



# CHILD AND FAMILY JOURNAL OF INNOVATIVE PRACTICE AND RESEARCH



**THEME:** Mandatory Reporting and Self-Care

Vol. 6 Issue 1

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Since its inaugural issue in 2020, the *Child and Family Journal of Innovative Practice and Research* has been a home for integrating research and practice from universities, clinical centers, and communities. Our logo represents our dedication to innovation and sparking new ideas and connections, while being held up by the core value of the dignity and worth of the human person. The photo on the cover depicts a 2016 mural by the French-Tunisian artist eL Seed, painted on the side of the University of Houston Graduate College of Social Work building. The 60x40 ft<sup>2</sup> “calligraffiti” work depicts a quote by Sam Houston, translated into Arabic: “Knowledge is the food of genius, and my son, let no opportunity escape you to treasure up knowledge.” Read more about eL Seed’s mural [here](#). Photo was originally published in the UH GCSW Photo Gallery “eL Seed Mural 2016.” Logo and cover design by Hailey Park, for the *Child and Family Journal of Innovative Practice and Research* at the University of Houston.

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# CHILD AND FAMILY JOURNAL OF INNOVATIVE PRACTICE AND RESEARCH

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The University of Houston | Graduate College of Social Work

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## JOURNAL AIM

### Child and Family Journal for Innovative Practice and Research

*Child and Family Journal for Innovative Practice and Research* (CFJ) provides an integrated practice-research platform for all child and family programs, agencies, and institutions in the United States and globally to share child welfare research and practice experiences. It aims to provide updated and creative information to promote child and family well-being in communities, universities, and clinical or research centers. Our contributors are scholars and practitioners working to share knowledge, practice insights, service outcomes, and sources of professional development from local to international.

### Background

The CFJ is sponsored by the Child and Family Center for Innovative Research (CFCIR) and the Graduate College of Social Work (GCSW) at the University of Houston (UH). The CFCIR aligns with GCSW's mission to improve youth and family well-being, strengthen interpersonal relationships, and promote social justice. Under the center branches, the Child Welfare Education Project (CWEP) is a program in partnership with federal Title IV-E programs to prepare Master-level social work students to pursue a child welfare career and promote workforce effectiveness in public child welfare. Additionally, CWEP prepares its students to develop reliable systems and professional networks locally, statewide, nationally, and internationally. Furthermore, the CFCIR supports faculty and social work researchers in conducting innovative research and practice for children and families. These multilevel connections highlight the Center's commitment to providing innovative care on micro, mezzo, and macro levels to children and families; empowering students, faculty, practitioners, and researchers to succeed in their careers; promoting social justice; and decreasing racial disparities in both local and global communities.

### Aim and Scope

Along with the mission of the CFCIR and GCSW at the University of Houston, the CFJ aims to provide a platform for describing the multilevel partnerships in the child and family sector. It also delivers updates on child and family practices, creative research ideas and outcome data, policy summaries, and educational development reflections that aim to strengthen and expand the field of child and family services.

The CFJ values summaries or progress reports of any form focusing on child and family services, such as: short stories, case studies, poems, personal or professional reflections, artwork, photos, book reviews, and other innovative works. All publications must reflect the core values and ethics of social work. One volume, each with two issues, will be distributed annually. Submission and publication are made online without additional cost or compensation to the contributors. The contributors must include a statement with their submission that it is their original work, not considered or published in other sources. References are cited in [APA 7th Edition style](#).

### Mission

- Develop bridges between practice and research by sharing innovative works, updates, and experiences among professionals, faculty, staff, and students for use in child and family services.
- Make research within the field of child and family studies accessible to the general public, from any background, by publishing in an online and open-access format.
- Highlight the importance of child and family services and collaboration within the field, through professional exchange among multilevel partnerships, to promote social work practice and academic development.



## FEATURED ARTICLE

### An Interview on Mandatory Reporting

Renita Laury | PhD

Arnitia Walker | LMSW

Elisabeth Adams | MSW Candidate

Ashlyn Bimmerle | MSW Candidate

Graduate College of Social Work, University of Houston | Houston, TX

#### OVERVIEW

The mandatory reporting system in the United States was established by the Child Abuse Prevention and Treatment Act (CAPTA) of 1974 (Burton & Montauban, 2021). To better understand the significance of the mandatory reporting system in Texas, we interviewed two professionals with a combined experience of over 71 years in child welfare, Dr. Renita Laury and Arnitia Walker, LMSW. Dr. Laury, who worked extensively in Children's Protective Services (CPS), is the director of the Child Welfare Education Project (CWEP) at the Graduate College of Social Work of the University of Houston. Ms. Walker, a supervisor in the Texas Department of Family and Protective Services (DFPS) and a former CWEP director, is currently the Title IV-E Consultant at the University of Houston.

#### KEYWORDS

Mandatory reporting, social workers, experience, alternative response

Dr. Laury and Ms. Walker described the purpose of mandatory reporting as what professionals must report to the authority. "Mandated reporters are any professionals working with children ages 0-17," stated Dr. Laury. These individuals include teachers, therapists, hospital staff, or other professionals working directly with children. When asked which professionals tend to report the most, both agreed that school personnel, such as teachers, are most likely to report suspected abuse because they are around children the most. "Reports slow in the summer and pick up in the fall," says Dr. Laury, "Teachers see children more than parents at home...Teachers are the eyes and ears of the agency." Ms. Walker described how the end of the school year tends to increase reports, primarily because teachers want to ensure that the children are safe before they leave for summer break.

