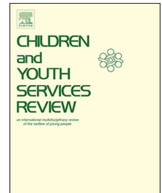
Children and Youth Services Review 108 (2020) 104529

Contents lists available at ScienceDirect

Children and Youth Services Review

journal homepage: www.elsevier.com/locate/childyouth



Developing self-care competency among child welfare workers: A first step

J. Jay Miller

Self-Care Lab, College of Social Work, University of Kentucky, United States

ARTICLE INFO

Keywords:
Self-care
Child eelfare
Workforce
Wellness

ABSTRACT

Self-care can be integral to assuaging inimical employment conditions experienced by the child welfare workforce. However, few studies have explicitly examined ways to improve self-care competency among this practitioner group. This study employed a retrospective pre/post design to assess the impact of a self-care training for child welfare workers (N = 131) in one southeastern state in the United States. Overall, results indicate child welfare workers were satisfied with the training content and materials. As well, analyses revealed significant increases in knowledge about self-care, confidence in skills to engage in self-care, and values related to self-care. Overall, findings from this study suggest that brief self-care trainings can beneficial to child welfare workers and that more research in this area is warranted.

1. Introduction

Undoubtedly, being a child welfare worker is challenging. Evidence suggest that child welfare workers are increasingly faced with daunting caseloads, compassion fatigue, secondary traumatic stress, and professional burnout, among other challenges (Miller, Donohue-Dioh, Niu, Grise-Owens, & Poklembova, 2019). Additionally, child welfare workers, particularly those employed in public (e.g., governmental) sectors, may be disproportionately impacted by bureaucratic processes and community resource restrictions. All told, it is likely, if not probable, that these inimical employment circumstances impact not only the workers experiencing them, but inhibit the services proffered to children and families (Miller, Donohue-Dioh, Niu, & Shalash, 2018).

Against this backdrop, there is broad consensus that deft self-care practices can assuage many of these challenges, thus addressing workforce health (Grise-Owens, Miller, & Eaves, 2016). Despite growing recognition about the importance of self-care, research related to the topic has not kept pace (Bloomquist, Wood, Friedmeyer-Trainor, & Kim, 2015; Newell, 2017). These limitations are particularly prevalent in the area of child welfare (e.g., Miller et al., 2018). Of particular paucity are examinations of training approaches designed to improve self-care among child welfare practitioners. This paper contributes to addressing this limitation in the current literature.

This paper investigates the impact of a self-care training, Self-Care Core™, for child welfare practitioners (N = 131) in one southeastern state. The overarching goal of this training was to improve self-care competency (e.g., knowledge, skills, values associated with self-care). To assess the impact of this brief training, researchers employed a pre-experimental (e.g., retrospective pre/post-test) design to assess improvement in the areas of knowledge, confidence in skills, and values related to self-care. Overall, findings from this study suggest that brief self-care trainings can beneficial to child welfare workers and that more research in this area is warranted. After a brief review of pertinent literature, this paper will provide a foundational overview of the training, delineate outcome variables and measures, explicate evaluative findings, and discuss salient child welfare research, practice, and policy implications for self-care training associated with developing a healthy child welfare workforce.

1.1. Workforce challenges and consequences

The challenges facing child welfare workers are well-documented in the extant literature. By nature, child welfare work, particularly that associated with child protection, occurs in crisis oriented environments (Parton, 2009). These types of environments can make it difficult for child welfare workers to balance personal and professional role responsibilities (Berlanda, Pedrazza, Trifiletti, & Fraizzoli, 2017; Lizano & Barak, 2015; Mandell, Stalker, de Zeeuw Wright, Frensch, & Harvey, 2013). Additionally, child welfare workers often experience inordinate workloads and inadequate supervision and support structures (Levy, Poertner, & Lieberman, 2012; Shim, 2010). These challenges are particularly disconcerting given that child welfare workers are often plagued by resource restrictions (Mänttäri-van der Kuip, 2016) and are disproportionately impacted by cumbersome bureaucratic processes (McFadden, Campbell, & Taylor, 2014). Other challenges include high risk for physical harm/danger (Shier et al., 2012), inadequate compensation and poor public perceptions associated with their work (e.g., Zosky, 2010).

E-mail address: justin.miller1@uky.edu.

https://doi.org/10.1016/j.childyouth.2019.104529
Received 25 June 2019; Received in revised form 4 October 2019; Accepted 5 October 2019
Available online 07 November 2019
0190-7409/ © 2019 Elsevier Ltd. All rights reserved.

