criminal justice systems
>
> or drugs, it was more of a prevention. I think just helping people in need and

vulnerable kids that didn't have a voice, I was able to speak up for them and

advocate for them.

P001 elaborated on helping and advocating for people by stating each action contributes

to their self-confidence and elicits a good feeling.

I want to go back to the community, help children, help families, help

mothers…fathers. We should help one another. It's good knowing you've helped

someone. I'm able to be their voice. It makes me feel good being a voice for

people that can't be a voice…that can't speak out for themselves. I feel very

confident that I have a voice….my voice matters to them. It's knowing that you

made a difference...that you've helped in some kind of way.

P003 offered, "Advocacy is number one. Helping others through their situations; making

a difference in people's lives, I think…it's giving me a lot of…lots of knowledge and

experience with just life".

The overarching theme, inherent motivators, emerged from the data and embodied

the respondents' inspiration to work in child welfare. The participants associated their

innate nature of helping and advocating to their job responsibilities because they

(SCPSWs) are able to exercise those characteristics with their staff and the population

they serve. In addition, the values the candidates reported they maintained coincide with

the job expectations SCPSWs regularly experience.

Theme 2: Consequential job expectations

The participants defined their job expectations using common management terms related to their daily work tasks that includes supervising, mentoring, consulting, and planning. Among the above job tasks, SCPSWs also indicated training and providing guidance to their subordinates, enables them to help more children and families. Child safety was another job expectation that was an overwhelming common factor among the SCPSWs, as it is the primary goal of child welfare agencies (Child Welfare Information Gateway, 2003). Respondents also discussed the importance of interacting with clients as a component of their management role and the subtheme, memorable stories about clients, emerged describing SCPSWs' experiences with clients. SCPSWs shared their aspects about their obligations in the workplace as they simultaneously engage in the aforementioned job tasks.

P007 shared her opinion about good supervision:

> If you're a good supervisor, it's almost a ripple effect. You're able to reach out and positively touch more families through the good supervision you provide to your workers because we are supervising 5 to 6 workers who would carry normally about 30 to 40 cases.

P001 commented on what is significant for her in supervision of staff, "It's about teaching and communicating. The opportunity to shape new investigators' minds… to be able to pour into someone and give them feedback so that they can be the best they can with what we know." P005 shared, "I'm very proud of being a supervisor in DCFS. I had

a lot of experience that I could impart that information to help people. Nothing beats experience of telling people this is what…you know." P006 explained that she uses similar skills practiced as a worker to help the staff complete work tasks:

> I am able to actually use a lot of the same exact skills now with staff so that they can be doing the work...I'm able to apply the same skills now with staff and so the whole relationship building and rapport and engagement and then connection with workers who are stressed out, who are anxious, who are going through hard things on their caseload.

P008 said the following regarding SCPSW leadership responsibility:

> I'm responsible for other people. A good social worker can always be a good supervisor because you're just doing what you did as a social worker and supervise other people. I'm a crisis manager…I think I'm a task master…you can impact the lives of new social workers….you could train them.

P002 shared:

> I want my workers to go just that extra step. Ask the extra question and sometimes I'll even challenge them. I am able to sleep most of the night because I'm blessed to have some experienced workers in my unit. Most of my workers are experienced and we work together. We have come to enough understanding in how we are going to deal with certain type of cases...I'm invested in what I do and I really thought that it would give me a chance to have a greater impact in working with other workers to just to ensure the kids' safety.

P003 commented:

> Being responsible for 6 workers...6 times the case work for each worker that
> equaled that I help more than 100 families at once. I really like working with the
> workers that don't [pause] can't see past whatever the issues are and I like
> working with each one individually. Each person has their own way of seeing
> things and dealing with them, so I think because of my experience has helped me
> reflect on that, to help them because I know that everyone [pause], not everyone
> sees everything the same and everybody is different.

Overall, in child welfare SCPSWs have the responsibilities of managing a group of social workers. The respondents typically supervise six to seven social workers who provide case management services to children and their families regarding child abuse and/or neglect (Child Welfare Information Gateway, 2004). The management of subordinates from the SCPSWs' viewpoint provided a glimpse of the experiences supervisors in child welfare encounter with their staff. Another aspect of SCPSWs' expectations in child welfare involves contact with clients (children, parents, and relatives). The subjects' leadership in the workplace has influenced interactions with clients through the tutelage to subordinates and the subjects remember certain stories about clients that contributed to SCPSWs experiences.

Subtheme: Memorable stories about clients. SCPSWs interactions' with clients were also an important aspect of each participant's work expectation because they directly or indirectly make decisions about services clients' receives in child welfare

(Child Welfare Information Gateway, 2004). Memorable stories are encounters SCPSWs had directly with clients and they regarded them as experiences SCPSWs acquired on the job. This subtheme resulted in an overwhelming response from SCPSWs as they shared stories about a child and/or parent each had encountered that left an impression upon them.

P010 shared an experience he encountered of a parent's reaction to child maltreatment:

A foster parent had sexually molested one of my foster youth. It was good that he confessed right there with me and the Ombudsman of Children Bureau, which became the evidence, which led to his eventual conviction. But, what became bad was the fact that the family sued me and [the director] and a few other people and Children's Bureau about this. And initially, I was a part of…I was a defendant listed for the civil lawsuit. But, through the course of "A" the father gave me an affidavit prior to me ending the case that he was thanking me for getting this person convicted or at least indicted at that time and that I did my work.

P002 recalled a brief encounter with a foster child:

I went back for a training and I was outside the counter because I couldn't get in, and this young girl came up to me and she was talking, she said, "Don't you remember me? Don't you remember me?" And then she told me who she was, and I remember her mom just gave me pure thee hell. They wanted to sic the dogs on me. It's like they gave me all hell, up and down and she got the girl lined

[coached] but at that point in time, we had detained her. She was [placed] with her grandma, and she was all out happy. And it was just about joy to me to see all the effort I had to go through, all the hell I had to go through, all the letters she wrote on me, everything negative and now I see this girl two or three years later and she's thanking me.