Dr. Laury highlighted that mandatory reporting can be used if abuse is merely suspected, not proven, which takes pressure and control away from the reporter and into the hands of the team that works together to protect children within the Child Welfare System. She emphasized that the individual who suspected abuse after directly interacting with the child should be the one to make the report, not someone else, such as their supervisor. Ms. Walker supported this point by saying, "People who saw abuse firsthand should call, because the interviewer may have to contact them for additional information." She stated that CPS investigations are a team effort and that decisions to intervene with a child are not based solely on an individual report. She focused on the checks and balances aspect of the Child Welfare system and how caseworkers do not have the power to decide a case without supervisory approval. Ms. Walker meaningfully emphasized the importance of the mandatory reporting system by stating, "Abuse and neglect can lead to child deaths. Without mandatory reporting, children would endure ongoing abuse and neglect. This

problem could lead to issues later on in life for these children, i.e., mental health and emotional problems, substance abuse, etc.”

*Without mandatory reporting, children would endure ongoing abuse and neglect.*

Ms. Walker described how separating children from their families due to abuse concerns does not and should not end the intervention process. “There may be a family that needs help... We want to support them and help them to become better parents,” says Ms. Walker, “People can be rehabilitated, and they deserve a chance to try again and be better.” Together, Ms. Walker and Dr. Laury stressed the need to protect children at all costs and how mandatory reporting helps to protect children by identifying abuse.

Concerns remain regarding families who might be needlessly separated. When asked to address these concerns, Dr. Laury stated, “There is a thin line between poverty and abuse.” She emphasized that some children need clothes, food, or other resources and do not need to be removed from their homes; yet, often these cases are mistaken for abuse or neglect when the presenting issues are related to poverty instead. Ms. Walker agreed with this sentiment and shared that within any system, mistakes and wrong decisions have been made, but in her experience, it is uncommon for children to be removed from their home unnecessarily. She stated that CPS investigators try every avenue to help keep the child in the home before separation is even considered. Additionally, in the event of a removal, the judges, CASA volunteers, and attorneys work together to decide what is best for a child and protect them from future harm.

*People can be rehabilitated, and they deserve a chance to try again and be better.*

Relating to additional ways to help families outside of the Child Welfare System, we asked how mandated supporting connects families to resources and community support prior to opening an investigative case with CPS. According to Dr. Laury, another term for mandated supporting is “Alternative Response.” In an alternative response case, she says, families receive assistance before an investigation, including resources to address concerns, before becoming part of the CPS system. Ms. Walker emphasized that these cases look at the family’s immediate needs and how they can better care for their children, saying, “What does this family need now to avoid a CPS investigation and prevent them from coming into the CPS system?” Both stated that CPS’ overall goal is to help protect children and support families, regardless of the process used.

When asked, “What would happen without a mandatory reporting system?” Dr. Laury replied, “Many children would die.” Ms. Walker also stated, “Families would not get the resources they need; children would suffer, it would be disastrous... Not many people have the skills necessary to do what CPS workers are tasked to do. I don’t know what other agency would be willing to do what CPS does...It is a hard job.” They both explained that the system requires professionals working with children to make reports, which helps protect children. If there were no legal requirement to report, abuse would go unnoticed, resulting in significant harm to children.

Regarding improvements, Ms. Walker said, “Ongoing training...Training that updates them on policies and procedures.” She described how new concepts related to abuse sometimes come up specifically in training. For example, trafficking, child marriages, and educational abuse were not always considered abuse. Training would help professionals feel more confident in their responsibility to report. Additionally, reporting is a long process requiring thorough assessments, which may discourage people from making a report. After training, people know the reporting procedures are anonymous and easy to follow. Dr. Laury suggests that professionals are likely to report with the goal of protecting children.



### Summary Points

|                                           |                                                                                                                                                                |
|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Who Must Report</b>                    | All professionals working with children aged 0-17.                                                                                                             |
| <b>Threshold for Reporting</b>            | Suspicion of abuse is sufficient as proof is not required for reporting.                                                                                       |
| <b>Role of CPS</b>                        | Team-based investigations with checks and balances, requiring supervisory approval for risk-based decisions.                                                   |
| <b>Importance of Reporting</b>            | Prevent <b>ongoing abuse, child deaths</b> , and future <b>mental health/substance abuse issues</b> .                                                          |
| <b>Post-Removal Support</b>               | Removal does <b>not end intervention</b> — the goal is <b>rehabilitation and support</b> for families.                                                         |
| <b>Concerns about System</b>              | <b>Avoid unnecessary removals and prevent</b> risks of confusing <b>poverty with abuse</b> .                                                                   |
| <b>Impact without a Protective System</b> | Children would suffer, resources wouldn't reach families, and abuse would go <b>unnoticed</b> .                                                                |
| <b>Alternative Approaches</b>             | Focus on <b>meeting immediate family needs</b> ; Establish “ <b>mandated supporting</b> ” or “ <b>alternative response</b> system” with resources.             |
| <b>Improvements</b>                       | <b>Provide ongoing training</b> on new abuse types (e.g., trafficking, educational abuse); Must make the reporting process <b>simpler and more anonymous</b> . |

Overall, this interview provides key components of the mandatory reporting system that meaningfully impact children’s lives by protecting them from harm and keeping their families’ best interests in mind. While mistakes can and have been made, without the mandatory reporting system in place, children would not receive needed resources, and abuse would continue. While mandatory supporting or alternative responses are alternatives, mandatory reporting continues to remain a vital aspect of child welfare, supporting families and keeping children safe from harm.