The problematic employment circumstances facing child welfare workers have real consequences. Most notably, workforce attrition can be prevalent among the child welfare workforce. Several authors have posited that the challenges facing these workers can lead to turnover issues (e.g., Boyas, Wind, & Ruiz, 2015). In a study that examined retention among child welfare workers, Johnco, Salloum, Olson, and Edwards (2014) found that over three-quarters of their sample had looked for a different job within the year preceding the study. Other authors have explained that child welfare workers experience high levels of stress, professional burnout (McFadden et al., 2014), emotional exhaustion (Lizano & Barak, 2012), and vicarious/secondary trauma (Salloum, Kondrat, Johnco, & Olson, 2015; Thompson, Wojciak, & Cooley, 2015).

1.2. Role of self-care

Professional self-care is the "process of purposeful engagement in practices that promote holistic health and well-being of the professional self" (Lee & Miller, 2013, p. 98). Whilst self-care has historically been conceptualized from a medical perspective overly focused on physical health (e.g., Miller, Lianekhammy, & Grise-Owens, 2018), more recent works have examined multiple dimensions of self-care. These dimensions include spiritual, physical, and emotional (Bloomquist et al., 2015; Grise-Owens, Miller, & Eaves, 2016).

Few would debate the benefits of engaging in self-care (Miller et al., 2018). Ample evidence suggest that self-care may assuage some of the deleterious employment conditions facing social work practitioners, in general. For instance, Salloum et al. (2015) contended that child welfare workers who engage in self-care experience less professional burnout. In a national study conducted with social workers in the U.S., Bloomquist et al. (2015) asserted that self-care is related to perceptions of professional quality of life. Among hospice workers, Alkema, Linton, and Davies (2008) suggested that self-care may assuage workplace stress. Other potential benefits of adroit self-care practices include improved practice efficacy (Bradley, Whisenhunt, Adamson, & Kress, 2013), compassion satisfaction, (Grise-Owens, Miller, & Eaves, 2016), and reduced workplace turnover (Miller et al., 2018), among others. Interestingly, many of the benefits of self-care address the referenced challenges plaguing the child welfare workforce.

1.3. Child welfare workers and Self-Care

Benefits notwithstanding, several authors have suggested that child welfare workers struggle to engage in self-care. In one of the few national studies to explicitly examine self-care practices among child welfare workers in the U.S., Miller et al. (2019) concluded that participants in their sample engaged in minimal self-care. These authors also concluded that a number of factors such as educational level, professional organization membership, and financial status may impact self-care practices among this practitioner group. In a smaller scale study conducted by Miller et al. (2018), the researchers found that child welfare workers engaged in moderate amounts of self-care. Among this sample of child welfare workers, the researchers found that health, financial, and relationship statuses significantly impacted one's ability to engage in self-care practices. The assertion that these professionals engage in minimal amounts of self-care, in general, is supported elsewhere in the literature (e.g., Bloomquist et al., 2015).

1.4. Challenges to engaging in Self-Care

There are a number of factors that may contribute to the lack of self-care among child welfare workers. Kanter and Sherman (2017) asserted that social service organizations seldom have employment structures congruent to supporting employee wellness and self-care. Additionally, self-care can be a vague concept that is somewhat difficult to define (Coleman, Martensen, Scott, & Indelicato, 2016). Other challenges include an overall lack of value associated with self-care (Grise-Owens, Miller, & Eaves, 2016), inadequate knowledge about self-care (Dalphon, 2019), and the absence of training frameworks related to self-care (Kinman & Grant, 2016).

The implications stemming from the literature are clear. Child welfare workers face a host of challenging employment conditions. Whilst self-care may be one strategy for building resilience associated with coping with these challenges and/or assuaging the negative consequences derived from these challenges, research indicates that child welfare workers engage in minimal amounts of self-care. What's more, absent from the literature are documented training models that may improve self-care among this constituency group. A thorough review of pertinent databases yielded no studies that have explicitly examined self-care training models among child welfare workers. This paper seeks to contribute to addressing these limitations in the current literature.

1.5. Purpose

The overarching purpose of this study was to investigate outcomes associated with a self-care training delivered to child welfare workers in one southeastern state in the U.S. The purpose of the training, which is discussed later in this paper, was to improve self-care competency among participants. Particularly, this study is concerned with examining changes in variables of interest (e.g., self-care knowledge, confidence to engage in self-care, and values) from pre to post assessment.

2. Training overview

2.1. Etiology

The need for and subsequent development of this training is rooted in several distinct yet interconnected contextual factors. First, due to increased turnover and staff vacancies within child welfare systems, in general, and public child welfare systems, specifically, there were increased efforts to examine strategies to assuage workplace stress, burnout, and vicarious trauma throughout the child welfare workforce. These efforts actualized via the formation of several statewide groups to focus on workplace issues among child welfare workers.