According to P008, clients continue to maintain contact years after their first interaction. "I have kids that still call me to this day to talk to me about what they're doing…" (P008). P004 said, "People recovering they're coming back years later and telling me, 'Social worker, I'm teaching parenting classes now because of your interaction with me'". P001 shared:

I would go to the store in the community. Because you know, the hours we need to keep. I wouldn't go there all the time but when I would frequent there and knowing that someone would see me that I had, you know, maybe interacted with on a case...they remembered me in a very good light. And they kind of wanted to give me the status of where they were in their life even though they're not required to do so. They wanted to like let me know… "Thank you, oh, my baby is doing this and that". That's rewarding.

P003 related the following experience "These young children's lives is number one and when they come back and they tell you, 'Oh thank you, you know for what you did, you changed my family's life', it's very special".

In child welfare, SCPSWs commonly engage with clients and in the excerpts above, participants' conveyed how they felt about the feedback received from clients. The job expectations of SCPSWs go beyond the norm of dealing with staff and handling management tasks. Encounters SCPSWs have with clients add to their experiences because the unsolicited feedback from clients provides validation whether SCPSWs are doing their job. SCPSWs remembrance of such encounters with clients are special for them because it is important to them that they do well at the job and acclamation can be far and beyond within child welfare organizations. The candidates' rendition provides a telltale sign of their challenges on the job and explains why interactions with clients are such a welcomed work requirement.

Theme 3: Workplace challenges

The respondents' definition of challenges in the workplace arisen from a combination of problems in the workplace such as administrative issues, lack of training, inexperienced staff, high caseloads, and lack of resources. SCPSWs found the above challenges cause dissention and difficulty for them as supervisors in child welfare to fulfill their duties. All the respondents in this study identified at least one of the aforementioned challenges they commonly face. The candidates elaborated on the challenges they experience in the workplace in their quotes below.

P009 said, "The stress comes from these idiots [administration] that we work for that put in all these systems that are full of bologna….the time that it's stressful is when you have to deal with like I said a stupid management". P005 reported, "The road

changes and many philosophy changes at the department going through many directors

and many procedures. A lot of things the directors did 20 years ago, they're doing now".

P008 shared:

> The administrative changes and them not understanding what it is we do and
>
> implementing a bunch of changes and a whole bunch of paper work that does not
>
> need to be done and we can't serve these families…you have to enforce things
>
> that you don't agree with, policies, paperwork, that kind of thing.

P010 expressed:

> The worst thing that I saw as Supervisor was probably the lack of compassion for
>
> our workers by the Administration. And you find yourself as the mediator of
>
> policy and perfection because they don't say that is what they want, but essentially
>
> it would be preferred if you were perfect all the time and it is absolutely
>
> impossible. It is just a chasm between the administration and like the grunt
>
> worker. We give the feedback like I know you want us to do this, but that is not
>
> working exactly right and maybe if you tweak it like so this would be able to still
>
> work out for you. But, so interested are they into certain results. Map goals, QSR
>
> and the aggregate data collection.

P004 offered:

> A challenge is not receiving an enough support from your supervisor. As a new
>
> social worker probably not receiving enough training to really know what you
>
> were going to face in the field. They [training administrators] really didn't show

you how to do the actual work that you're going to be doing. Definitely lack of training …one of the main challenges…lack of experience.

P001 commented:

One key thing is a lack of staff, you know, or staffing issues, the challenges to do the job. Then you have the challenges of your staff…Sometimes they're not very receptive. I'm telling you, it's almost like you're dealing with almost like another client; like some of them are manifesting just as bad as the client. You know, disorganization, not taking things seriously, not understanding why certain things are important…not wanting to change their thought process on something because "I've always done it that way". You know...So those challenges.

P002 reported:

One facet in our field in what we do, we cross supervise. I want to be cross-supervised but we have the backup workers which are basically workers from different regional offices who come in to accept referrals and sometimes that can cause anxiety also because you don't know the level of that person's work….and sometimes there are disagreements with the level of that person's work.

P006 explained "As a supervisor you have issues with staff, HR [Human Resources] issues, and how you gonna work with too little resources…there's never enough time in the day. P003 said "The impact of the extraneous amount of work for each worker to be able to help each family….there's way too many cases for one worker for them to do a

thorough and great job on each of them". "There's a failure of service delivery there" (P001). P002 added "They [social workers] leave kids in danger".

According to SCPSWs, workplace challenges contributed to poor outcomes in delivering services to clients, difficulties for SCPSWs to do their job, and explain why the child welfare system fails some children and families. The candidates of this study indicated challenges in child welfare services comprise of the several aforementioned flaws that work in conjunction with each other causing a cycle of perpetuating dysfunction. Then, at times making it difficult to maintain organizational goals and keeping children safe. Moreover, such disharmony in the workplace places unmeasurable hardship on SCPSWs because they are the first lines of management serving as the median between subordinates and administration. Consequently, candidates described their perceived notions regarding the effects of their job experiences as supervisors.

Theme 4: Self-reported effects of experiences

The participants reported the nuisances they encounter while working in child welfare services. Those nuisances are the self-reported effects of their involvements and SCPSWs described them as changes in their feelings, behaviors, and perspectives. Candidates acknowledged changes in their life style that influenced their personal decision-making, feelings, and/or health. SCPSWs also described symptoms they experienced are similar to occupational trauma. Nonetheless, the subtheme, *indicators of occupational trauma*, emerged from the above main theme because it is associated to

SCPSWs' views of how their work experiences affect them. Excerpts from the transcripts illustrate what the participants said about their nuisances.

P004 reported what she experienced after continuous exposure to child maltreatment:

> I had no children and definitely seen the trauma and seen the abandonment…to see abuse in that way was definitely an eye opening experience to see how parents can maliciously hurt their children or someone can maliciously hurt a child or sexually abuse a child was definitely an eye opening experience for me. Obviously, after I had children that just [pause] that went off the radar for me, it was sort of like I became even more sensitive to what I saw. I went home crying every day. I think I just became more sensitive to the issues of child abuse because I understood the challenges of being a parent but I also understood the beauty of parenthood and the relationship that you have with your child and have been so precious and it made me even more angry when I would see instances of abuse like I couldn't understand why anybody would want hit their child to the point of leaving bruises or sexually abuse a child or it just became something like I don't know how to described it.

