

Role Ambiguity Among Therapists Working With CWS-Involved Parents: The Impact of Communication Breakdowns

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INTRODUCTION

Background Information:

Therapists working with CWS-involved parents often balance therapeutic goals with external system expectations.

- Prior research shows therapists experience unclear expectations and competing responsibilities in child welfare settings (Colvin & Thompson, 2020; Yoo et al., 2023).
- Therapists often report communication challenges with the child welfare system (Zilberstein et al., 2025).
- Role theory suggests unclear or conflicting expectations increase role ambiguity and strain (Biddle, 1986).

Shortcomings:

- Communication breakdowns are discussed in the literature, but their connection to role ambiguity is not well examined.
- Therapists' perspectives on how they define and navigate their role remain underexplored.

Purpose of the Study:

- Explore how therapists describe their role when working with CWS-involved parents.
- Examine whether communication barriers contribute to role ambiguity.

METHOD

Mixed-Methods Design

- **Quantitative Survey:**
 - CWS Experience and Preparedness Scale (Self-Developed)
 - MHP Self-Assessment (Self-Assessment of Skill Level shortened)

- **Qualitative Interviews:**
 - Semi-structured interviews
 - Thematic analysis of interview transcripts

- **Procedures:**
 - Therapists first completed an online survey. At the end of the survey, participants could volunteer for a follow-up interview.

- **Data Analysis:**
 - Quantitative data were analyzed using descriptive statistics.
 - Qualitative transcripts were coded in NVivo to identify recurring themes related to role ambiguity and communication.

PARTICIPANTS

22 Therapists

- **Race/Ethnicity:** 68.2% White, 76.2% Hispanic/Latino, 13.6% Asian, 9.1% Black or African American, 4.5% American Indian or Alaska Native, 4.5% Other
- **Gender:** 81.8% Female, 13.6% Male, 4.5% Non-binary
- **Years of Practice:** Range: 1–30 years
- **Licensure status:** 54.5% Licensed, 45.5% Pre-licensed
- **Work Setting:** 45.5% Private practice, 31.8% Agency, 9.1% School, 22.7% Other
- **Professional Credential:**
 - 45.5% Mental Health Counselor
 - 9.1% Clinical Social Worker
 - 4.5% Licensed Professional Counselor
 - 18.2% Registered Mental Health Counselor Intern
 - 18.2% Registered Clinical Social Worker Intern
 - 9.1% Registered Marriage and Family Therapist Intern
- **CWS Education and Training:**
 - 13.6% Completed a CWS-related course during their clinical program
 - 36.4% Completed CWS continuing education

RESULTS

Experience and Preparedness	Mean
Communicate with CWS (overall)	2.08
Population More Difficult	2.38
Communicate with Caseworkers	2.56
Felt Prepared	2.69
Able to Advocate for Clients	2.88
Client Explained Process	3.06

Self-Reported Clinical Competency	Mean
Knowledge & Cultural Awareness	4.2
Clinical Assessment & Intervention	4.3
Systems & Coordination	4.11

Role Ambiguity

Therapists described shifting and expanded roles that went beyond traditional therapy.

- **Role varies by case:** “My role in the case plan differed depending on what kind of client I was working with.”
- **Case manager role:** “My role is kind of a case manager, but also like a therapist at the same time.”
- **Advocate and mediator roles:** “I felt like I was more of an advocate, and as they got older, I felt like I was more of a mediator.”
- **Resource and referral role:** “It’s kind of being more of a resource guide and like a referral source for parents, guiding them to what is available in the community.”

Communication Breakdowns With CWS

Therapists described unclear expectations and inconsistent communication with CWS staff.

- **Unclear requirements:** “Very little is often communicated, like am I supposed to be filling something out, am I supposed to be doing an evaluation, is there a set time limit of sessions, am I gonna have to be expected to go into any kind of judicial anything.”
- **Missing contact information:** “I’m not given the information on the caseworker, and I don’t know how to contact them.”
- **Communication breakdowns disrupt progress:** “I just experienced so much frustration with communication being lost, that lack of communication is a huge setback for so many cases.”
- **Inconsistent communication due to workload:** “Communication was hit or miss, I think it depended on how long the worker had been there, and what their current caseload was.”
- **Limited transparency:** “I wouldn’t say I know too much about their processes, often in my experience, they do not share too many details.”

Qualitative Themes and Subthemes	N (%)
Therapist roles	
Role confusion	5 (22.7)
Advocate	13 (59.1)
Social worker role	4 (18.2)
Case manager	4 (18.2)
Mediator	3 (13.6)
Contributing factors to role ambiguity	
Lack of communication	16 (72.7)
High caseworker turnover rate	14 (63.6)
No access to case plans	4 (18.2)
Unclear expectations	8 (36.4)

DISCUSSION

- Therapists frequently described holding multiple roles beyond traditional therapy, indicating that role ambiguity is common when working with CWS-involved parents.
- Role confusion appears linked to unclear expectations rather than a lack of clinical skill.
- Limited contact with caseworkers and lack of clarity about procedures increased confusion about documentation, reporting, and court involvement.
- Limited access to case-related information restricted therapists' ability to clearly define their responsibilities within the case.
- Even when therapists reported high self-perceived competency, unclear system processes created strain and second-guessing about their role.
- These findings suggest that role ambiguity is shaped largely by system-level factors within CWS rather than individual therapist preparedness.

IMPLICATIONS

- Greater clarity in expectations between therapists and CWS may reduce role ambiguity.
- Structured communication protocols between therapists and caseworkers may improve collaboration.
- Clinical training programs may benefit from including formal coursework on the Child Welfare System.
- Continuing education focused on navigating CWS processes may support therapist preparedness.
- Future research should examine how role clarity impacts therapeutic outcomes for CWS-involved families.

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REFERENCES

Full
References
Available
via QR Code