### Reference

Burton, A. O., & Montauban, A. (2021). Toward community control of child welfare funding: Repeal the child abuse prevention and treatment act and delink child protection from family well-being. *Columbia Journal of Race and Law*, 11(3).

<https://us06web.zoom.us/j/82283378728?pwd=ZGPWkOcyhsSIRkbabgstrsja0uuObB.1>

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## PRACTICE UPDATES

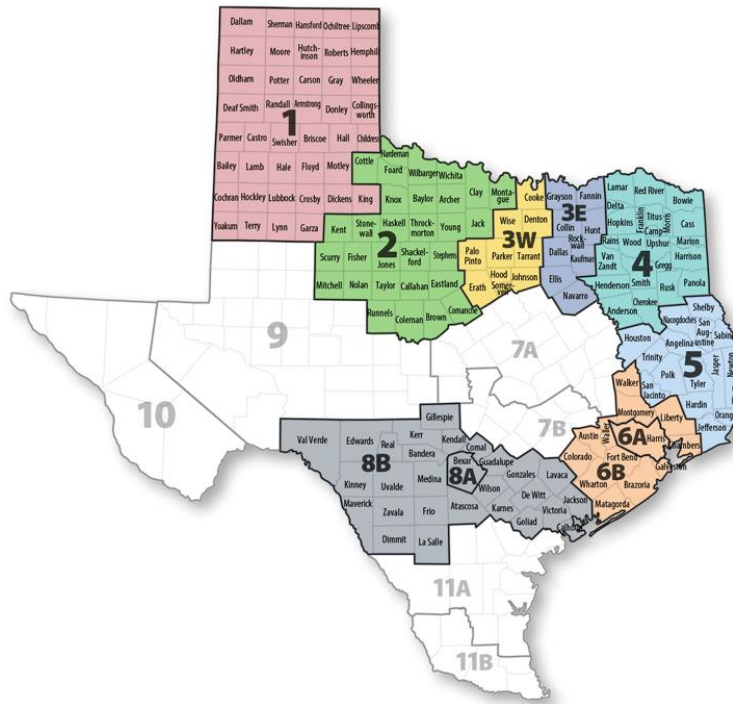
### Practice Updates for Community-based Care and Mandatory Reporting

Elisabeth Adams | MSW Candidate

Graduate College of Social Work, University of Houston | Houston, TX

### An Update for Community-based Care in Texas

As of April 2025, the Texas Department of Family and Protective Services (DFPS) and Office of Community-Based Care Transition (OCBCT) awarded community-based care contracts in Harris (Region 6A), Bay Area/Montgomery (Region 6B), and Bexar (Region 8A) counties. DePelchin Children's Center is the single source continuum contractor (SSCC) for Harris County and Regions 6A and 6B. SJRC Texas Inc. is the SSCC for Region 8A.



# Texas CBC

*Photo courtesy of the Texas Department of Family and Protective Services*

The SSCCs are expected to take 6 to 8 months, known as the “Readiness Phase,” to demonstrate that they are ready to begin receiving referrals from DFPS prior to the initiation of Stage I. In Bexar County (Region 8A), DFPS plans to enter the Stage I Readiness Phase immediately, with a projected live date in Fall 2025. Harris County and the Bay Area/Montgomery Counties (Regions 6A and 6B, respectively) will have a similar implementation timeline to share resources between the regions. These regions’ readiness phases will likely begin in Fall 2025, with Stage I initiated in Spring 2026.

During Stage I, DePelchin Children's Center and SJRC Texas Inc. will build a community service network and provide placement services for foster care children.

## Reference

Texas Department of Family and Protective Services. (2025, April). *Community-Based Care news & events*. <https://www.dfps.texas.gov/CBC/news-and-events/default.asp>

## An Update on Mandatory Reporting

On June 20<sup>th</sup>, 2025, Senate Bill 571 was passed in Texas, which provided an amendment to Section 261.101 of the Texas Family Code, requiring that mandated reporters must make reports of suspected child abuse **within 24 hours**, rather than 48.

The official [Texas Department of Family and Protective Services \(DFPS\) website](https://www.dfps.texas.gov/) provides guidelines and requirements for mandated reporters in Texas with the updated 24-hour requirement, according to the Texas Behavioral Health Executive Council (BHEC).