P002 reported the impact he experienced as a SCPSW and he shared:

> I saw some things that did impact me. I still remember this young 2 year old girl had been physically abused and I had never seen a child beat that bad before, to the extent that…she was a little blond hair, blue eyed girl, and her arm's broken.

She had black eyes, her arm was in a sling, and the baby was limping. That baby

just had no trust in no one and seeing that little girl beat like that…I mean, that

was really…I mean, my goodness. That kind of really tugged on me.

P001 expressed her feelings and thoughts about her work experiences:

It is difficult to do our jobs and not allow our personal feelings to get in the way. I

know that also bias places a role. I'm disgusted by particularly…there's a lot of

things that disgust me…any part of violence is disgusting to me. I'm just totally

disgusted about that. I mean violence. So that takes it all, emotional abuse, sexual

abuse, all of those violent…horrible violence. I'm talking about really extreme

cases of violence. So I know that there's bias.

P003 addressed how the impact of the job influenced a personal decision:

I was enforcing the law, enforcing the policies and I was having my own issues

about it, but I still had to do what I had to do because it is the job….I was very

torn. If that day I remove the child…I would be angry with the parents, really

upset for what they've put their kids through. In this line of job, you see death,

you see sadness…you see relationships being torn apart. I think because of

everything that I've seen and everything that I deal with….I think that's why I'm

like waiting to have a family.

P006 disclosed her frustrations with the job's effect on her personal and social life:

The whole job has just taken over my life. Basically, my friends and family hardly

seen me since I've started this work because it's not an 8 hour day, it's not a 10

hour day, it's often a 12 hour day. There's never enough time in a day. The stress

of the job as the supervisor has had negative impact on my health…it takes over

your life….just have to give up a lot from my personal life.

P010 shared:

To say my late hours and early mornings was not uncomfortable for my marriage

would be a lie. In fact, I point to that as part of the reason I had a separation for 3

years in my marriage. And so the impact was great.

P009 stressed his dislike for the politics in child welfare and shared:

I hate to be a supervisor [giving orders], I hate policy [holding workers

accountable], and I hate all this computer crap [tracking work progress] and I hate

every aspect of the job that doesn't mean people. I know how to handle people,

not handle them in a bad way, but in a way I will make them feel comfortable and

happy so they won't explode…that's my main talent.

P007 revealed how the experiences on the job affected her interaction with her family:

The stress level was kind of high. So I was a little bit irritable, so I wasn't like the

nicest wife or the most patient mother you know and when I'm stressed out or

what have you, I would withdraw a little bit and I become quite and so. I wasn't

as much engaged with my kids or the husband.

In the above quotations, participants openly discussed the various effects they

encountered because of their work, as SCPSWs. Working in child welfare is stressful as

participant P007 has pointed out. SCPSWs yearn to be helpful advocates and good

managers at their agencies, but it is at the expense their personal, social, and emotional well-being. Generally, the impact of SCPSWs' experiences has caused changes to their view of the world and their selective process of interacting with coworkers, family, friends, and society in general (Michalopoulos & Aparicio, 2012). A subtheme to theme self-reported effects of experiences, indication of occupational trauma, details the respondents' behavioral and emotional symptoms.

Subtheme: Indications of occupational trauma. This subtheme developed because the effects the candidates described in the previous theme links to symptoms of occupational trauma SCPSWs reported they noticed within themselves. As discussed in the literature review, occupational trauma includes one or more phenomena such as vicarious trauma, compassion fatigue, secondary traumatic stress, or burnout (Mathieu, 2014). The indicators of occupational trauma can be at least one symptom associated to the one of those phenomena such as:

- Distressing emotions (Bride, 2012)

- Hyper arousal (Bride, 2012)

- Aggression (Saakvitne & Pearlman, 1996; Pearlman, 2012)

- Stress (Mathieu, 2012)

- Social withdrawals (Saakvitne & Pearlman, 1996; Pearlman, 2012)

- Sleep disruption (Saakvitne & Pearlman, 1996; Pearlman, 2012)

- Disruption in core beliefs (Saakvitne & Pearlman, 1996; Pearlman, 2012)

- Hyper vigilance (Saakvitne & Pearlman, 1996; Pearlman, 2012)

- Cynical (Saakvitne & Pearlman, 1996; Pearlman, 2012)

- Trust issues (Saakvitne & Pearlman, 1996; Pearlman, 2012)

- Poor attitude (Baker, 2012)

- No desire to be effective (Baker, 2012)

SCPSWs openly discussed their psychosocial behaviors associated with their work in child protective services. The participants provided the statements below regarding their symptoms of occupational trauma.

P002 stated he has trusts issues and acknowledged his cynicism, which both are indicative of vicarious trauma (Pearlman, 2012). P002 shared:

I have some mistrust about the world. Not in all aspects. But I'm gonna say in terms of dealing with children. I'm just like the officer when they pull you over, you've done something wrong. So, I'm jaded like that and on my job when a referral comes through, I admit I'm jaded and I'm looking…What's wrong? What's going on? As a parent, I was jaded also to this extent…my daughter wanted to go to someone's house for sleepover…you talk about my paranoia. We wanted to know the nightly routine…movies going to watched…are you married...do you have a boyfriend…is he coming over…who's gonna be around our children? I do screen who's coming in my home….yes, I'm kind of jaded.

P004 reported feeling emotional on the job due to the maltreatment children endure. In addition, the participant talked about her own elevated watchfulness of her children because of her work experience. Participant P004 symptoms are associated to

vicarious trauma (Pearlman, 2012) and secondary traumatic stress (Bride, 2012). P004 said:

> As a supervisor working in this department and seeing the things that we see…never ceases to amaze me. We see the ugly of our society every single day…there's ugliness in our world. There's people that hurt children just to hurt children, that prey on our children. Now, I'm more cautious. I went home many times crying thinking about how do people recover from such damage, how the children recover from such damage, how they recover from abuse and neglect? When I had my children…I was very scared to leave….because of all the ugliness that I have seen like broken bones, shaken babies, all of that….Just those type of almost like a hypervigilance.