Second, a 2018 research study (e.g., Miller et al., 2018) of child welfare workers in the state showed that child welfare workers were not engaging in adequate self-care. For child welfare professionals and administrators, this study underscored the need to more explicitly focus on building the capacity of child welfare workers to engage in self-care practices.

Lastly, as an overarching theme, researchers, practitioners, and policy makers recognized that many social work graduates matriculating into child welfare practice were experiencing burnout, which impacted turnover. Several high-profile cases related to public child welfare workers underscored case-load concerns and stressful work environments. These factors are consistent with studies that have documented some challenges for individuals matriculating into helping professions (e.g., Grise-Owens, Miller, & Eaves, 2016; Miller et al., 2018). A needs assessment conducted by a continuing education program at the university revealed that social workers, in general, and child welfare practitioners, specifically, desired to receive training on aspects of self-care.

Based on these factors, the author and a colleague collaborated to develop an adaptable self-care training framework called *Self-Care Core™ For Child Welfare Professionals*. The developers are seasoned, doctoral prepared educators. These individuals have conducted a number of training and workshops associated with self-care and have conducted extensive research and scholarship on the topic. Overall, the four (4) hour training is designed to improve self-care competency among participants. The training framework is more thoroughly discussed below.

2.2. Training description

Self-Care Core™ For Child Welfare Professionals is a brief-formatted training with the goal of improving self-care competency among participants. This training was delivered to public child welfare workers throughout one southeastern state. In some instances, employees were granted credit towards annual training requirements for attending the training. All participants took part in one training session, all of which were delivered by one of the authors.

The training sought to meet several objectives. These objectives set forth that upon completion of the training participants would: (a) be able to define and describe self-care; (b) understand how self-care can address/assuage employment challenges faced by child welfare workers; (c) learn strategies for engaging in adept self-care practices; (d) know how to construct a multi-dimensional self-care plan; and (e) know how to incorporate self-care as a practice skill into child welfare practice.

2.3. Theoretical framework informing competency approach

As indicated, this training sought to improve self-care competency among child welfare workers. According to Merriam-Webster, *competency* is the ability to perform a task efficiently and effectively. Reilly, Barclay, and Culbertson (1977) explained that competency entails knowledge, skill development, and value related to a construct. Kruger and Dunning (1999) Competency Theory and Dreyfus and Dreyfus' (1980, 1986) Expertise Theory informed the approach in lending credence to the notion that improving knowledge, confidence/ability to engage in a skill, and value would improve self-care practices, and in so doing, self-care competency.

2.4. Training structure

The training was developed based on an exhaustive review of literature associated with needs related to helping professionals, to include child welfare workers, in relation to self-care. The training is organized around the Conceptualization, Planning, Integrating, Evaluating, and Sustaining (CPIES©) framework explicated by Grise-Owens, Miller, Addison, et al. (2016). This multifaceted framework explores self-care and wellness via an iterative, multi-step process. The training is delivered via a mix of lecture, discussion, and interactive activities to meet training aims. The training was facilitated by the author, who is a seasoned doctoral-prepared educator and who has conducted extensive research related to self-care. Selected learning tasks for each phase of the training are delineated in Table 1.

3. Training evaluation methodology and materials

3.1. Participants

All participants in the training identified as public child welfare workers currently employed in one southeastern state. A narrative description of the training opportunity was posted to an online portal overseen by the public child welfare agency. As well, this opportunity was circulated via existing training listservs, connected to the portal. For context, there are approximately 2100 workers that receive training opportunities via this listserv. Interested participants were required to register for the training via an online platform. Participants were able to register for the training time/location most convenient for them. The trainings were held during the regular workday. Participation in the training was not mandated by the state agency. This posting/recruitment approach is consistent with practices associated with other, non-related training opportunities throughout the state. During the evaluation period covered for the purposes of this paper, a total of four (4) trainings occurred, with approximately 31–33 participants in each training. All protocols were reviewed and approved by the Institutional Review Board.

Table 1
Training framework and foci.

Module	Learning Tasks
Introduction	-Understanding challenges facing child welfare workers; -Understanding associated consequences of said challenges; and, -Appreciate the potential for self-care in assuaging these issues
Conceptualization	-Become familiar with various definitions of self-care; -Describe different domains of self-care; and, -Explain the relationship between self-care and practitioner wellness
Planning	-Articulate SMART goals associated with self-care; -Design a self-care plan; and, -Identify strategies for addressing common self-care barriers
Implementation	-Become familiar with foundations of implementation science; and, -Review self-care plan through implementation lens
Evaluation	-Identify and explain strategies for evaluating self-care; and, -Identify tools for evaluating self-care
Sustainability	-Define sustainability -Identify sustainability models; and, -Identify tools for sustaining adept self-care practices

A total of 131 child welfare workers participated in one of the four the trainings. The typical participant was Female (84.7%) or Male (15.3%), White/Caucasian (68.7%) or Black/African-American (31.3%), and was 42.01 (SD = 10.43) years of age. Participants reported being employed in child welfare contexts for an average of 10.89 (SD = 6.96) years. Respondents mostly identified as Heterosexual (96.9%), with the remaining participants identifying as Bisexual (3.1%). In terms of highest level of education, 12.4% of participants had a high school diploma or GED, 29.5% had an Associates degree, 45% held a Bachelors degree, 12.4% had a Master's degree, and 0.8% reported a First Professional degree (e.g., law degree).

3.2. Instrumentation

To assess the training outcomes, a pre-experimental retrospective pre/post was deployed. Because of the lack of instrumentation associated with self-care, in general, and self-care training frameworks, specifically (e.g., Miller et al., 2019), the evaluators developed an instrument to capture data associated with outcomes of interest. The instrument was designed to measure four overarching areas: Satisfaction with Training, Knowledge about Self-Care, Confidence to Engage in Self-Care, and Values Associated with Self-Care. The development of this instrument was informed by traditional competency frameworks, which typically focus on knowledge, skills, and values. The paragraphs below briefly describe the instrument.

Satisfaction. To assess overall satisfaction with the training, participants responded to five Likert-type items were anchored as follows: 1 = *Strongly Disagree;* 2 = *Disagree*; 3 = *Neither Agree Nor Disagree*; 4 = *Agree*; and, 5 = *Strongly Agree*. Items for this scale are included in Table 1. For this scale, each item was assessed independently – no overall score was computed.

Knowledge About Self-Care. To examine participant knowledge about self-care, evaluators employed a five (5) item, Likert-type scale anchored as follows: 1 = *Strongly Disagree;* 2 = *Disagree*; 3 = *Somewhat Disagree*; 4 = *Somewhat Agree*; 5 = *Agree*; and, 6 = *Strongly Agree*. Example items for this scale include: *I can define the term "self-care"* and *I am knowledgeable about self-care*. The knowledge score was calculated as a mean across all items. The Cronbach statistic for this scale was 0.86.

Confidence to Engage in Self-Care. To assess participant

confidence to engage in self-care, evaluators adapted the professional domain of the Self-Care Practice Scale (SCPS; Lee, Bride, & Miller, 2016). This subdomain includes nine (9) items. These items were scaled as follows: 1 = *Not Confident*; 2 *A little Confident*; 3 = *Somewhat Confident*; 4 = *Confident*; and, 5 = *Very Confident*. Example items for this scale include: *I am confident that I can take small breaks throughout my workday* and *I am confident I can acknowledge my successes at work*. The confidence score was calculated as a mean across all items. The Cronbach statistic for this scale was 0.81.

Value. To assess value associated with self-care, participants responded to four (4) Likert-type items anchored as follows: 1 = *Strongly Disagree;* 2 = *Disagree*; 3 = *Somewhat Disagree*; 4 = *Somewhat Agree*; 5 = *Agree*; and, 6 = *Strongly Agree.* Example items for this section of the scale include: *Self-care can be a valuable tool for professionals* and *Self-care is important to me*. Value scores were computed as a mean across all items. The Cronbach statistic for this scale was 0.79.

3.3. Data management and analyses

All data were collected via hardcopy surveys administered at the completion of each training by an individual not involved with the training. Once collected, all data were entered into IBM SPSS 24 (SPSS, Inc., Chicago, IL), which was utilized for data management and analyses. Overall, frequency distributions were first examined for the counts of observations in each response category of the instrument. Next, measures of central tendency (i.e., means and medians) and dispersion (i.e., range, minimum and maximum responses, and standard deviation) were calculated and investigated for data distribution patterns. Finally, to check for the assumptions of normality for analyses in the later stages, the numerical values of skewness and kurtosis were calculated for each of the variables of interest, using standards related to absolute values of the skewness statistics greater than $|\pm 1|$ (Ho & Yu, 2015), and kurtosis statistics greater than $|\pm 2|$ (Gravetter & Wallnau, 2014). Based on these assessments, no severe deviation from normality was concluded.

To assess changes in variables of interest, researchers utilized a retrospective pre/post model. This approach entails administering one observational measure at the conclusion of the training, and asking participants to respectively assess variables. Though this approach to evaluation may be seldom employed, it is ideal for assessing trainings of this type (Bhanji, Gottesman, de Grave, Steinert, & Winer, 2012). Documented benefits of this evaluation approach include addressing inflated perceptions, thus eliminating the impact of response-shift bias and time efficiency (Geldhof et al., 2018), among others. Paired samples *t*-test were used to assess differences between pre and post scores.

4. Results

For the following section, please note that only descriptive data are reported for training satisfaction. Participant data related to the satisfaction variable are included in Table 2. As the table illustrates, *"I would recommend that other child welfare professionals take this training"* was the highest rated item of the set, while *"The training was well organized"* was the lowest rated item in the set. All satisfaction items ranged from an average rating of 4.34 (SD = 0.61) to 4.94 (SD = 0.07). Overall, these ratings indicate that participants were satisfied with the training.

Table 2
Item means and standard deviations.

Item	Mean Rating(SD)
Overall, I was satisfied with this training	4.68 (0.52)
I was satisfied with the content of this training	4.81 (0.29)
The training was well organized	4.34(0.61)
I was satisfied with the trainers' responsiveness to my questions/comments	4.67 (0.31)
I would recommend that other child welfare professionals take this training	4.94 (0.07)

As indicated, evaluators utilized a retrospective pre/post design to assess changes in mean variable scores for Knowledge about Self-Care, Confidence to Engage in Self-Care Practices, and Value. Participant mean pre scores, post scores, and paired t results are included in Table 3.

As indicated, Data included in Table 3 indicate significant increases in all variables of interest from pre to post. Mean knowledge scores were 3.67 (SD = 0.89) at pre and 5.43 (SD = 0.59) at post. Analysis revealed that this increase was significant ($t(130) = -20.52$, $p = .000$). Similarly, mean confidence scores were 2.60 (SD = 0.60) and 3.70 (SD = 0.45) at post, indicating a significant improvement ($t(1\,3\,0) = -17.18$, $p = .000$). Lastly, mean value scores were 4.75 (SD = 0.62) at pre and 5.07 (SD = 0.65) at post. This increase was significant ($t(1\,3\,0) = -6.41$, $p = .000$).

5. Discussion

This paper examined the impact of a brief self-care training on self-care competency (e.g., knowledge about self-care, confidence to engage in self-care, and value associated with self-care) among a sample of child welfare workers in one southeastern state. This paper uniquely contributes to the literature in two ways. It explicates a self-care training framework and it documents outcomes associated with that training, both of which address limitations in the current child welfare literature. The following paragraphs briefly outline salient discussion points associated with the afore-presented data.

First, data suggest that participants were satisfied with the training content, delivery, and facilitations. All satisfaction items ranged between 4.94 and 4.34, indicating that all participants "agreed" that they were satisfied (based on the Likert-type scale). Notably, the highest rated statement was *I would recommend that other child welfare professionals take this training*, signifying that participants viewed the training as helpful.

Second, findings suggest that the training may have had positive impacts on participant knowledge about self-care, confidence to practice self-care, and value associated with self-care. Given the employment challenges facing child welfare professionals, and the potential for self-care in assuaging these challenges, these findings are promising as it relates to the potential to improve self-care among child welfare workers.

In terms of confidence to engage in professional self-care, it is important to note that post-scores indicated a level of neutrality related to confidence. The mean confidence post-score was 3.70. These data suggest that while confidence scores significantly improved, participants, in general, were not fully confident in their ability to engage in professional self-care practices. Brevity of the training (in relation to longer interventions), content, and/or confidence levels at the outset of the training may contribute to these neutral confidence scores. As well, it is plausible that confidence related to engaging in self-care may be a concept that requires ongoing training, simulation, and practice. Certainly, building skill and confidence associated with practicing self-care is an area ripe for continued development and exploration.

Collectively, findings from these studies are pertinent in several ways. For instance, much of the literature outlining the challenges associated with engaging in self-care is related to knowledge and overall value related to self-care. Collectively, authors have argued that practitioners' lack of knowledge about self-care can be a primary impediment to engaging in self-care (e.g., Grise-Owens, Miller, & Eaves, 2016). Of course, these points beget the proverbial chicken-and-egg scenario. Do child welfare workers not value self-care because they don't have requisite knowledge about how to engage in the practice of self-care? Or, do they not seek knowledge about self-care because they don't value the construct? No matter, this study indicates that this training has the

Table 3
Paired sample T-Test results.

Variable	Mean Pre-Score (SD)	Mean Post-Score (SD)	Paired T-Test Result
Knowledge (1–6)	3.67 (SD = 0.89)	5.43 (SD = 0.59)	$t(130) = -20.52$, $p = .000$*
Confidence (1–5)	2.60 (SD = 0.60)	3.70 (SD = 0.45)	$t(130) = -17.18$, $p = .000$*
Value (1–6)	4.75 (SD = 0.62)	5.07 (SD = 0.65)	$t(130) = -6.41$, $p = .000$*

* Significant; $\alpha_{altered} = 0.016$.

potential to improve both areas, as well as confidence to engage in self-care.

Third, findings about knowledge, confidence and value, both singularly and collectively, indicate that brief interventions (e.g., trainings) may have some impact on self-care. Though a number of studies have suggested that brief trainings can be impactful in a host of different areas (e.g., Carpenter, Sanford, & Hofmann, 2018; Kemper, 2017), to date, much of the assertions about the impact of training about self-care have been anecdotal. These findings provide some initial evidence that these trainings can be impactful for welfare practitioners.

5.1. Strengths and Limitations

As with any endeavor of this type, this work has both strengths and limitations. In terms of strengths, this work is the first known to the author to empirically investigate the impact of a self-care training on child welfare professionals. An exhaustive literature review yielded no published studies of this nature, and as such, this work makes a unique contribution to extant literature. As well, the narrative outlines a study that can be easily replicated in other areas. This evaluation does have an adequate sample for an exploratory effort of this type and employed a pre-experimental design to assess outcomes.

In terms of limitations, this work has several. While the sample size was appropriate, additional participants may have yielded different results. All participants were child welfare practitioners in one southeastern state in the U.S. All registered to attend the training and, in some cases, received training credit towards annual training requirements. Thus, there may be a selection bias evident in the data. Participants who elected to participate in the training may have been more likely to show improved scores related to self-care. These factors may have impacted results and/or led to a social desirability bias associated with responses. The sample was overwhelmingly White/Caucasian and Female. A more diverse sample may have yielded different results. As well, the instrument used a five-point scale for satisfaction and a six-point scale for the other variables. Future works may look for more consistent scaling options associated with measuring variables of interest.

In addition to the limitations noted above, it is pertinent to note a conceptual limitation in the evaluation of the training. Traditional conceptions of *competence* have dealt with knowledge, skills, and values (e.g., Dreyfus & Dreyfus, 1986). Kruger and Dunning (1999) competency theory suggests that to examine competency formation/development, researchers should entail approaches that allow individuals to *demonstrate* particular skills. However, because of the limited time frame associated with this training intervention, evaluators were not able to assess skills. Rather, evaluators assessed confidence to engage in practice. Though this evaluative methodology has been used in other training approaches, this limitation is worth noting. Because of these limitations, and others, assertions derived from this study should be considered carefully.

5.2. Implications

There are a number of salient child welfare practice, policy, and research implications that can be derived from the above-referenced findings. As discussed, data from the current study substantiates the notion that self-care trainings can be valuable to child welfare practitioners. As such, these practitioners should seek out training opportunities associated self-care. Further, it is pertinent to note that child welfare organizations have a *responsibility* to ensure that child welfare workers have the opportunities to engage in such trainings by fostering the development and/or deployment of broad-based wellness initiatives that are inclusive of self-care concepts (e.g., Kanter & Sherman, 2017).

There are several plausible ways to achieve these aims. For example, Grise-Owens, Miller, Addison, et al. (2016) documented a participatory, mixed-method approach to conceptualizing organizational self-care wellness initiatives. These authors discussed the importance of engaging social service employees in developing these initiatives. Embarking on such efforts at child welfare agencies will permit these agencies to develop and implement initiatives, including training, to improve self-care and wellness. Universities, particularly those with existing continuing education (CE) offerings, may be suitable partners in these endeavors.

There are other implications associated with self-care training among child welfare workers. As indicated, some participants in the current study received training credit toward annual training requirements. Based on the promising findings from this study, child welfare organizations might look to require that employees take part in self-care trainings. Perhaps these trainings would be best implemented via new employee orientations or existing work-place gatherings (e.g., annual staff retreats, etc.) in which employees may be a captive audience.

This study lends some credence to the notion that self-care trainings, in their conception and evaluation schemes, should be designed using competence theories and frameworks. These approaches should be predicated on the idea that self-care is a professional practice, which can be improved. Similar to other child welfare practice skills (e.g., interviewing, assessment, etc.), adept self-care practice requires knowledge about the concept, skill development, and value, all of which are consistent with traditional conceptions of competency. Viewing self-care from a competency standpoint will bolster the recognition related to the importance of training about self-care and perhaps normalize challenges associated with engaging in self-care.

In relation to this study, research implications abound. Principally, future research should look to replicate findings associated with participation in the self-care training. These efforts could examine how the training may impact different groups (e.g., race, age, etc.) differently. Additionally, longitudinal assessments that shift from assessing confidence to practice self-care to assessing the demonstration of skills associated with practicing self-care could reinforce the self-care competency approach. Additionally, evaluation frameworks that employ experimental designs (e.g., random assignment, etc.) and that assess other long-term impacts (e.g., retention rates, burnout, etc.) can be beneficial to organizations looking to foster healthy work environments for their child welfare employees. Other potential areas to investigate include differential training outcomes for those employed in different sectors of child welfare (e.g., investigations, foster/care adoptions, etc.), cultural nuances related to training outcomes, employing different measurement instruments, and outcomes associated with different self-care training delivery platforms (e.g., online, hybrid, etc.).

6. Conclusion

Creating a healthy child welfare workforce, to include adroit self-care, is the responsibility of practitioners and the organizations that employ them. This includes developing, implementing, and assessing training frameworks that have the potential to improve self-care competency, thus assuaging many of the problematic employment circumstances facing child welfare workers. This paper is an initial step in setting forth a framework for training child welfare workers in self-care and assessing outcomes associated with that training. If the promise of building a healthy child welfare workforce is to be actualized, training frameworks must be implemented, evaluated, AND documented. This paper contributes to meeting those aims.

Declaration of Competing Interest

The authors have no conflict of interest related to study.

References

Alkema, K., Linton, J. M., & Davies, R. (2008). A study of the relationship between self-care, compassion satisfaction, compassion fatigue, and burnout among hospice professionals. *Journal of Social Work in End-of-Life & Palliative Care, 4*(2), 101–119.

Bhanji, F., Gottesman, R., de Grave, W., Steinert, Y., & Winer, L. (2012). The retrospective pre-post: a practical method to evaluate learning from an educational program. *Academy of Emergency Medicine, 19*(2), 189–194.

Berlanda, S., Pedrazza, M., Trifiletti, E., & Fraizzoli, M. (2017). Dissatisfaction in child welfare and its role in predicting self-efficacy and satisfaction at work: A Mixed-Method Research. *BioMed Research International, 2017*, 12.

Bloomquist, K. R., Wood, L., Friedmeyer-Trainor, & Kim, H. (2015). Self-care and professional quality of life: Predictive factors among MSW practitioners. *Advances in Social Work, 16*(2), 292–311.

Boyas, J. F., Wind, L. H., & Ruiz, E. (2015). Exploring patterns of employee psychosocial outcomes among child welfare workers. *Children and Youth Services Review, 52*, 174–183.

Bradley, N., Whisenhunt, J., Adamson, N., & Kress, V. E. (2013). Creative approaches for promoting counselor self-care. *Journal of Creativity in Mental Health, 8*(4), 456–469.

Carpenter, J. K., Sanford, J., & Hofmann, S. G. (2018). The effect of a brief mindfulness training on distress tolerance and stress reactivity. *Behavior Therapy*.

Coleman, C., Martensen, C., Scott, R., & Indelicato, N. A. (2016). Unpacking self-care: The connection between mindfulness, self-compassion, and self-care for counselors. *Counseling & Wellness: A Professional Counseling Journal,* 5.

Dreyfus, H. L., & Dreyfus, S. E. (1986). Competent systems: The only future for inference-making computers. *Future Generation Computer Systems, 2*(4), 233–243.

Geldhof, G., Warner, D., Finders, J., Thogmartin, A., Clark, A., & Longway, K. (2018). Revisiting the utility of retrospective pre-post designs: The need for mixed-method pilot data. *Evaluation and Program Planning: The International Journal, 70*, 83–89.

Gravetter, F., & Wallnau, L. (2014). *Essentials of statistics for the bevahioural sciences.* California: Wadsworth.

Grise-Owens, E., Miller, J., Addison, D., Escobar-Ratliff, L., Marshall, M., & Trabue, D. (2016). A field practicum experience in designing and developing a wellness initiative: An agency and university partnership. *The Field Educator, 6*(2), 1–9.

Grise-Owens, E., Miller, J., & Eaves, M. (2016). *The A-to-Z self-care handbook for social workers and other helping professionals.* Harrisburg, PA: The New Social Worker Press.

Ho, A. D., & Yu, C. C. (2015). Descriptive statistics for modern test score distributions: skewness, kurtosis, discreteness, and ceiling effects. *Educational and Psychological Measurement, 75*(3), 365–388.

Johnco, C., Salloum, A., Olson, K. R., & Edwards, L. M. (2014). Child welfare workers' perspectives on contributing factors to retention and turnover: recommendations for improvement. *Children and Youth Services Review, 47*, 397–407.

Kanter, B., & Sherman, A. (2017). *The happy, healthy nonprofit: strategies for impact without burnout.* Hoboken, NJ: Wiley.

Kemper, K. J. (2017). Brief online mindfulness training: Immediate impact. *Journal of Evidence-based Complementary & Alternative Medicine, 22*(1), 75–80.

Kinman, G., & Grant, L. (2016). Building resilience in early-career social workers: Evaluating a multi-modal intervention. *The British Journal of Social Work, 47*(7), 1979–1998.

Kruger, J., & Dunning, D. (1999). Unskilled and unaware of it: How difficulties in recognizing one's own incompetence lead to inflated self-assessments. *Journal of Personality and Social Psychology, 77*(6), 1121.

Lee, J. J., Bride, B., & Miller, S. E. (2016). Development and initial validation of the self-care practices scale (SCPS). Poster session presented at the meeting of the Society for Social Work and Research, Washington, DC.

Lee, J. J., & Miller, S. E. (2013). A self-care framework for social workers: Building a strong foundation for practice. *Families in Society, 94*(2), 96–103.

Levy, M., Poertner, J., & Lieberman, A. (2012). Work attitudes and intention to quit among workers in private child welfare agencies operating under performance-based contracts. *Administration in Social Work, 36*(2), 175–188.

Lizano, E. L., & Barak, M. E. M. (2012). Workplace demands and resources as antecedents of job burnout among public child welfare workers: A longitudinal study. *Children and Youth Services Review, 34*(9), 1769–1776.

Lizano, E. L., & Barak, M. M. (2015). Job burnout and affective wellbeing: A longitudinal study of burnout and job satisfaction among public child welfare workers. *Children and Youth Services Review, 55*, 18–28.

Mandell, D., Stalker, C., de Zeeuw Wright, M., Frensch, K., & Harvey, C. (2013). Sinking, swimming and sailing: Experiences of job satisfaction and emotional exhaustion in child welfare employees. *Child & Family Social Work, 18*(4), 383–393.

Mänttäri-van der Kuip, M. (2016). Moral distress among social workers: The role of insufficient resources. *International Journal of Social Welfare, 25*(1), 86–97.

McFadden, P., Campbell, A., & Taylor, B. (2014). Resilience and burnout in child protection social work: Individual and organisational themes from a systematic literature review. *The British Journal of Social Work, 45*(5), 1546–1563.

Miller, J. J., Donohue-Dioh, J., Niu, C., Grise-Owens, E., & Poklembova, Z. (2019). Examining the self-care practices of child welfare workers: A national perspective. *Children and Youth Services Review, 99*, 240–245.

Miller, J. J., Donohue-Dioh, J., Niu, C., & Shalash, N. (2018). Exploring the self-care practices of child welfare workers: A research brief. *Children and Youth Services Review, 84*, 137–142.

Miller, J. J., Lianekhammy, J., & Grise-Owens, E. (2018). Examining self-care among individuals employed in social work capacities. *Advances in Social Work, 18*(4), 1250–1266.

Newell, J. (2017). Cultivating professional resilience in direct practice: A guide for human service professionals. New York, NY: Columbia University Press.

Parton, N. (2009). Challenges to practice and knowledge in child welfare social work: From the 'social' to the 'informational'? *Children and Youth Services Review, 31*(7), 715–721.

Reilly, D. H., Barclay, J., & Culbertson, F. (1977). The current status of competency-based training, Pt. 1: Validity, reliability, logistical, and ethical issues. *Journal of School Psychology, 15*, 69–74.

Salloum, A., Kondrat, D., Johnco, C., & Olson, K. (2015). The role of self-care on compassion satisfaction, burnout and secondary trauma among child welfare workers. *Child and Youth Services Review, 49*, 54–61.

Shier, M., Graham, J., Fukuda, E., Brownlee, K., Kline, T., Walji, S., & Novik, N. (2012). Social workers and satisfaction with child welfare work: Aspects of work, profession, and personal life that contribute to turnover. *Child Welfare, 91*(5), 117–138.

Shim, M. (2010). Factors influencing child welfare employee's turnover: Focusing on organizational culture and climate. *Children and Youth Services Review, 32*(6), 847–856.

Thompson, H. M., Wojciak, A. S., & Cooley, M. E. (2015). Through their lens: Case Managers' experiences of the child welfare system. *Qualitative Social Work, 16*, 411–429. https://doi.org/10.1177/1473325015619667.

Zosky, D. L. (2010). Wearing your heart on your sleeve: The experience of burnout among child welfare workers who are cognitive versus emotional personality types. *Journal of Public Child Welfare, 4*(2), 117–131.

Further reading

Miller, J. J., Grise-Owens, E., Addison, D., Marshall, M., Trabue, D., & Escobar-Ratliff, L. (2016). Planning an organizational wellness initiative at a multi-state social service agency. *Evaluation and program planning, 56*, 1–10.