### References

LegiScan. (2025). *TX SB571 / 2025–2026 / 89th Legislature*.  
<https://legiscan.com/TX/bill/SB571/2025>

Texas Department of Family and Protective Services. (2025). *When and how to report child abuse*.  
[https://www.dfps.texas.gov/Child\\_Protection/Child\\_Safety/report\\_abuse.asp](https://www.dfps.texas.gov/Child_Protection/Child_Safety/report_abuse.asp)

Texas Legislature. (2025). *Texas Family Code § 261. Investigation of report of child abuse or neglect*.  
<https://statutes.capitol.texas.gov/docs/fa/htm/fa.261.htm>

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## RESEARCH REVIEW

### Mandatory Reporting and Mandatory Supporting

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#### ABSTRACT

The Mandated Reporting System began after The Child Abuse Prevention and Treatment Act was enacted and implemented in 1974. Mandated reporting significantly increased the number of hotline calls received about suspected child abuse situations. It allowed states to use federal funds to provide information about what is happening within homes and what resources would best benefit families and their children. Although the legal aspect of mandated reporting can increase stress and burnout rates for professionals within these roles, it provides a greater chance to protect a child from harm. A recently implemented idea is “mandatory supporting,” which provides professional support to children and their families before a report is made. Supporting before reporting lessens the stress of filing unsubstantiated cases and helps maintain trust between professionals and their clients.

#### KEYWORDS

Mandatory reporting,  
mandatory  
supporting, CPS  
workers

## Mandatory Reporting System in Child Protection

Mandatory reporting was funded nationwide after The Child Abuse Prevention and Treatment Act (CAPTA) was enacted and implemented in 1974. Since then, all 50 states, plus D.C., have mandatory reporting, which led to a 2,348% increase in hotline calls to report child abuse over the last 45 years. Alongside the increase in hotline calls, statistically reported nationwide, from 1992 to 2009, substantiated cases of sexual abuse declined by 62%, physical abuse dropped by 56%, and neglect decreased by 10% (Finkelhor et al., 2011). As of 2025, the child welfare authorities investigate the abuse of more than 7.5 million children annually (National Children's Alliance, 2023).

When suspected child abuse cases are reported, Child Protective Services will investigate the cases in disposition. Reports show that in 2020, of all the cases that are reported, 56.4% are unsubstantiated, 13.2% are alternative responses, 17.8% are victims, and others have no alleged maltreatment or no findings. Another report shows that approximately 85% of hotline calls do not warrant investigation or are not substantiated in yearly statistics. 78% of all investigations are unsubstantiated, with around 9% of those cases where alternative responses are offered in some states, working with families to address issues instead of confirming maltreatment (NCANDS, 2009).

The mandatory reporting system was born to be an early intervention for unsubstantiated cases, where CPS can provide additional support to families. For children who are victims of maltreatment, CPS workers can protect them from further abuse. It was necessary at the time that the law was enacted for social workers to raise awareness about child abuse and understand the importance of reporting suspected child abuse cases. The goal of mandatory reporting is to prevent child abuse and neglect through educating the general public, defining professional responsibilities, increasing multidisciplinary collaboration, and providing further information for funding and research towards the topic. However, as we acknowledge the system's drawbacks, it is essential to have more well-trained workers to complete investigations and provide interventions; otherwise, policy-mandated reporting increases stress and burnout rates of those who are legally required to report.

*For children who are victims of maltreatment, CPS workers can protect them from further abuse.*

### Pros and Cons of the Mandated Reporting System

Increased awareness around child abuse allows individuals to recognize not only the prevalence of child abuse but also the emphasis on societal values to protect children. Reminding these laws in doctors' offices, schools, counseling offices, etc., allows individuals to recognize their roles in protecting children. Additionally, consistent exposure to the potential for abuse increases collaboration, allowing multidisciplinary teams to better support families. Professionally, mandated reporting helps to hold all professions to the same standard. When reporting is mandated, there is consistency across professions to protect children and limit the opportunity for personal bias. The professional responsibility is to protect the vulnerable population, and mandated reporting allows that responsibility to be carried out consistently across multiple domains.

As the number of hotline calls grew with mandated reporting, it led to an increase in information collected about the prevalence of abuse, which helps researchers shape what resources

are being developed to protect children and support families. Research reports that a large portion of reported cases did not require further investigation, but families could utilize additional resources. The increase in data allows for increased funding for academic preparation, professional training, research, and human resource development to build academic guidelines and training for employees who support children and families. As guidelines and training are being developed, professional responsibilities can be defined as “additional collaboration.” Collaboration among professionals can better support families because professional knowledge and experience are used to assist families at risk.

Mandated reporting increases awareness and information about child abuse, but it can also increase burnout, confuse responsibility, and increase the number of cases reported that do not warrant further investigation. Within organizations, mandated reporting adds to the job responsibilities of employees, which leads to higher stress and burnout. The higher turnover rates add additional duties to supervisors to maintain and manage employees, and the extra stress is not directly correlated to substantiated cases. Even with additional strain from unsubstantiated cases, mandated reporting is about prevention and education towards the impact of child abuse and neglect. The requirement to report allows for the chance to help children who are experiencing abuse. Additionally, it provides the opportunity to intercede when families need additional support at home. Researchers and service employees can better support the children and families in their care with information on where help is needed.

### **Mandatory Supporting vs. Mandatory Reporting**

Mandatory reporting has benefits to help bring awareness to child abuse, but it falls short because it is a stressful undertaking for all mandatory reporters. The trust developed between professionals and their clients can be easily broken with a report to Child Protective Services. The “one-size-fits-all” approach harms clients and the individuals required by law to make a report. Additionally, bias adds inconsistency to the reporting done towards families. For example, Black and Brown families are disproportionately represented in reports and investigations. Mandatory reporting protects children but can also inflict further harm on families.

Mandatory supporting is an idea developed by JMCAforFamilies, a child advocacy organization. Mandatory supporting aims to provide a more ethical approach to protecting children from harm and supporting families. Like mandatory reporting, mandatory supporting aims to enhance collaboration between services, protect children, and provide more opportunities to help families based on actual needs rather than expected needs. The difference is its establishment through individual discernment towards what is best for the child and family. The supporting aspect helps professionals to see a need and connect resources without intrusive investigations and breaking trust.

For professionals, mandatory supporting provides a sense of peace over ethical decisions on what is reportable. The weight of reporting a family to Child Protective Services can be straining to professionals and cause burnout or low staff retention rates. Additionally, mandatory supporting is helpful to the Child Welfare System. Reports are still made when professionals see that there is abuse of a child, but it lessens the load of unsubstantiated cases that CPS workers hold. Professionals such as medical staff, teachers, or case

*Mandatory supporting aims to enhance collaboration between services, protect children, and provide more opportunities to help families based on actual needs rather than expected needs.*

workers are working as a first line of defense to support children and families who need food stamps, stable living conditions, childcare, or information on parenting. When the support of a child is larger than what smaller organizations can accomplish, then reports can be made to protect a child from abuse or neglect. Collaboration is enhanced between professionals to protect children, and the stress of reporting is lightened by viewing each case through a different lens (Myers, 2023).

## References

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- Myers, V. (2023, June 28). *When mandated reporting does more harm than good: Tools for a new approach*. American Federation of Teachers. <https://www.aft.org/news/when-mandated-reporting-does-more-harm-good-tools-new-approach>
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## ARTICLE REVIEW

### A Review of “Social Workers’ Views and Experiences of Self-care Practices: A Qualitative Interview Study”

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#### OVERVIEW

Self-care is a popular topic among social service professionals that aims to support individuals' well-being. However, it is often a non-empirical practice that adds to a long to-do list. Professional vulnerability and vulnerability theory are prominent within the social work community, used to describe the negative impact of being consistently exposed to individuals in need and having the expectation to fix problems, which can cause helping professionals to feel pressured or stressed. The article by Jian et al. (2025) interviewed nine social workers in Scotland about their views on self-care and their personal experiences with using self-care to manage the effects of professional vulnerability. The study aimed to bridge gaps in self-care by identifying “current implemented self-care practices,” “personal and structural factors impacting self-care,” “factors contributing to effectiveness in self-care practice,” and “implications for enhancing self-care globally.”

#### KEYWORDS

Social worker, vulnerability, self-care, experience, workplace wellbeing, mental health



Article Reviewed:

**Jian, M., Mccusker, P., Mitchell, M., Roesch-Marsh, A., Rose, S., & Petrova, L. (2025). Social workers' views and experiences of self-care practices: A qualitative interview study. *Frontiers in Public Health*, 13, 1585900.**

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## Summary and Reflection

The interviews revealed three emergent themes related to the complexity of self-care among the participating social workers. These themes included “understanding and conceptualizing self-care,” “the implementation paradox,” and “sustainable self-care practice.” Understanding and conceptualizing self-care was described as the way social workers understand, define, and conceptualize self-care, both personally and professionally. Participants described how self-care is broad and unique to each individual, contributing to personal well-being and effectiveness as a professional, and has been impacted by COVID-19 due to shifts in work-life balance, and can include a wide range of activities. The implementation paradox speaks to the tension and challenge faced by social workers when they attempt to practice self-care. Often, as shared by participants, challenges from one’s workload, boundaries, and expectations from organizations versus the reality of the system, as well as emotional labor and professional culture, contribute to making self-care a reality or not. As one participant shared, “My organization wants us to do self-care, but I think there's a difference between them wanting us to do self-care and then really facilitating it, right? ...They want us to do self-care, but not proactively enough to truly enable us to do self-care...it's hard to form habits within a work environment that has so many demands.” The theme “sustainable self-care practices” includes the expectations and path to realistic self-care, which is influenced by intentional action and boundaries at the individual level, supportive organizational leadership, self-care training or practical activities, and cultural perspectives from both one’s organization and social work as a profession. As stated by another participant, “You've heard me in this interview talk about how the demands of the job take over ultimately. And unfortunately, I think that's a bit of a cultural thing that's in social work, and I think there needs to be something to break the cycle.” Thus, it appears that social workers’ practice of self-care is not merely an individual directive but requires support from the organizations in which they work as well.

*“It's hard to form habits within a work environment that has so many demands.”*

*Self-care should not be solely a burden on the individual but rather be integrated at the organizational level.*

The authors of this study conclude by describing how integrating self-care into one’s hobbies and making it routine can help practitioners maintain relaxation and mitigate their stress. Furthermore, the authors explain how the demand for measurable outcomes in organizations hinders practitioners from effectively practicing self-care. Due to these demands, not only are practitioners affected, but their clients are as well. The quality of one’s work can slip when they are burnt out, impeding effective service delivery. Thus, they argue that self-care should not be solely a burden on

the individual but rather be integrated at the organizational level to provide comprehensive support for social work professionals. Despite having a small sample size ( $n = 9$ ), the authors believe that their findings meaningfully contribute to the emerging literature on self-care among social workers and how changes at the policy and organizational level can assist social workers in building resiliency and sustainability in practice, which will not only help practitioners but public health as a whole.

Overall, this article supports social workers continuing to practice self-care to enhance both clinical and organizational practice effectiveness. If practitioners are able to implement self-care activities into their routines, they can mitigate the risks of burnout and reduce the likelihood that the quality of their service delivery will begin to decline. Not only can self-care practices reduce potential negative outcomes for social workers, but they can also improve the quality of their service provision by allowing social workers to be healthy for both themselves and their clients. However, practitioners should not be left alone in the endeavor to practice self-care. The organizations and agencies that employ social workers should also support their self-care by releasing the pressure to obtain measurable outcomes, implementing self-care policies and requirements at the organizational level, and advocating for their employees to take the time they need to improve their mental health.

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## SELF-CARE TIPS

### Self-Care Tips for Social Workers

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#### OVERVIEW

Self-care is a personal practice that helps maintain mental health and overall well-being. Setting aside time to focus on psychological and physical health is highly beneficial in managing stress, protecting against illness, conserving energy for the day, and achieving a higher quality of life. Focusing on small daily self-care activities helps us prioritize our emotional, psychological, and social well-being.

#### KEYWORDS

Social worker, self-care, mental health

Exercise and a balanced diet are key contributors to a healthier lifestyle, and even small changes in these areas can lead to significant improvements in overall mental well-being. A daily 30-minute walk or swim can improve overall mood, and focusing on a balanced diet and water intake can increase energy and focus throughout the day. Physical rest and relaxation exercises allow the body to replenish energy for the next day. Planning out sleeping schedules and prioritizing enough sleep can improve daily life and facilitate success in both work and personal

activities. It is essential to engage in activities that are relaxing and enjoyable, such as meditation, breathing exercises, listening to music, or reading a book. As professionals, it is easy for work to consume a lot of time, but it is important to make time for other things you enjoy.

A positive and goal-oriented mindset facilitates the practice of mindfulness and boundary setting for promoting overall well-being. Setting goals and prioritizing what is important to you can help manage stress and lead to accomplishments without overcommitting or feeling burnt out. It is also helpful to practice gratitude and positivity to work against negative thoughts that can cloud our minds. Lastly, connecting with family and friends helps provide emotional support and encourages healthy self-care habits. When surrounded by people who promote personal growth and healthy living, we can cultivate a sense of joy and gratitude.

Self-care is not the same for everyone. It is not a perfect fit in every aspect of life, especially when the hardships experienced are related to the systems we live in rather than things intrinsic to ourselves. However, it can allow individuals to protect themselves from stress, illness, and a lack of energy on a personal level. Mental health is not just the absence of mental illness; it is about finding consistency and stability in overall health and quality of life. Self-care is the key to maintaining a life that is enjoyable, fulfilling, and healthy overall.

*Self-care is not the same for everyone.*

Having a fixed schedule for self-care can be helpful, but even engaging in a brief exercise, such as a few deep breaths, can be effective in relieving stress on the spot. In other words, when we know we cannot complete a scheduled self-care activity, we can make a smiley face or laugh a few times, which takes no more than a minute to fulfill our self-care commitment. This “first aid” self-care can release endorphins to naturally reduce tension. Tell ourselves: Relax and always take it easy!

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## SELF-CARE EXERCISE

### Self-Care For Staffing and Supervision: Guided Relaxation

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Get in a relaxing position.  
You can even take off your shoes.  
Turn your focus to your breathing.  
Feel your chest rise and fall.  
Keep your focus on breathing.  
And feel your body begin to relax.

Scan your body from head to toe.  
Take notice of where you feel the tension.  
What does the tension feel like for you?  
Focus on that area and begin to relax it.  
Feel relaxation; feel your body.

Now think about the work commitment  
causing you stress.  
The workload seems never-ending.  
It's always one assignment after the other.  
Email after email, meeting after meeting.  
You may put them aside now.  
It's your space, your time, your self-care.

For these few minutes, this time is set aside  
for you to relax.  
Nothing is due at this moment.  
Nothing needs to be completed. [pause]

When you return to work,  
focus on one assignment at a time.  
You do not need to get everything done at the  
same time.  
You do not have to know the answer to every  
question.  
You do not have to be perfect.  
Now repeat these affirmations after me,  
silently or aloud:

I will get my work done. [pause]  
I will be successful. [pause]  
I can prioritize my assignments. [pause]  
I decide what is most important. [pause]  
My time after work is for me. [pause]  
Now – *relax*.  
When needed, repeat these affirmations.  
Reawaken when you feel ready.

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## REFLECTION

### Reflections from “Sitting with the Shattered Soul” by Kathy Steele

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#### OVERVIEW

Kathy Steele, an art therapist who specializes in trauma recovery, has written in this 1989 article about the emotional investment that therapists make in their trauma work. She conveys the struggle faced as we work with clients who have endured extremes of humanity's cruelty and nature's wrath. Such clients are not for the average therapist because we experience remembrances of evil through them. This therapy goes beyond verbal processing, including commitment to the soul. “As therapists, we are increasingly confronted with survivors of severe abuse,” says Kathy, and secondary trauma is common among professionals working with these clients. We are particularly vulnerable to the effects of the damage done by the primary caregiver, often intergenerationally in families.

#### KEYWORDS

Social worker,  
trauma recovery,  
mental health

As a seasoned trauma therapist, the well-crafted words in this article have been my guiding light since I first read them as a novice social worker in the 1990s. Kathy points out that it is hard to hear about the harm done to innocent children. When working with this vulnerable population, it is challenging to be an “outside observer.” We must make a human connection to help our clients heal, which requires a personal vulnerability that is emotionally draining to the therapist. These clients’ journeys to recovery are not easily forgotten when we travel the path with them. Kathy clearly believes that the trauma survivor can heal. This assertion reassures us that there is hope for the shattered soul, though years of therapy may be necessary.

Kathy illustrates that shattered souls are commonly undetected in early therapy and revealed only after the extent of the trauma is disclosed. It often takes years for such clients to trust the therapist enough to recall their traumatic memories. In fact, dissociated traumatic memories are common in this population, meaning that the therapeutic alliance must be well-established before the therapist is exposed to such haunting memories.

*Kathy clearly believes that the trauma survivor can heal.*

Further, Kathy asserts that trauma therapists offer understanding and compassion to highly traumatized clients and, in that process, are forever changed themselves. Treating these clients is painstaking work, and we offer a little paltry of what they need so long after the trauma was perpetrated. The therapist must simultaneously live with their inadequacy to “fix” the situation in the past and manage to convey their humanity in the present and hope for the future. When working with this level of trauma, we realize the capacity of humans to do evil and that trauma can happen to anyone. In my experience, trauma can be perpetuated intergenerationally, resulting in the victim becoming the perpetrator. When that realization is part of the therapeutic journey, it shatters our sense of safety. We learn that both evil and good are all around us, and what is right or wrong responds to a different algorithm.

Through the years, I have worked with many people who have been exposed to the extremes of trauma from natural to manmade, personal to organized. I have learned that some of our most productive scientists and writers are “shattered souls” hiding deep wounds that heal slowly. Sometimes, their recovery fuels their work, and we would never suspect the well from which they draw their creative juices. Kathy Steel’s article resonates, providing me timely and comforting advice as I “trust the process .... Grasp the small tender mercies of the moment . . . and [know that] the shattered soul will heal.”

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## Resources for Children and Families



THE ANNIE E. CASEY FOUNDATION

### [The Annie E. Casey Foundation – Child Welfare Resources](#)

The Annie E. Casey Foundation's website contains an abundance of resources and initiatives striving to help children grow up in families and get the help they need to heal, build lasting family relationships, and reach their full potential.\*



**Child Welfare  
Information Gateway**  
PROTECTING CHILDREN ■ STRENGTHENING FAMILIES

### [Child Welfare Information Gateway](#)

An important aspect of child welfare work is the engagement of youth and teen voices who have experienced the adoption and foster care system. The Child Welfare Information Gateway provides an avenue for incorporating these voices and perspectives into professional discussion.

- [Resources for Child Welfare Professionals](#)



**Title IV-E Prevention Services  
CLEARINGHOUSE**

### [Kinship Navigator Programs](#)

There are three Kinship Navigator Programs within the clearinghouse that look supportive and promising. To learn more about the programs, go to the link above and filter by program or service area by clicking on "kinship navigator."



SPONSORED BY CENTENE

### [National Foster Parent Association - Resources](#)

The NFPA hosts an extensive resources page featuring information on fostering, kinship, legal rights, services, trainings, and much more.



**THE RIVERSIDE  
PROJECT**

### [The Riverside Project](#)

The Riverside Project is a collaborative network of agencies, congregations, nonprofits, school districts, and passionate individuals working together to transform the foster care system in Houston, TX.



**Circle of Security**  
INTERNATIONAL  
Early Intervention Program for Parents & Children

### [Circle of Security Training & Resources for Parents](#)

The Circle of Security is a visual map which helps promote secure attachment between children and their caregivers. Circle of Security International focuses on training providers with many different backgrounds and from many different disciplines and providing attachment resources for caregivers.

\*Many of the descriptions on this page and pages 19-22 are taken directly from each organization's website.

## Resources for Adolescents in the Child Welfare System

This issue highlighted many aspects surrounding the process of aging out of the child welfare system, including how vital it is to have resources and a support system during this time. As this online journal is published by the University of Houston, the resources below are categorized into both local and national agencies serving teens who will soon be aging out of care.

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### Houston, TX Resources:

#### [211 Texas/United Way Helpline](#)

A free, confidential helpline operated by United Way of Greater Houston, 24 hours a day, 7 days a week, 365 days a year, the 211Texas/United Way HELPLINE connected more than 1.2 million of our neighbors with help in 2022. Top calls were for utility assistance, rent and mortgage assistance, housing, public benefits assistance, and food assistance.

#### [AccessHealth](#)

AccessHealth is a private, not-for-profit organization and Federally Qualified Health Center focusing on providing primary healthcare services for the low-income population of Fort Bend and Waller counties, but opens its doors to all who wish to receive care without regard to income or circumstance.

#### [Angel Reach](#)

Angel Reach is a faith-based nonprofit that helps teens and young adults through employment assistance, education advising, counseling, mentoring, tutoring, support groups, and more.

#### [BridgeYear](#) and [MorePathways by BridgeYear](#)

BridgeYear is offers "career test drives" in which students can get hands-on experience to see if a job is right for them, as well as a 1:1 comprehensive advising program. They additionally host an online database to search for jobs in the Houston area that either a) require less than a 4-year degree, or b) have a training program.

#### [Eight Million Stories \(8MS\)](#)

Eight Million Stories works to disrupt the school-to-prison pipeline by providing disconnected youth/young adults (those who have been pushed out of our school system or are involved with the justice system) with an opportunity to complete their education and obtain meaningful employment, to successfully transition into adulthood and become self-sufficient.

#### [The Harris Center](#)

The Harris Center for Mental Health and Intellectual and Developmental Disabilities (IDD) strives to provide high-quality, efficient, and cost-effective services so that persons with behavioral health and developmental needs may live with dignity as fully functioning, participating, and contributing members of the community.

- 24/7 CRISIS LINE: 866-970-4770

### [Houston Angels](#)

The Houston Angels mission is to walk alongside children, youth, and families in the foster care community by offering consistent support through intentional giving, relationship building, and mentorship.

### [Houston PEARLS Foundation](#)

The Houston PEARLS Foundation supports youth in foster care, ages 14-18, through community mentoring and resources. They strive to provide a support system that teaches life skills, preparing youth for adulthood and real-world challenges. We do this by facilitating the building of relationships with caring mentors and holding bi-monthly community-building program nights.

### [Legacy Community Health](#)

Legacy Community Health is a full-service health care system comprised of over 50 locations in the Texas Gulf Coast region offering adult and senior primary care, pediatrics, OB/GYN, behavioral health, dental, HIV/AIDS care, vision, specialty care, and pharmacy services. As the largest Federally Qualified Health Center (FQHC) in Texas and a United Way affiliated agency since 1990, Legacy ensures its services and programs are open to all, regardless of the ability to pay—without judgment or exception.

### [Legacy Community Health TeenWell Program](#)

Legacy TeenWell™ helps provide teens and young adults with the information, resources, and answers they need to become self-reliant in managing their own healthcare.

### [Texas Foster Youth Justice Project](#)

The TFYJP educates former and current foster youth in TX about their legal rights, and provides the public with information regarding foster youth's needs and concerns.

### [Texas Foster Youth Justice Project - Aging Out of Foster Care in Texas: What You Need to Know](#)

This link leads to one-page bifold handouts in both Spanish and English that simply explain what aging out of foster care means, why the details are important to know, and the benefits and services that aged-out foster youth are entitled to.

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## National Resources:

### [National Foster Youth Institute](#)

NFYI aims to transform the child welfare system by building a national grassroots movement led by foster youth and their families.

### [National Mentoring Resource Center](#)

Launched in January 2014, the National Mentoring Resource Center is a comprehensive and reliable resource for mentoring tools, program and training materials, as well as access to no-cost training and technical assistance.

### [Mentoring.org - Foster Care Resources](#)

Mentoring.org's "Engaging Youth In Foster Care" page lists abundant resources, blog posts, research on mentoring foster youth, and programs around the US.

## Resources for Indigenous and Native College Students

There is a multitude of challenges facing students attempting to further their education. Still, there are Indigenous and Native American college students who meet a particular set of representation and face financial, mental health, and mentorship challenges. The following is a compilation of resources designed to bridge the gap and make college entrance and success more attainable for Indigenous and Native students.



### [College Guide for Indigenous and Native American Students](#)

This guide is put together by Best Colleges, and it organizes resources supporting Indigenous learners.



U.S. Department of the Interior

### **Bureau of Indian Education**

### [Bureau of Indian Education](#)

The BIE has information on schools, college preparatory courses, and education events.



### [National Indian Education Association](#)

The NIEA works to advance culture-based educational opportunities for American Indians, Alaska Natives, and Native Hawaiians.



**AMERICAN INDIAN  
COLLEGE FUND**  
EDUCATION IS THE ANSWER

### [American Indian College Fund](#)

There are many scholarship opportunities available. The AICF has a scholarship application open to any full-time student Native American citizen who is a member or descendant of a state or federally-recognized tribe with at least a 2.0 grade point average.

## CALL FOR PAPERS

The *Child and Family Journal of Innovative Practice and Research* (CFJ) aims to build a platform for sharing innovative ideas in child and family welfare. We invite scholars and practitioners to submit manuscripts, practice notes, case studies, teaching/educational notes, stories, personal or professional reflections, and other innovative works sharing clinical experiences in child and family services. The CFJ loves to hear experiences from the field to share with the audience to advocate for our clients, clinicians, workers, and families.

Upcoming issues will center around the following topics:

**Volume 7, Issue 1: Impact of secondary trauma and professional self-care.** We invite anyone interested in this topic to share their stories, specifically child welfare employees or clinicians who have experienced the effects of secondary trauma, alongside professionals who have an academic viewpoint. Suggested topics include, but are not limited to:

- Differentiating between secondary trauma, compassion fatigue, and burnout
- Healthy ways to process and cope with secondary trauma
- A review of the literature surrounding the physiological effects of secondary trauma on social workers, such as turnover or burnout
- How child welfare agencies can support both their clients and employees

We invite short articles (within 1-3 single-spaced pages) involving the above topics to be submitted for future issues. To be given priority for **Volume 7, Issue 1**, please submit articles and content by **February 1, 2026**.

The *Submission Guidelines for Authors* are [here](#) or on the journal [webpage](#).

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