P007 had a traumatic experience as a victim of child maltreatment and described symptoms associated to secondary traumatic stress (Bride, 2012), compassion fatigue (Mathieu, 2012), vicarious trauma (Pearlman, 2012) and burnout (Baker, 2012) that she experiences at work. P007 imparted:

> We are exposed to so much sad things about human nature, the maltreatment of children that, it is kind of excessive mentally sometimes. The stress level was out of control. Sometimes I even felt like I was having insomnia, I really couldn't sleep. We have burnout and sometimes we kind of carry them with us and it also can trigger our personal issues and bad experience in terms of childhood trauma and things like that. It hits close to home because those traumatized and abused

kids can obviously be mine. It's getting me to be a little bit more hypervigilant-ish

It's a little more touchier for me…because of my kind of bad childhood and abuse

I suffered as a kid growing up.

P003 divulged she has trust issues and problems during social engagement. Both

symptoms link this candidate to vicarious traumatization (Perlman, 2012). P003

disclosed:

It's hard for me to trust people because of all the lies, because of all the bad things

we've seen and it's in me to be like an investigator with everything. Let's say I

meet a friend of a friend and we're like hanging out…then I find myself kind of

interviewing them. It always turn into an investigation. I try my hardest to be like

that.

P006 shared she gets images of the trauma to children when she reads and/or hears the

stories at work and then those images stay with her until she reads or hears about another

child. According to Bride (2012), this respondent has symptoms of secondary traumatic

stress due to experiencing intrusive imagery. The participant said:

I have experienced a vicarious traumatization. Working directly with children

there was an impact. As a supervisor we read the reports and hearing the stories of

what children are going through is also really hard…you still empathize with

whatever abuse that child went through. I start visualizing like what happened. I

will visualize that happening and so for me it's like re-experiencing it with them.

It will playback on my head for at least a couple of days, two or three days till I

hear the next story. Sometimes it's hard to get that out of your head.

According to the writings of Perlman (2012), P001 has symptoms related to vicarious

traumatization. P001 offered the following statement regarding her trust issues and her

lack of care for relationships:

I just feel like knowing the things that people have done to their children or the

home environments that they have let their kids live in…it has affected how I trust

people. I'm really not as trusting of people. It's really cause me to maybe be more

to myself. I'm also exhausted in terms of outside relationships…I'm very

insightful about what relationships are going to be complicated and how I can

avoid that.

P005 reported he was feeling depressed and felt helpless due to his high caseload because

he witnessed children receiving minimal levels of care. P005 described symptoms of

compassion fatigue (Mathieu, 2012) and expressed:

I was little depressed at one point, you know, you're getting 60 caseloads of 60

kids and 40 of them are going downhill. I started seeing something else kind of

creep in… I started seeing more and more thought put into this money. I was kind

of getting pessimistic. There would be a lot of restoration in the home, new

furniture and everything. The kids were being kept rather than being basically

nurtured.

P010 described symptoms of functional impairment due to stress. This SCPSW's

imposition was an indicator of secondary traumatic stress (Bride, 2012). P010 shared:

> I always had a global world view. I do not think that we operate in a vacuum. And
> I believe experiences do shape the way you form your thoughts. I would stay in
> the parking lot sometimes if I got a lot on my mind because the stress that is
> associated with you now whether or not you are discerning the correct
> information. How do you synthesize that information? Are you going through any
> biases? I sleep on it and it gets conjured up in my dreams. I think dealing with
> your own mortality you get a different perspective about how to deal with others.

The respondents in this study conveyed information that indicates occupational

traumata are a factor for SCPSWs. The symptoms associated to vicarious trauma,

secondary traumatic stress, compassion fatigue, and burnout are specific for each

phenomenon (Baker, 2012; Bride, 2012; Mathieu, 2012; Perlman, 2012) and illustrate the

various dynamics SCPSWs experience. According to the participants' reporting,

SCPSWs are not immune to occupational trauma and working in child welfare made

them vulnerable to exposure. However, participants seem to be capable of enduring their

susceptibility with the utilization of coping tactics.

Theme 5: Coping strategies

SCPSWs described coping strategies as tactics they exercised to maintain stability

in the workplace and lessen the effect of occupational traumatic symptoms. The

maneuvers the subjects in the study discussed to evade the nuisances they encountered at

work were (a) not taking work home, (b) self-care, and (c) coworker support. First, not

taking work home comprised of ending one's workday at the office and not engaging in

work related activities like discussing work away from the office, reading reports at

home, or accepting calls from staff.

Not taking work home. The respondents offered the statements regarding their

views on not taking work home.

P008 feels SCPSWs deal with issues that creates animosity and disclosed, "I leave

it [work related issues] at the door unless somebody calls me. I'm not doing this at my

home, too much negativity." P003 explained she has conditioned herself to an autopilot

state so she is able to distinguish between work and home, "I think I've built myself to be

able to switch I'm at work and then I'm at home." P001 reported her home is a safe

haven and work does not belong in a home setting, "I've learned to leave work at work. I

don't bring work home. I need home to be a place of refuge". P010 shared a similar

sentiment as the participants above. However, this respondent also revealed coping

became religious for him as he learned to communicate on an effective level. P010 said:

> I choose a defense mechanism to not speak of work at home. Coping for me has
>
> been a religious experience. I don't think I understood my spirituality as in depth
>
> as I do now have it in my heart until I took on this job. I played a saxophone and
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> one of the things that I find it is hard to do is to create harmony with other
>
> instruments. I attained more harmony and I ask why- why is that? Did I create
>
> some avenues to better cope or do I compartmentalize a lot better? I believe it

came down to incorporating better communication with the people that care about

me. Not waiting until it gets pent up and then exploding and then people

misreading that explosion as if it is against them. You get an opportunity to be

like this was nagging at me. And I just want to make you aware of it, but I'm in

touch with the right people to make it go in this direction, but if it doesn't then

there may be a problem here. This is what I have learned in helping me to coping;

better communication.

P004 disclosed that she does not talk to her spouse about work. Simply, this respondent

stated her husband understands discussing work at home is not an activity they will

entertain. P004 also disclosed she refers to religion for coping. P004 stated:

I would say probably about 10 years ago I came to a point where I stopped talking

about work at home. I don't talk about it to my husband now, even now he doesn't

ask me anything about work, because he knows I'm just not going to answer. I

think as the years went by and you learn to how to process a little bit more with

different things using my faith, definitely was one of the things in all honesty that

helped me even praying for my families at home or in a person and sort of

releasing it that way saying "I'm going to give it to God, I'm going to pray for this

family and I'm going to pray for this family and these children and that's it".

Self-care. The practice of self-care was another coping strategy candidates

experienced. The participants reported self-care included social gatherings with family

and friends, solitude, exercising, and vacationing. The cluster of excerpts from the

candidates represents what they shared about self-care. P001 ensured that she enjoys personal time and make herself the center of attention away from the office, "I take care of myself…making sure I do things that I enjoy doing...self-care. I enjoy family gatherings get together with friends". P006 said taking time away from work is important for her to recuperate as a SCPSW, "I try to take a day off here and there or take a vacation. I try to travel when I can or go on walks or do something that's not social work". P002 reported he maintains an exercise regimen that also includes golf as coping mechanisms. He shared, "I work out three times a week…and about a year and a half ago, my wife gave me golf clubs and I really started using them". P003 reported methods of self-care she practiced to stop going home angry with parents for hurting their children "I would be angry with parents, really upset…for me to be able not to do that, I needed to start having hobbies so I did scrap booking, I did exercise, I spent more time with my family".

Co-worker support. Co-worker support was another effective strategy for SCPSWs to cope with their nuisances in the workplace. The candidates' definition of coworker support translated to collaborating with a work colleague regarding work related issues and providing support and/or feedback for the given situation. P004 said:

> Talking to other people here at work; developing relationships here at work helped me sort of decompress from the work day. I've released everything. The friendships that I have built are another thing that has helped me coped with some of the stress here on a day to day.

P007 shared her appreciation for coworker support and she participates in counseling "I have specific colleagues who I can trust and we talked and debrief about things, almost like a support group. I also go for individual therapy". One respondent, P005, imparted he appreciates intelligent conversations with his colleagues at work. P005 reported:

> My biggest coping mechanism is share some stories and, you know, not excessively, but I think one of the great things you're around intelligent people, you can have intelligent conversations. And that's one of the great things of this job. I had worked in jobs where you didn't have intelligent people and you certainly didn't have intelligent conversations! But this job, you do. There are people who are pretty educated and intelligent. We can share anything from what's in the news, politics, or anything here.

In this study, SCPSWs responded to different coping strategies best tailored for their needs to function in the workplace and away from the job. The participants' choice of coping tactic whether it was no taking work home, self-care, or coworker support gave them the opportunity to function as best they can, as SCPSWs. Working in child welfare has been a challenge because of the vulnerable population of maltreated children and facing the various dynamics involved with child safety can be tough. However, SCPSWs have managed to tackle the demands of the job as they engaged in one or more of the above coping mechanisms. Overall, SCPSWs are the first lines of management and their roles are pivotal, as they are the examples lower level staff depend on for leadership.

Summary

In this chapter, I collected data from 10 SCPSWs to address the primary research question: What are the lived experiences of SCPSWs? In addition, there were three sub questions: What issues have emerged because of these experiences? Have their experiences affected their personal lives and relationship? If so, how? What measures do they take to cope with their occupational experiences? I audio recorded the face-to-face interviews held with the participants and then I had the interviews professionally transcribed.

Initially, I used qualitative analysis computer software, Atlas.ti version 7, to analyze the data, and then I hand coded the data to demonstrate reliability of the out coming codes and themes. I incorporated holistic, initial, and pattern coding in the analysis and seven themes emerged from data, five main themes and two subthemes (ST): inherent motivators, consequential job expectations, memorable stories about clients (ST), workplace challenges, self-reported outcome of experiences, indicators of occupational trauma (ST), and coping strategies.

In addition, I defined the emerging themes and described the essence of the participants' lived experiences using excerpts from the transcribed interviews. In Chapter 5, there will be further discussion of the participants' perceptions of their roles in the child welfare system including explanations of the findings. Furthermore, I will elaborate on the limitations, recommendations, and implications of this study.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this study was to explore the lived experiences of SCPSWs at public child welfare agencies in southern California. A phenomenological approach assisted with this inquiry because the methodology was intrusive and produced data that are rich with details from the participants' own words (Finley, 2014). This approach with this particular group of human services providers was important because previously studies on other helping professionals (Bride, Jones, & MacMaster, 2007; Sprang et al., 2011; Van Hook & Rothenberg, 2009) employed different qualitative, quantitative, or mixed-methods methodologies. The results of the analysis indicated SCPSWs' experiences developed from intrinsic stimuli and continued to cultivate with time as exposure to additional life encounters occurred.

The results revealed participants are products of their environmental influences and they enjoy their roles as human service providers in child welfare services. The work of SCPSWs entails their responsibilities for three groups: clients, subordinates, and administrators of child welfare. Each group has its own challenges and SCPSWs engage in various coping strategies to maneuver those challenges to carry out their job tasks. In addition, the lived experiences of the participants made them predisposed to psychosocial issues, which indicated occupational trauma also affects SCPSWs.

In the literature review section presented in Chapter 2, social workers experienced symptoms of occupational trauma in the form of vicarious trauma, secondary traumatic

stress, compassion fatigue, and/or burnout (Jankoski, 2010; Knight, 2015; Newell & MacNeil, 2010; Sprang et al., 2011). SCPSWs in this study reported they experienced similar symptoms. The results from this research has extended the existing literature on occupational trauma and presented details on a group of human service providers' not previously mentioned in the literature. In the following section, I discuss the interpretation of the findings and then compare those findings to the literature review presented in Chapter 2.

Interpretation of the Findings

Data presented in Chapter 4 reflected SCPSWs perceptions of their experiences in child welfare services and addressed the research questions this study aimed to answer. The findings interpret the sentiments of the participants in each answer to the research questions below.

RQ 1: What are the lived experiences of SCPSWs?

In previous literature on social workers in child welfare, writers discussed the experiences of human service providers in reference to their job tasks and education (Goddard & Hunt, 2011; Sprang et al., 2011; Tosone et al., 2012). Most studies written about human service providers did not explore pre-existing experiences or influential familial effects helping professionals encountered. According to research subjects of this current study, their early exposure to socioenvironmental encounters stemmed from their upbringing and familial interactions. Subsequently, various experiences became familiar

to SCPSWs. Once SCPSWs' career evolved in child welfare services, their ability to cope with different situations amplified.

The experiences of SCPSWs expanded to include interactions with clients, workers, and administrators because SCPSWs' environment included those particular individuals due to the job. SCPSWs functioned on a daily basis promoting child safety, managing a diverse group of social workers, and adhering to policies while carefully maintaining deadlines and the status quo of the organization. SCPSWs' responsibilities, interactions, and chivalry became their additional experiences. Nonetheless, due to their diligence and desire to be good supervisors, SCPSWs encountered some problems because of their experiences and they described them as symptoms of occupational trauma in the following research question.

RQ 2: What issues have emerged because of their experiences?

Several studies indicated occupational trauma afflicted human service providers and noted their experiences were challenging psychologically and emotionally (Jankoski, 2010; Knight, 2015; Newell & MacNeil, 2010; Sprang et al., 2011). However, SCPSWs were not included in those studies. This study revealed the same happens to SCPSWs in their current managerial roles. Consequently, their lived experiences indicated that their encounters with occupational traumata occur at a greater rate. The fact is SCPSWs have the responsibility of meeting the obligations of the child welfare organization, addressing multiple child safety incidences, and managing several subordinates who are dealing with similar issues.

The CWLA (2007) indicated supervisors in child welfare services have an average of five social workers under their supervision and those social workers carry an average of 30 families. Therefore, the participants in this study exposure to child maltreatment involved more encounters because their subordinates each carry a caseload of approximately 30 families, which totals approximately 150 families for a SCPSW (Lopez & Klemack, 2013). SCPSWs' propensity to experience higher levels of occupational trauma was inevitable because the number of families they are responsible for had quintupled. The challenges that the participants face had caused symptoms associated to occupational trauma in the form of vicarious trauma, secondary traumatic stress, compassion fatigue, or burnout to develop. As shown in Table 3, each participant reported experiencing symptoms of at least one form of occupational trauma.

Table 3

Participants' Reported Symptomology of Occupational Trauma

	Vicarious trauma	Secondary traumatic stress	Compassion fatigue	Burnout
Participant P001	X			
Participant P002	X			
Participant P003	X			
Participant P004	X	X		
Participant P005			X	
Participant P006		X		
Participant P007	X	X	X	X
Participant P008			X	X
Participant P009			X	X
Participant P010		X		

SCPSWs in this current study identified symptoms in the aforementioned phenomena they had experienced since working in child welfare. The interpretation of the data indicated SCPSWs are vulnerable to occupational traumata and it becomes

intertwined with his or her lived experiences. Moreover, the participants acknowledged the issues they developed during the scope of their work had an impact on their personal lives. SCPSWs answered the next research question by sharing details about personal life decisions they made due to the issues they had encountered.

RQ 3: Have their experiences affected their personal lives and relationships? If so, how?

Cody (2011), O'Reilly et al. (2011), and Johnson et al. (2011) addressed the impact a human service provider's profession has on his/her personal life. According to SCPSWs interviewed for this study, they made personal decisions because their experiences in child welfare affected them. The effects discussed by the participants included social interactions, health issues, and various family choices (e.g., starting a family, whether or not to divorce, and communicating). Participant 003 disclosed that she chose to wait to start a family because of her work experience and participant 006 shared that she had distanced herself from her own children and husband at one point. Other participants like 001 and 008 made decisions to focus more on spending time alone. In addition, participant 007 shared her health had been compromised due to long work hours, stress, and sleep deprivation.

Each SCPSW shared details about their various experiences and there were some similarities, but not all experiences were the same. Nonetheless, occupational traumata did affect SCPSWs. Johnson et al. (2011) reported human service providers bring personal issues to the workplace and they are responsible for dealing with those particular

problems to prevent them from influencing the work environment. SCPSWs in this study believed personal matters should not interfere with decision making at work. The experiences encountered by SCPSWs in the workplace increased their vulnerability to psychosocial problems that also influenced them outside of work. Subsequently, SCPSWs practiced various coping methods to obtain a sense of stability.

RQ 4: What measures do they take to cope with their occupational experiences?

Mathieu (2014) and Voss Horrell et al. (2011) suggested building support systems and practicing self-care for helping professionals exposed to vicarious trauma, compassion fatigue and burnout. In addition, Sprang et al. (2011) stressed the importance self-care for child protection workers exposed to occupational distress. The participants in this current study agreed with those same sentiments. SCPSWs acknowledged engagement in self-care and coworker support were pivotal to their continuous ability to work in child welfare services. All the participants reported the use of coping mechanisms. The ability of the participants to handle the nuisances of the job and the experiences attached to them suggested a theory or conceptual framework existed that explains SCPSWs' perseverance in child welfare.

Conceptual Framework

The conceptual framework of this study was constructivist self- development theory. According to Saakvitne and Pearlman (1996), the theory explained individuals' cognitive perceptions of vicarious traumatic events. Over the years, researchers used the theory to discuss the treatment of vicarious trauma (Devilly et al., 2009). However, the

theory has evolved to explain how helping professional deal with the traumatic experiences of others using their cognitive and psychological skills (Pearlman, 2013). The participants in this study applied coping mechanisms that they constructed from their experiences they encountered over time, their upbringing, and their beliefs.

In similarity to the development of CSDT, the same concept of bridging or constructing learned skills and experiences promoted learning on how to cope (McCann & Pearlman, 1992). CSDT explained how the participants in this study managed occupational trauma in their workplace. The coping skills used by SCPSWs in this study emerged from the participants' ability to use CSDT to bridge their cognitive schema of experiences from socioenvironmental influences. The participants developed the ability to cope with trauma and workplace issues with coworker support and self-care. In summary, the participants in this research study used CSDT as a defense mechanism throughout their tenure as SCPSWs and the theory had enabled the participants to do their job continuously. In the next section, I will discuss the limitations this study presented.

Limitations of the Study

Several limitations are present in this current study. First, the sample size was limited to 10 participants. In qualitative phenomenological studies, the average sample size ranged from five to 25 subjects (Creswell, 2012). The concerning issue that emerged was two public child welfare agencies were represented in this study. Nine volunteering SCPSWs represented one child welfare organization and one participant represented another. A larger sample size would have possibly included SCPSWs from other southern

California regions and presented an opportunity to compare and contrast the regulations

for SCPSWs in each agency. In addition, expanding the subject pool beyond the regions

of southern California may have yielded broader findings in regards to SCPSWs'

experiences.

Another limitation in this study was the exclusion of former SCPSWs. Former

SCPSWs who have retired or left the profession could have provided essential data. Their

viewpoints may have changed or they may have maintained similar sentiments like the

participants. Nonetheless, collecting data from former SCPSWs may describe additional

lived experiences of SCPSWs not previously discussed.

The procedures to establish trustworthiness throughout this study remained the

same as a handheld digital recorder was used to audio record the interviews.

Subsequently, I engaged in member checking with the participants during the follow up

face-to-face interviews to review transcripts and clarify statements (Rudestam & Newton,

2015). Yet in future studies, I would suggest utilizing technology such as Skype, Google

Hang-outs, or Face time to complete member checking because it saves time from

returning to the field and provides participants with flexibility of their schedules. A

discussion for future studies takes place in the following section.

Recommendations

In this study, a qualitative phenomenological approach described the contributing

factors to the essence of SCPSWs' lived experiences. The findings identified several

composites that made up the lived experiences of SCPSWs. The overall assumption

indicated SCPSWs are humanitarians. The subjects thrived on achieving agency goals, promoting child safety, and properly managing their subordinates. However, the participants did not provide detailed information about their personal lives. Future studies could possibly incorporate the perspectives of the participants' family members. The inclusion of the participants' life at home with their family could yield data not captured in this study and provide an in-depth view into SCPSWs lived experiences beyond the workplace.

Additional recommendations include recruiting participants from other regions of the country to exam various experiences and then proceed to compare the differences in child welfare practices based on those experiences. I also recommend the exploration of the lived experiences of upper management in child welfare. The infrastructure of many child welfare agencies primarily function on the backs of social workers and their supervisors (Rhee et al., 2013). However, the notion of ensuring child safety and saving maltreated children takes an organization. The inquiry into the lived experiences of upper management in child welfare could expand literature in child welfare because upper management consists of individuals responsible for creating policies/procedures and delegating work to the lower levels of staff. An insight into the mangers' ability to do a good job may initiate SCPSWs getting the needed support from upper management to do certain job tasks better.

The results of this study also indicated that at some point in a SCPSWs' tenure he or she would experience occupational trauma. Consequently, there appeared to be a

connection between the years of experience in child welfare and the phenomenon

compassion fatigue. For instance, participants P005, P008, and P009 each have at least 29

years of experienced in child welfare and they reported experiencing symptoms of

compassion fatigue. A future study exploring the transitions of occupational traumata

throughout a SCPSW's career can possibly explain the relationships between vicarious

trauma, secondary traumatic stress, compassion fatigue and burnout. Further, I

recommend that additional qualitative research studies take place with other child welfare

services personnel to gain a better perspective of dealing with a vulnerable population

such as maltreated children. Future studies using a narrative approach to tell stories or

grounded theory to develop a theory (Maxwell, 2013) specific to child welfare may

continue to expand literature in this particular human services field.

Implications of Social Change

Throughout this research study, the exploration of the participants' lived

experiences took place and the discovery indicated that the participants were destined to

become human service providers. They had a desire to make the world around them a

better place compared to how they found it in regards to the communities they had

worked in, child safety issues, and guiding likeminded individuals (subordinates). The

humanitarianism in SCPSWs promoted social change in different ways. First, participants

had implemented their own regimen of coping by talking with coworkers to debrief about

daily issues. Such continued practices in the workplace environment have changed the

culture of managing stressful work related issues. In addition, the practice of engaging in

coworker support transformed the workplace into a less stressful environment. Second, the utilization of coworker support encouraged the development of new procedures such as case conferencing that helped the participants address concerning issues.

During the data collection, the participants discussed the lack of training and the inexperienced staff assigned to them. SCSPWs shared that the implementation of longer training academies for new social workers and providing specialized training to seasoned social workers would possibly enable them to work more effectively in traumatic situations. According to the participants, such changes at the organizational level may alleviate stressful circumstances and increase child safety practices. In addition, such practices could possibly make the communities safer because social workers would have the potential of minimizing child maltreatment by engaging with community leaders to promote child safety regulations.

Other opportunities for positive social change in child welfare are the avocation for improved policies and support from administration to promote self-care in the workplace. The implementation of organizational intervention with education and support services could possibly reduce the recidivism of SCPSWs experiencing occupational traumata (Tosone et al., 2012). Positive social change at the organizational level has the potential to change lives and improve the quality of services provided to communities and children because supervisors and their assigned staff would be better prepared to effectively manage crises. Overall, social change in child welfare can promote child safety and enhance work practices.

Conclusion

Child maltreatment is an ugly business and it is not a job everyone can handle (Tosone, 2013). In this study, I have learned it takes a special person to work in child welfare services. Throughout my years of working at a child welfare agency, I have seen people quit, retire, and I have known two people who have died on the job. Yet, there are individuals who just keep going. Social workers in child protection services seem to be an unique group of human service providers. A number of studies on social workers (Knight, 2015; Michalopoulos & Aparicio, 2012; Sprang et al., 2011; Rhee et al., 2013) have contributed to the existing literature about their lived experiences and the effects of work related traumata. Nonetheless, literature could not be located on SCPSWs and their encounters.

This qualitative phenomenological study explored the lived experiences of 10 SCPSWs in southern California. The findings in this study indicated the participants are helpers, servants to society, and humanitarians. The SCPSWs' lived experiences arose from influences from their past and continued to cultivate as they transitioned in life. Such experiences and how the subjects handled them became coping mechanisms SCPSWs used unconsciously. SCPSWs experiences in the workplace compelled their aspiration of meeting the agency's needs, improving child safety, and being a good supervisor to their subordinates. However, the findings also indicated SCPSWs are susceptible to occupational traumata.

During this exploratory study, participants used their cognitive schema of experiences, beliefs, and upbringing to develop coping techniques to manage their symptoms of vicarious trauma, secondary traumatic stress, compassion fatigue, and/or burnout. Nonetheless, CSDT explained SCSPWs ability in handling the nuisances of their experiences. The participants employed self-care and coworker support (e.g., collaborated, vented, provided a listening ear, etc.) to effectively do their job tasks. However, organizational support was also a needed benefit for SCPSWs.

Advocating and implementing policy at the organizational level to enhance resources, administrative support, and training for staff is important to SCPSWs' work productivity and the quality of services provided in child welfare (Rhee et al., 2013). Subsequently, limiting the potential symptomatic onset of occupational traumata SCSPWs endure. Overall, SCPSWs who experience less occupational traumata, enhances an organization's ability to handle societal issues regarding child welfare matters. In this study, I have learned SCPSWs want to make a difference in child welfare services, their work is more than a job for them, and they enjoy working with people. SCPSWs in this study believed their presence in the workplace mattered because they are the first line of management exposed to the nuisances of child maltreatment.

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Appendix A: Interview Protocol Worksheet

Interview Protocol Worksheet

Date of interview:

Time of interview:
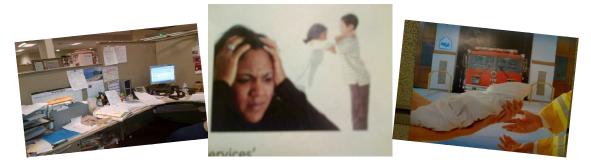
Location of interview:

Interviewer:

Interviewee:

1. How long were you a Child Protection Social Worker before becoming a supervisor?

2. What's your educational background?

3. What made you choose this line of work?

4. What positive and negative experiences of being a Child Protection Social Worker have you had?

5. Does working with traumatized children have an impact on you? If so, what impact?

6. Because of the work you did as a Child Protection Social Worker, how do you view the world around you?

7. As a Child Protection Social Worker, how often did you think about your work at home? What did you think about?

8. In what ways has your work as a Supervising Child Protection Social Worker had an effect on your personal life?

9. What do you feel this line of work does for you?

10. How did you cope with the demands of the job as a Supervising Child Protection Social Worker?

Thank you for participating in this interview and please note that your responses are confidential. In addition, I may have to return for follow up interviews.

Appendix B: Flyer

Not a Los Angeles County DCFS affiliated research study

PARTICIPANTS ARE NEEDED FOR A
RESEARCH STUDY
**Seeking Supervising Children's Social Workers to
participate in a research study about Supervising
Child Protection Social Workers' lived experiences.**
*Please contact this researcher at the
information below.*
Further details will be provided upon contact

**Kecia Freeman at (951) 532-8146 or
kecia.freeman@waldenu.edu**

Appendix C: Letter to Participant

Date:
Name of Participant
Address

Dear (Name),

My name is Kecia Freeman and I am a doctoral candidate at Walden University. I am conducting dissertation research on the lived experiences of supervising child protection social workers in Los Angeles County. I desire to interview Supervising Child Protection Social Workers to avoid a conflict of interest since I am also a Supervising Child Protection Social Worker for the same agency. There are numerous studies about occupational traumata that focus on vicarious trauma, compassion fatigue, burnout, and secondary traumatic stress. However, this study will focus on the essence of supervising child protection social workers' lived experience. This research study will provide insight into what these human service providers experience when they continuously come in contact with abused and neglected children who have been traumatized.

I truly believe that your time is important to you and I appreciate your consideration to participate in this study. In order to fully understand your experience we will need to meet on two separate occasions for approximately one hour during the first meeting and 30 minutes for the second meeting. Meetings can be held at a location of your choosing and will not require you to do anything you don't feel comfortable doing. The meetings are designed to simply become acquainted with you and to learn about your experience as a child protection social worker. All information gathered during our meetings will be kept strictly confidential.

Please contact me at your earliest convenience to schedule a date and time that we can meet. My telephone number is (951) 532-8146. You can also email me at kecia.freeman@waldenu.edu. I look forward to hearing from you.

Kecia Freeman
Doctoral Candidate
Walden University

Appendix D: Nondisclosure Agreement

Confidentiality Agreement

It is understood and agreed to that the below identified discloser of confidential information may provide certain information that is and must be kept confidential. To ensure the protection of such information, and to preserve any confidentiality necessary under patent and/or trade secret laws, it is agreed that

1. The Confidential Information to be disclosed can be described as and includes:
   Transcription Audio File Uploaded by Client
   Transcription Video File Uploaded by Client

2. Subject to full payment of service fee(s), the recipient agrees not to disclose the confidential information obtained from the discloser to anyone unless required to do so by law.

3. This Agreement states the entire agreement between the parties concerning the disclosure of Confidential Information. Any addition or modification to this Agreement must be made in writing and signed by the parties.

4. If any of the provisions of this Agreement are found to be unenforceable, the remainder shall be enforced as fully as possible and the unenforceable provision(s) shall be deemed modified to the limited extent required to permit enforcement of the Agreement as a whole.

WHEREFORE, the parties acknowledge that they have read and understand this Agreement and voluntarily accept the duties and obligations set forth herein.

Recipient of Confidential Information:
Name: Evolution World Wide Limited

Signature:

Date: **July/28/2015**

Discloser of Confidential Information:
Name: **Kecia Freeman**

Signature:

Date: