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Annie Query
How to Best Support Clinical
Social Workers in Their
Practice with Children Who
Have Experienced Trauma

ABSTRACT

This research set out to explore how clinical social workers working with children who have experienced trauma are supported in their practice, both at an individual and organizational level. Given the concepts of vicarious trauma, compassion fatigue, secondary trauma and burnout as a natural part of working with trauma, it is essential to make sure that clinical social workers are properly supported in their work. With the theoretical understanding of person-in-environment, individuals must be understood in their environment, as both individual and environment constantly influence one another. For this qualitative study, twelve clinical social workers across the United States, in different agency settings, participated in semi-structured interviews. Participants were asked to discuss their personal forms of self-care and support, forms of support they receive in their work place, and areas of need for greater support within the field. Findings of this study are consistent with the literature, demonstrating the important influence that one's environment can have on their health and well-being. The findings of this work suggest that appropriate interventions lead to feelings of support, but must take place at both the personal and organizational level, in order to properly help social workers as they regularly come face-to-face with the trauma of their clients.

**HOW TO BEST SUPPORT CLINICAL SOCIAL WORKERS IN THEIR
PRACTICE WITH CHILDREN WHO HAVE EXPERIENCED TRAUMA**

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

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2015

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CHAPTER I

Introduction

It is well documented throughout research literature that there are emotional and psychological impacts associated with the role of being a clinical social worker. The nature of this work involves providing support to vulnerable populations, and as a result, a client's distress and pain is often absorbed by the clinical social worker (Newell & MacNeil, 2010). In working with traumatized clients, sharing the emotional burden is often part of the healing process (Bride, Radey & Figley, 2007). Knowing this, understanding how clinical social workers manage the stress of their work is essential (Killian, 2008). Looking specifically at those social workers who work with clients who have experienced trauma, understanding the concepts of vicarious trauma, secondary traumatic stress, burnout and compassion fatigue is critical, as all are possible results of the work.

Knowing that social workers who are addressing traumatic experiences may be impacted by vicarious trauma, secondary traumatic stress, burnout or compassion fatigue, it is essential to monitor the mental health of these individuals. For social workers who experience any of these forms of stress, the impact is significant because ultimately the well-being of their clients can be impacted. This speaks to the important nature of this research, to ensure that in social work practice, social workers working with trauma can manage the stress and maintain optimal well being for themselves and for their clients. There is an obligation for professionals to prepare students and train professionals about these concepts. By understanding how to best support social workers in their practice, the hope is that clients will receive the best possible attention and care. Clients who have

experienced trauma are an incredibly vulnerable population and it is essential that social workers are equipped with the capacity to create space for effective treatment.

In choosing to focus specifically on the research around prevention of the stress associated with working with trauma, there is a great deal to be understood about best practices. The literature appears to be generally transitioning away from examining specific coping strategies for an individual and moving towards recognizing the necessity of effective practices at an organizational level. The research currently examines the personal and structural strategies of individuals working with traumatized clients in practice. In order to better understand these concepts, person in environment theory can be applied. The person in environment theory provides the foundation of understanding for how an individual is directly impacted by the different levels of their environment. This study aims to further understand how methods, both personal and organizational, are being integrated to reduce stress and support clinical social workers working with children who have experienced trauma.

Trauma

Trauma is a broad term that is used to include a wide range of events. Traumatic events are those described as “outside the range of normal stressors and of such magnitude as to be perceived as life threatening to self or others” (Osofsky, 2011, p. 215). These traumatic experiences can lead to feelings of helplessness, fear, or horror (Osofsky, 2011). Since the addition of Post Traumatic Stress Disorder (PTSD) to the *Diagnostic and Statistical Manual of Mental Disorders (Third Edition)* (DSM-III), the study of people who have experienced trauma, the field of traumatology, has grown significantly (Stamm, 1999). In looking at the criteria for PTSD, it becomes clear that

individuals can experience trauma both directly, by exposure to a traumatic stressor, and indirectly, by learning of a traumatic event (Stamm, 1999).

Trauma workers are those individual who work directly with or have exposure to trauma victims (Figley, 1995). Effective trauma work often includes working through the traumatic experience with the client, which involves repeated exposure to memories (Bride, Radey & Figley, 2007). By direct exposure another's trauma, an individual may experience pain or inflict additional pain back to the original traumatized individual (Stamm, 1999). This specific pain, is a concept that has many names, vicarious trauma, secondary traumatic stress, burnout, compassion fatigue, and is a "natural, predictable, treatable, and preventable" consequence of working with individuals who have suffered significantly (Stamm, 1999, p. 4).

Vicarious Trauma

Vicarious trauma (VT) involves changes in the experience of the self, others, and the world as a result of chronic exposure to traumatic material (Canfield, 2005). Some symptoms related to vicarious trauma across fields include anger, anxiety, emotional numbing and detachment, sadness and depression, difficulty concentrating, difficulty sleeping, social withdrawal, changes in beliefs, less self-care, increased illness, and use of alcohol or drugs (Osofsky, 2011). It is important to understand that these feelings can be a result of stressors in many different contexts and systems, but ultimately they lead to impaired judgment, absence, low motivation, poor quality of work, lower productivity and decreased compliance (Osofsky, 2011). With vicarious trauma, the clinician's "inner experience" is negatively transformed (Canfield, 2005, p. 88). Vicarious trauma is perhaps distinguished due to the cognitive changes that occur for a clinician (Elwood,

Mott, Lohr & Galovski, 2010). McCann and Pearlman (1990) use the constructivist self-development theory to emphasize the theoretical foundation of VT.

Secondary Traumatic Stress and Stress Disorder

Secondary traumatic stress (STS) results from knowing about a traumatizing event experienced by another (Figley, 1995). STS is a natural set of behaviors and emotions that result from this knowledge of trauma experienced by a significant other (Stamm, 1999). STS is also seen as stress that results from helping or wanting to help individuals who are suffering from trauma (Stamm, 1999). STS can emerge suddenly (Stamm, 1999). STS may include feelings of helplessness, confusion, and a sense of isolation (Stamm, 1999). The symptoms of STS are often disconnected from the real cause (Stamm, 1999). When symptoms such as depression or insomnia continue for more than six months, it is considered secondary traumatic stress disorder (STSD) (Canfield, 2005). STSD is a syndrome with symptoms very similar to PTSD, as a result of exposure to another individual's trauma (Stamm, 1999).

Some authors use STS and countertransference interchangeably (Nelson-Gardell & Harris, 2003). Countertransference can be defined as a therapist's unconscious response to a client, in part due to unresolved pieces of the therapist's unconscious being (Nelson-Gardell & Harris, 2003). Arguably, countertransference exists in every therapeutic relationship. However, STS is an outcome directly related to engagement with another's traumatic experience (Nelson-Gardell & Harris, 2003). Stamm (1999) states that STS includes countertransference.

Burnout

Burnout is defined as physical, emotional or psychological exhaustion as a result of work (Newell & MacNeil, 2010). Burnout may be caused by long-term involvement in emotionally demanding situations (Stamm, 1999). The Maslach Burnout Inventory (MBI) is the most commonly used measure of burnout (Stamm, 1999). This measure looks as emotional exhaustion, depersonalization, and reduced personal accomplishment (Stamm, 1999). Emotional exhaustion is often argued to be the key component of burnout (Stamm, 1999). It is noted that burnout is a process that begins gradually and becomes worse. Kahill (1988) points to symptoms of burnout which include, physical symptoms such as sleep difficulties or somatic problems, emotional symptoms such as anxiety, depression, or guilt, behavioral symptoms such as aggression or defensiveness, work-related symptoms such as poor work performance or tardiness, and interpersonal symptoms such as withdrawal from coworkers or lack of focus. The concept of burnout is often seen to focus on “external causations,” such as large caseloads, insufficient rewards, policies or lack of control (Canfield, 2005). Although the symptoms and effects of burnout appear very similar to STS, burnout as a response to stress resulting from the organizational environment can occur from work with any client group, not just clients who have experienced trauma (Nelson-Gardell & Harris, 2003).

Compassion Fatigue

Compassion fatigue is a term often used interchangeably with any of those listed above. Compassion fatigue is found by some to be the most user-friendly term for stress reactions to trauma exposure (Figley, 1995). Compassion is a concept that includes deep feelings for another who is suffering, and a desire to alleviate their pain (Stamm, 1999).

Compassion fatigue is seen to have a combination of symptoms of STS and burnout, stemming from feelings of deep sympathy for another who is suffering (Newell & MacNeil, 2010; Figley, 1995). Empathy plays a prominent role in many helping professions as it is utilized to understand better a person's experience of trauma. However, this empathy plays a key role in the transmission of a traumatic experience from the primary individual to a secondary individual (Stamm, 1999).

Current study

In thinking about the role of social workers, their hard work and dedication to clients with significant needs is clear. As a student, my interest in this topic has come from observations in the field. One of my interests is working with children who have experienced trauma, but beginning my first internship, this was also my greatest fear, wondering if I would be able to handle the exposure to trauma. In a variety of settings, I have observed overworked and highly stressed social workers and began to wonder how this is also impacted by the nature of their work, constantly exposed to trauma experienced by their clients. From what I have seen, so many agencies that take on such important work, are short staffed, have a small budget, or feel restricted in some ways. In many respects, I saw this reality impact the well being of social workers and wanted to set out to learn what organizations are doing well to support their staff, and what is not happening that is needed. In addition, I have always been interested in working with children, with recognition of their great resilience but also their great vulnerability. Social workers working with children are not as visible in the literature, and my thought was that exposure to a child's trauma through this work, may have strong impact on the social worker, given the perception of children as both resilient and vulnerable.

The concepts of vicarious trauma, compassion fatigue, secondary trauma, and burnout have all received significant study in the literature, which I hope to build from in this study. Some researchers argue that these terms are very distinct, while others may use them interchangeably as names associated with the “costs of caring” for others in emotional pain (Stamm, 1999). All of these terms can be used to better understand the experience of social workers working with traumatized clients. While it is important to understand each of these ideas thoroughly, for the purposes of this study, concepts of vicarious trauma, secondary traumatic stress, compassion fatigue and burnout are not used as discreet terms but together as general phenomena related to a professional role.

Thesis organization. The follow chapters describe the current study. Chapter one introduces concepts used as the foundation of this research. Chapter two presents an overview of current literature on this subject. Chapter three describes the research methodology used in this study. Chapter four presents the findings of this research and chapter five is a discussion that makes meaning of the findings and provides areas for further research.

CHAPTER II

Literature Review

Research with clinicians, including social workers, doing trauma work focuses on ideas of vicarious trauma, secondary traumatic stress, compassion fatigue and burnout. A great deal of research has examined these terms specifically, the related symptoms, and correlations. As a result of the knowledge that a clinician's health may be greatly impacted by the nature of their work, a growing area of research has emerged to examine prevention strategies that mitigate the potential negative effects of working with clients who have experienced trauma.

It is important to note that literature related to this topic uses various populations of professionals providing clinical work, such as clinicians, social workers, therapists or psychologists. All of these professions are referenced because of the clinical nature of their work and potential exposure to traumatic experiences of their client through their work. Throughout this literature review, professional labels, such as a "clinician", are unchanged from the primary source. Although the cited research is not comprised solely of clinical social work participants, the results of the literature reviews will be applied specifically to a population of clinical social workers for the purposes of this study.

Theory

To better comprehend the needs of social workers working with clients who have experienced trauma, person in environment theory provides a framework from which to examine the various influences on the experience of a social worker and their environment. In order to understand a person and their behavior, their various environmental contexts must be considered (Kondrat, 2008). Person-in-environment

theory provides the notion that an individual can impact elements of the environment just as the environment can influence the individual (Kondrat, 2008). In this sense, considering person-in-environment provides room for intervention at the individual level, environmental level, or both (Kondrat, 2008). There are many theoretical conceptualizations that try to encompass the person and environment relationship (Kondrat, 2008). However, the principal perspective of person-in-environment continues to remain a guiding principle of social work (Kondrat, 2008).

With an understanding of person-in-environment theory, it is possible to think about the immediate organizational environment that impacts many individuals. Research has looked specifically at person-in-environment theory and the “fit” between an individual and environment (Edwards, 2008). The idea of fit, considers the needs of an individual and the rewards of the environment, the abilities of an individual and the demands of the environment, and the similarity between person and environment (Edwards, 2008). Ultimately, workers are affected by the congruence in their personality and organization’s qualities (Cable & Judge, 1996).

Person-in-environment theory provides a structure to understand how the work of a social worker is inevitably impacted by the environment they are part of, as each continually influences the other (Germain & Gitterman, n.d.). This concept is also used to begin to understand how to prevent responses to trauma. Kelly (1977) explains how interdependent individuals and social settings are. Kelly’s work assumes that physical, social and psychological environments impact behavior, that changes the environment facilitate growth, and that community health is determined by energy flow and the cycling of resources (Kelly, 1977 as cited in Figley, 1995). With this understanding in

mind, researchers have begun to understand how individual coping strategies alone will not alleviate job stress and that a social component exists in stress mediation (Figley, 1977).

In application, tools such as an ecomap can be used to better understand an individual's context and social networks (Ray & Street, 2005). The ecomap has been developed as a way to study the connection between a person and their environment, and how those connections are sustained (Ray & Street, 2005). An ecomap provides a visual representation of the relationships and networks that exist to provide resources, information and support to an individual (Ray & Street, 2005). Ecomaps are also able to help consider the skills that individuals must use in their environment and to cope with its demands (Hartman, 1995). Research by Ray and Street (2005) has demonstrated how ecomaps successfully track relationships and system interactions over time while also providing an opportunity for further in-depth understanding through conversation. By acknowledging the role of the environment and the impact on an individual, one can better understand the experience of social workers who work with traumatized clients and identify where support is needed for these individuals.

Significance of Working with Trauma

The significant impact of stress on clinicians who work with trauma is evident in the research and something also recognized by clinicians themselves. Working with clients who have experienced trauma has inevitable impacts and potentially long-lasting and detrimental effects on therapists, regardless of race, gender, age, or level of training (Hesse, 2002). As research continues the significance of working with traumatized

clients, the effects and symptoms of vicarious trauma, secondary traumatic stress, compassion fatigue and burnout are clear.

However, it is also important to recognize the effect that the stress of a clinician can have on the client. Hesse (2002) discusses how therapists suffering from vicarious trauma utilize defenses that interfere with professional discretion and, as a result, the therapist may not realize how they are using the therapeutic relationship to protect and heal themselves. Similarly, Figley (1995) addresses that when a therapist's psychological needs are not met appropriately, their needs may become more focal than the client's needs.

In realizing the implications of exposure to trauma, there appears to still be variance in the effect, which is worth noting. A study by Cunningham (2003) reports that clinicians working with clients who were sexually abused (human-induced trauma) experienced more evidence of vicarious trauma than those clinicians working with clients who had cancer (natural trauma). This study leaves room for the possibility that certain types of trauma may have a more powerful impact on clinicians. The substantial implications of stress for clinicians, speaks to the need for awareness about this topic to best protect both social workers and their clients.

Individual Support

By understanding the significant impact that working with trauma can have, many arguments on the best coping strategies for clinicians to utilize in this stressful work have been developed. It is evident in the literature that coping strategies can be considered in a personal context and a professional/organizational context. Figley (1995) explains that both individual and environmental factors are "hypothesized to mediate trauma workers'

reactions to indirect exposure to traumatic events” (p. 95). In order to prevent secondary traumatic stress reactions, interventions must take place at both a personal and professional level. Focusing first on the personal level, Figley (1995) explains that individuals must understand that they are not going to be able to treat every patient, an idea he calls therapeutic realism. Many individuals continue to hold irrational beliefs about their efficiency and competence, which may contribute to experiencing symptoms of secondary trauma (Figley, 1995). Figley (1995) speaks to the imperative nature of therapist’s establishing a balance between work and their personal lives. Maintaining mental and physical health is also an important preventative measure for reducing secondary trauma (Figley, 1995). Work such as Probst (2015) investigates clinicians who are in therapy themselves, and notes that what they find useful includes “the capacity to be imperfect yet helpful” (p. 50).

In thinking about the self, one’s self-esteem is vulnerable to the impact of trauma and working with trauma (Stamm, 1999). For this reason, self-care strategies may be most effective when they reinforce positive sense of self and reconnect with internalized positive images, such as writing, meditation, and activities that bring enjoyments (Stamm, 1999). Similar to what a therapist may recommend to a client, it is important for therapists to increase awareness of their needs and remain connected with their bodies and feelings throughout their work (Stamm, 1999). Developing an awareness of personal signals of distress, and understanding early warning signs of vicarious trauma are additional ways for individuals to begin to articulate their inner experience and feelings related to trauma (Sexton, 1999). Authors also address the need for therapists to

acknowledge a personal history of trauma that is likely to interact with a client's trauma (Sexton, 1999).

Many additional recommended strategies suggested in the literature include peer consultation, supervision, self-care, and maintaining a work/personal life balance to reduce levels of secondary or vicarious trauma (Bober & Regehr, 2006). However, in examining these strategies further Bober and Regehr (2006) found that although clinicians generally believe in the usefulness of coping strategies, such as self-care, supervision, and leisure, there was no evidence that using these strategies is actually protective against symptoms of secondary or vicarious trauma. There are certainly exceptions to this, such as the work of Harrison and Westwood (2009), which found empathic engagement to be a protective factor when working with traumatized client, through the use of interpersonal connection, consistent boundaries and strong presence. There will always be tools and specific approaches that prove to be very important in a clinician's work, but recent trends in the literature seem to argue that although clinicians reportedly believe in the usefulness of coping strategies, they are not proven to decrease stress (Bober & Regehr, 2006).

Building off of this work Killian (2008) provides a mixed methods approach to understanding stress and coping associated with clinicians working with trauma. In this study, all clinicians demonstrated an awareness of stress related to their field of work (Killian, 2008). Clinicians in this study identified risk factors for developing stress or compassion fatigue, such as high caseloads, lack of supportive work environment, regular supervision, social isolation and worldview (Killian, 2008). Some of these practices or strategies were then examined on a larger quantitative scale. The results showed that

some coping strategies are “healthier” than others, where emotionally positive strategies such as supervision or reducing workload were associated with less stress than emotionally negative strategies, such as denial (Killian, 2008). However, similar to the results of Bober and Regehr (2006), Killian (2008) found that there was no evidence that using coping strategies protected from symptoms of traumatic stress.

Structural Support

Knowing that often coping strategies are not seen to reduce stress as expected, and that action-oriented support is seen to be most helpful, we can begin to see how the prevention of trauma-related stress may take place more at a structural level than individual (Bober & Regehr, 2006). Choosing to focus on the organizational level, work by Choi (2011) informs that greater support systems to do one’s job is significantly related to lower levels of secondary traumatic stress. Part of this includes greater access to resources, obtaining help when needed, and the acknowledgment of secondary traumatic stress and other natural consequences of doing trauma work (Choi, 2011). Access to organizational strategic information, such as organizational goals and workflow, are also seen to help reduce secondary traumatic stress (Choi, 2011). Looking specifically at burnout, Hamama (2012) found related evidence that burnout rates were lower when work conditions were better, in terms of the physical environment and the psychological engagement. A national study of clinical social workers determined higher ratings of vicarious trauma, not necessarily due to amount of face-to-face time with clients, but associated with factors such as younger age, lower salaries and less social support (Adams, Matto & Harrington, 2001).

Those studies that point to the lack of correlation between coping strategies and stress prevention argue for a professional's stress to be examined from a structural and organizational context (Killian, 2008). Instead of agencies focusing on individual strategies, initiatives should focus on larger policy changes and methods of support (Killian, 2008). In order to better help professional deliver the best services to their clients, a shift needs to take place "toward a more systemic approach" for healthier work environments (Killian, 2008, p. 43). The organizational culture can have a significant impact on its employees. A supportive environment is one that "normalizes" the effects of working with trauma (Bell, Kulkarni, & Dalton, 2003). Chrestman (1995) shows that workload, such as diverse caseloads, has been connected with less vicarious trauma. Contact with peers is also an important element in supporting this profession, through consultation and support (Stamm, 1999). With consultation comes increased competence and strengthened control (Stamm, 1999). Professional forums and other Internet resources are other outlets for these professional relationships. Teamwork and a treatment team model is one approach suggested to provide a sense of shared responsibility and support in clinical work (Sexton, 1999).

Education and training. Education on secondary trauma is also an important part of mitigating the effects of stress, and some researchers argue that agencies have an ethical obligation to inform employees about the potential risks of trauma work and provide programs around such topics (Bell et al., 2003). If organizations are holding true to an ethical obligation to inform employees, then recognition of the potentially harmful impact of working with trauma should be discussed during hiring (Stamm, 1999). Taking a step back, even before clinicians are being hired, appropriate training and understanding

of trauma should be necessary for all graduate programs helping to prepare people to become clinicians (Figley, 1995). It is argued that teachers and supervisors have an ethical obligation to teach about vicarious trauma and attend to the symptoms in their students (Figley, 1995). Furthermore, under APA guidelines of training and education students should be trained in coping with exposure to trauma (Stamm, 1999). Work by Chrestman has demonstrated that less experienced therapists with secondary exposure to trauma reported greater distress symptoms (Stamm, 1999). Results from this work also highlighted the importance of training activities to not only acquire skills but also increase professional support and decrease feelings of isolation (Stamm, 1999).

Supervision. Looking at the structure of an agency, a common concept that most authors discuss when addressing prevention of stress is supervision. Although there seems to be evidence that the quality of supervision does not predict levels of stress, there is something to be said for supervisors who acknowledge the stressful impact of trauma work (Choi, 2011). Bride and Jones (2006) show that lower levels of secondary traumatic stress were seen when supervisors were willing to help with problems, provide ongoing support for innovation and assist with the enhancement of quality of services. The results of this work show that action-oriented support, rather than emotion-oriented, support is most helpful in reducing or preventing stress (Bride & Jones, 2006). Figley (1995) cites a study by Pearlman and Saakvitne where only 53% of the trauma therapist participating, reported that they were receiving trauma-related supervision. Pearlman and Saakvitne argue that supervision is a crucial opportunity to work through the potentially painful material of a client with the support of a supervisor (Figley, 1995). Supervision is also an important time to identify transference/countertransference and potential traumatic

reenactments (Stamm, 1999). It is also important to keep in mind that supervision can be beneficial on an individual basis and group format to work through the effects of secondary trauma (Figley, 1995).

Although the literature is shifting to emphasize the role of the agency to support their employees working with trauma, there also needs to be pressure on a higher level to make this feasible for organizations. On a policy level, Rudolph and Stamm (Stamm, 1999) name lowering caseloads, using online networks, increase staff time, increase leave time, mental health care, and supervision as the key suggested changes to address secondary trauma. It is clear from their research that completely preventing the impact of secondary trauma is not possible; hence, the focus should shift to building supportive environments to address this reality across the system (Stamm, 1999).

Clinical Work with Children

With an understanding of the various coping suggestions presented for those working with clients who have experienced trauma, it is important to look deeper, specifically at the literature on those clinical social workers who work with children who have experienced trauma. Children represent a vulnerable yet resilient population that suffer trauma from many different sources. Approximately one million cases of child abuse and neglect are confirmed in the United States each year (Osofsky, 2011). The evidence clearly demonstrates the negative impact of childhood abuse and neglect on physical, intellectual and cognitive, and social and emotional, and brain development (Osofsky, 2011). Trauma can also impact children through disasters, such as earthquakes, floods, terrorist attacks or other major disruptions. Major life events can also have a traumatic impact on children, such as parental military deployment. All forms of trauma

have profound effects on children, and it is important to understand how to work effectively with these children and support them in their experiences.

When considering a child's experience with a traumatic event, it is important to understand that the child's perception of the experience as life threatening, may be different than adolescents, adults and other's who experiences it (Osofsky, 2011). Knowing that the child's experience of a highly stressful event is subjective, it is common for adults to overlook the impact of a trauma on a child, assuming there was minimal or no effect (Osofsky, 2011).

The child welfare system is one context where professionals experience vicarious trauma (Osofsky, 2011). Bride (2007) found in their work that 70% social workers within the child welfare system reported at least one symptom of secondary traumatization (as cited in Osofsky, 2011). Prevention of secondary traumatization is essential for those individuals who work with children who have experienced trauma. On an individual level, self-assessments can be used to better understand one's exposure of secondary traumatization (Osofsky, 2011). General self-care and stress reduction strategies such as getting exercise, developing interests and maintaining a home/work balance are recommended (Osofsky, 2011). At an organization level, it is recognized that the work environment makes "substantial contributions to increasing employees' risk for traumatic stress" (Osofsky, 2011, p. 345). Organizations must first identify secondary traumatization as a reality before implementing changes such as reducing caseloads, providing enough supervision, providing mental health insurance coverage, providing workshops to increase awareness on secondary traumatization, developing peer support, and encouraging self-care (Osofsky, 2011).

In understanding the perspective of a clinician working with trauma in children, Lonergan, O'Halloran, and Crane (2004) describe work with traumatized children as a developmental process, where the importance of the therapeutic relationship and trust in the process moves through stages. Clinicians identified education on secondary traumatic stress and supervision as the most helpful ways of coping with their work (Lonergan et al., 2004). Dyregrov and Mitchell (1992) found in their research working with traumatized children that reactions to this work were unique because of the involvement of children. Common reactions to working with traumatized children included helplessness, fear, anxiety, existential insecurity, rage, sorrow and grief, intrusive images, self-reproach, shame, guilt and a change in values (Dyregrov & Mitchell, 1992). Edwards and Karnilowicz (2013) speak of the important relational components of this work, including relational supervisor work and supportive relationships with colleagues. These authors also argue that at the organizational level the needs of the staff working with trauma need to be addressed (Edwards and Karnilowicz, 2013). This can be seen through trainings and professional development as well as space for debriefing and reflection (Edwards and Karnilowicz, 2013). Ultimately the culture of the organization will determine if clinicians utilize support structures (Edwards and Karnilowicz, 2013). Even in the research that focuses specifically on trauma work in children, many similar themes emerge around how to support therapists and the importance of stress prevention on more than just an individual level.

Implications

There are significant themes in the literature related to treating different populations who have experienced trauma. As the concept of secondary trauma or

vicarious has become more accepted, the need for prevention has also become more accepted. All of the literature speaks to the harmful impacts that secondary trauma can have, especially on clients. Many authors argue for interventions of support at both the individual and structural level. The implications of the research are clear, that these stress reactions are the nature of the work itself and therefore workplaces must foster an environment of acceptance where work related stress is owned at an organizational as well as individual level (Sexton, 1999). However, there is little research on whether these interventions are actually taking place and if they are effective. The purpose of this study is to gain clarity on this issue.

Limitations

Relevant empirical studies were used to explore the concepts of vicarious trauma, secondary traumatic stress, compassion fatigue and burnout in clinicians. It is important to note that each study did not focus on all four of these concepts, but rather these topics are understood to be possible results of working with trauma and serve as relevant sources in discussion of needs and prevention of these concepts. Overall, these studies demonstrate the powerful effect that working with clients who have experienced trauma can have on clinicians. Quantitative studies, qualitative studies, and mixed method approaches were examined to increase understanding about the impact on clinicians who do trauma work and possible coping strategies utilized by this population.

Although the reviewed literature offers insight into the topic of stress prevention for clinicians working with trauma, there are limitations involved. As stated earlier, most studies focused on a particular type of stress resulting from trauma work as there were no studies that seemed to pull together vicarious trauma, STS, burnout and compassion

fatigue. Across the literature, not all of these articles addressed work specifically with children, and some of those that did, focused on specific populations, such as child welfare workers. The majority of participants across studies were female. Looking at the cited literature, participants in the studies varied in their clinical role and experience. Much of the cited literature uses the term clinician or therapist to describe the population of professionals who conduct clinical work and are exposed to traumatic experiences through their work, such as social workers, mental health counselors or psychologists. Therefore, as stated earlier, the cited research was not comprised solely of clinical social work participants, but for the purposes of this study the findings from the literature will be applied specifically to a population of social workers.

CHAPTER III

Methodology

As the literature shows, emphasis is slowly shifting on to agencies to provide the proper environment to reduce stress for their professionals who are exposed to clients' traumatic experiences. The purpose of this qualitative research was to determine how efforts are being utilized to best support clinical social workers who work with children who have experienced trauma. This study examined both efforts at the organizational level as well as the individual level to understand what is currently taking place and what is reported to be most helpful to social workers. An exploratory approach was conducted using semi-structure interviews to study how supports for social workers are being implemented and to better understand the social worker's experience.

Sample

Twelve social workers were interviewed for this study, eleven females and one male, with experience in the field ranging from one year to thirty-eight years. Recruitment began upon receipt of HSR approval (Appendix A). To gather participants for this project, recruitment letters were sent through contacts of the researcher and thesis advisor (Appendix B). Participation was voluntary, and potential participants communicated with the researcher by email or phone. The sample for this study consisted of clinical social workers with a graduate degree in Social Work, practicing as an LCSW or LICSW. Social workers specifically who work with children were determined through recognition that participants worked at agencies serving children and report of social worker's client population. The age of clients varied depending on agency policy. The identification that social workers work specifically around experiences of trauma was

self-determined by the social worker. All participants were able to communicate in English. The age, race or ethnicity of participants was not collected specifically.

This study utilized non-probability sampling, which allowed for greater feasibility, but limited generalizability and representativeness. Snowball sampling was used, and provided greater access to unknown participants and created a more in depth investigation on this subject. There was significant geographic diversity represented in this sample, with participants from Massachusetts, Maine, Louisiana, Colorado, and Illinois. However, snowball sampling is impacted by the context of the initial participant so that bias is acknowledged as a limitation (Engle & Schutt, 2013). Some participants were affiliated with the same agency as a result of this sampling method.

Data Collection

Individual, semi-structured interviews were conducted to capture the essence of the participant's experience in their work. All participants were provided with the interview guide and informed consent before the interview, in order to be fully prepared. All participants provided informed consent at the time of the interview (Appendix C). Semi-structured interviews allowed for greatest flexibility, with open-ended questions to encourage responses, while providing a consistent set of expectations for each interview. With focused, individual, questions around the unique experiences of participants, their context and practices were understood (Appendix D). Librarians associated with Smith College were contacted for assistance in reaching out to local Boston universities for the use of their library space to conduct interviews. However, this ended up not being necessary as eleven out of twelve interviews were done by phone at participants' request. All interviews were audio recorded. Interviews ranged in duration, with an average length

of 30 minutes. The first part of the interview focused on the participant's current work and understanding of concepts such as compassion fatigue, vicarious trauma, burnout and secondary traumatic stress. The second piece of the interview focused on participants' personal self-care practices. The third part of the interview focused on how organizations support each participant in their work. Finally, participants were asked if they felt anything else was needed to help them feel more supported and effective in their role. All interviews were transcribed verbatim after the interview on to a personal computer that is password protected. Identifying information was stored separately from transcription dialogue to ensure confidentiality. Pseudonyms were used if needed to refer to participants. The sample size for this study was determined by theoretical saturation, which was twelve participants (Engle & Schutt, 2013).

Data Analysis

With all interviews transcribed on to a computer, thematic analysis was used to code the data and determine themes and patterns. Each interview transcription was read several times to note relevant themes, ideas or phrases. Transcripts were grouped according to similarities in their coding. Looking for trends across participants allowed for a basis of understanding the research question. Throughout this work, newly collected data was compared in order to support reliability, validity, and reflexivity. Data was also compared to practices described in the literature. In order to ensure the greatest reliability and validity, an audit trail was used to document everything.

Risk

There was minimal harm expected in the participation of this study. To protect human participants, participants had the right to discontinue their involvement at any

time. The nature of this topic could potentially increase anxiety related to clinical practice and symptoms of vicarious trauma, compassion fatigue, secondary trauma or burnout, which was review in the informed consent. No participants showed signs of distress during an interview. If they had, participants would have been offered to take a break, move to a different question or end the interview, but this was not necessary.

Benefits

Participants were not given any form of reimbursement for their involvement in this study. Participants may have benefitted personally from sharing their personal experiences and any insight related to being asked specific questions about their profession. Participants may have gained satisfaction in knowing that their experiences were being used as part of a larger body of work that aims to benefit many professionals in the field.

Strengths and Limitations

This project was feasible in the time given. Social workers are busy, and care was given to make sure the data collection process was realistic and accessible for participants. According to the National Child Traumatic Stress Network, one-quarter of a longitudinal study population had experienced at least one traumatic event (“Rates of Exposure to Traumatic Events,” n.d.). With this in mind, it was realistic that clinicians working with children had clients who experienced trauma and were, therefore, eligible to participate.

Due to the qualitative design of this research, the data is not generalizable to larger populations and various contexts. Using a qualitative, semi-structured interview approach, provides more room for potential researcher bias, which is important to be

aware of throughout the process. An exploratory approach provides an understanding of what is taking place in clinical practice but does limit the scope to the particular environments that the participants work in.

The participants that are accessible to a student researcher are not necessarily representative of the whole clinical social work population. There are also logistics involved in collecting data that may have limited the demographics of the study. As participants willingly provided consent, there may have been biases in recognizing the type of participants willing to be included in this work

Personal Bias

As an outsider to this work, there are possible aspects of the work that were not understood and therefore questions may have been asked that did not match participants' experiences. As a student or outsider, it is also possible that participants withheld some information in their responses. My identity and personal connections potentially impacted the demographics of the participants, leading to less diversity. It is also important to acknowledge my previous experience working as a clinical social work intern and the opportunities I have had to experience and observe how some agencies support their social workers, and how that potentially biased my interest in this topic and expected results. These limitations and personal biases were kept in mind throughout the research process in order to maintain a thoughtful and reflexive approach.

Conclusion

The stress that social workers experience as a result of their work has significant impacts on their clients, their practice, and themselves. This study aimed to provide important recommendations for methods of supporting clinical social workers who work

with children who have experienced trauma. The literature makes clear that addressing work-related stress is in the best interest of both the clinician and the client (Hesse, 2002). Data from the interviews was coded using thematic analysis, which allows for a greater in-depth understanding of the context in which social workers practice. Findings are compared with the literature and discussed further, along with the implications of these results. Results of this work will continue to be shared with participants and other social workers so that individuals are informed about current supportive practices.

CHAPTER IV

Findings

This study set out to understand how methods of support, both personal and organizational, exist to support clinical social workers working with children who have experienced trauma. This chapter discusses the findings from twelve interviews conducted with licensed clinical social workers (LCSW and LICSW), working with children who have experienced trauma. This exploratory study asked participants to discuss how they are supported in their practice, given how concepts of compassion fatigue, vicarious trauma, secondary trauma and burnout directly impact this population. The interview questions were structured to learn about participants' understanding of ideas related to compassion fatigue, vicarious trauma, secondary trauma and burnout, and how these ideas are addressed in their work. Participants were asked to discuss their personal self-care practices, as well as the structure of their organizational support. Participants were also asked for their ideas of what else is needed in this field in order for clinical social workers to feel better supported.

Demographics

Twelve participants were part of this study. They were all practicing LCSW or LICSWs across the United States, specifically in the states of Massachusetts, Maine, Louisiana, Colorado, and Illinois. The participants practiced in a variety of settings, five practiced with community health agencies, four were hospital social workers, one worked in a school setting, one worked in short-term residential setting, and one worked in private practice. Of the total participants, eleven were female, and one was male.

Experience in the field among the participants ranged from one year to thirty-eight years. The age, race and ethnicity of the participants were not collected specifically.

Understanding of Trauma Responses

Participants were initially asked about their understanding of terms such as compassion fatigue, vicarious trauma, secondary trauma, and burnout. Although each participant answered the question differently and had different associations with each term, all participants were aware and familiar with these ideas. Four out of twelve participants (33%) identified that they had personally experienced feelings that one labeled as burnout, another as vicarious trauma, another as compassion fatigue, and another as secondary trauma. From those participants who felt they had experienced this trauma reaction, one described, “taking in all of this pain and all of this trauma and...not getting rid of it...literally was making me sick....some people have called it like you feel almost like a sponge that is saturated.” Another participant described feelings of fatigue and increased stress that led to identifying burnout and shared that “I find that I probably go through burnout roughly...every six months or so, so at least twice a year...I kind of experience kind of a down period, I need to kind of regroup and focus.” Given the small sample of this study, the reality of such responses to trauma work is evident.

Personal Practices

After discussing each participant’s understanding and association with the concepts of compassion fatigue, vicarious trauma, burnout and secondary trauma, participants were then asked how they care for themselves in this stressful work. All participants were able to identify what they felt were personal self-care strategies. For

some, self-care is an ever-changing routine and one participant described the need to constantly check in with herself and “tweak” her self-care practices.

Friends and family. Nine out of the twelve participants (75%) identified the importance of family and friends as regular support. It was evident in the interviews that most participants felt best being with others and were quick to identify family and friends when asked about personal self-care. Some participants spoke more about the difference in having friends who work in the field of social work and friends who do not. Four out of twelve participants (33%) felt that spending time with friends who were in the field of social work was helpful because they can “relate to the type of work you’re doing and how physically and mentally and spiritually and emotionally exhausting it can be.” One participant spoke of the importance of having friends who are in social work but also friends who are not so that she can take a break from work. In thinking about family and other individuals we rely on for support, two participants identified that spending time with children, family or friend’s children, was a form of self-care, as there is “something about seeing children in happy, healthy environments I feel like I can keep going with my job.”

Exercise. Nine out of twelve participants (75%) described a form of exercise and healthy living as part of their self-care. Yoga and running were the most common forms of exercise mentioned. One participant spoke specifically about eating differently in addition to exercising. Two participants mentioned meditation and mindfulness as a personal self-care practice. Another participant spoke of the overall concept of healthy individual choices that ultimately “allow you to come back the next day and do it all over

again.” Although each form of exercise or healthy living was different for each participant, the role of this practice was prominent for these nine participants.

Boundaries. Eight out of twelve participants (66%) spoke of the importance of boundaries between work and their personal life. These eight participants all identified that part of their self-care was to “leave work at work” in order to have a balanced life. For some individuals, this included learning to not answer their work phone at home or using television shows as a way to not think about work. One participant explained that she uses a landmark on her commute and says:

That is where I’m going to leave work...because I think one of the things that I’ve learned the most is that you really have to be present in the work when you’re there, but when the day’s over it’s really important to be present in the rest of your life.

For these eight participants, this idea of a balanced life was something that was learned over time and participants spoke about the conscious effort taken to really prioritize this.

Therapy. Across participants, only one participant out of twelve (.08%) mentioned seeing a therapist as a personal form of self-care. This was of note, given the nature of social work. This idea of clinicians participating in their therapy will be explored further in the discussion chapter.

Work Environment

After discussing the various forms of personal support that participants rely on, they were then asked to describe how they are supported in their workplace. Given that almost all participants were coming from a different setting, it was important to learn about the nature of their role and what was in place to support them. Although all of the

sections below speak to the specific qualities that were found to make up a supportive environment, two participants spent time discussing the overall idea of a supportive environment. One individual explained:

What I learned is that it's not enough for us to take care of ourselves, we need to be working in environments that takes care of us....if you work in an environment that isn't trauma-sensitive you're guaranteed you're going to burn out.

From her experience, it is clear that a toxic environment is one that doesn't provide support or isn't sensitive to what individuals are going through. For another participant, she explained that when she recently switched jobs:

I literally like felt light, I felt happier, I felt you know, in all aspects of my life, and hadn't realized what a profound effect not working in a supportive environment in this work could be...so it was a really good realization for me of how important in this work, in terms of coping with stress and coping with all stuff, it really is to have a supportive work environment.

These participants spoke to the impact that the environment in which you work can have, and how dramatically different each environment can be. And with that, by recognizing which setting you are in one can identify the strengths and limitations of that context to then set realistic expectations.

Supervision. Across participants, supervision and relationships with supervisors were the most common response to areas of support in the work place. Eight out of twelve participants (66%) spoke to their individual supervisor directly and the important impact of that relationship. All participants who spoke about individual supervision felt that they had a very positive relationship with their supervisor. One participant explained

that in her program, “each therapist along with the supervisor [does]...a clinical development plan and in those plans we have how we’re going to take care of ourselves, and we measure that every 3-6 months.” It is evident from the participants that strong supervisors make a significant difference in helping social workers feel supported in their role and play a crucial role in promoting self-care. Three participants also spoke to the fact that they felt that their supervisor was the reason that people were not leaving the field or moving to a different organization.

Six out of twelve participants (50%) shared that group/peer supervision is part of their work structure. Especially in larger settings, this seems to be an important opportunity for colleagues to sit down with one another and share ideas. Two more experienced social workers explained how even though they no longer have individual supervision; group supervision with colleagues is essential.

Colleagues. Related to the idea of group supervision and support from peers, eight out of twelve participants (66%) mentioned how wonderful their colleagues were and how supported they felt by the people around them. All eight of these participants felt that being around other people “who get it” is crucial, regardless of whether it takes place in group supervision or just informal conversation. Having people available to process things with clearly leads these participants to feel connected and supported by their immediate environment.

Flexibility. Flexibility with the job is something that was discussed by four out of twelve participants (33%). These four participants who identified having flexibility in their role explained that this allowed them to practice self-care and feel independent with their schedule, such as being able to leave early and flex hours as needed. In addition, all

four of these participants shared that it was their supervisor who promoted this sense of flexibility.

Training. In thinking about what agencies provide for their staff, four out of twelve participants (33%) felt that their work provided training, which led to feeling supported in their jobs. Whether these trainings were continuing education seminars or formal annual conferences, these four participants identified that access to training was one way that their organization showed support; “my program is incredibly supportive in terms of making sure we get the training annually that we need to get.”

Resources. Three out of twelve participants (25%) reported feeling supported by their agency because of the resources provided to them. One participant explained that her program “provide[s] [a] therapist with the things that they need to get their job done.” For this participant, which includes an iPad, wireless internet cards for home visits, a cell phone and access to vehicles. Technology was specifically referred to by two of these participants as a resource provided by employers to support the social workers with their paperwork demands. One hospital social worker described how compared to other places she has worked, her current institution is “very financially strong....so therefore they have the ability and resources” to focus on their staff, for example, by providing higher pay.

Diverse responsibilities. Three out of twelve participants (25%) identified that being able to diversify their workload was related to feeling supported in their work. One participant spoke about balancing caseload numbers among colleagues in order to support one another, and another participant explained that part of “protecting yourself in this

work is diversifying what you do.” This is similar to the idea of flexibility, where participants felt it was part of their work culture to rebalance workload when needed.

Administration. Two out of twelve participants (16%) noted that they feel supported directly by their administrators. One participant in a community health setting explained that their program director has an open door policy where “we can go to him and talk to him and voice some of our concerns, and I feel like he openly listens to them.” Similarly, another participant explained that even though her program administrator is not a social worker, that she “always has time for us no matter what is going on....so I feel as though there is just a ton of personal support for our professional concerns.” It is clear that these two participants feel supported by their administration and more importantly that their concerns had a place to be heard and addressed.

Recommendations for Change

After discussing how participants are supported, both on a personal and organization level, they were then asked to identify if there was anything that they felt was needed in the field to better support social workers. This was meant to be a question tapping into what participants see as the ideal structure of an organizational system given the difficult nature of this work. All participants were able to identify areas of change. Although some of the ideas below are large issues, overall it seems that there are “simple things agencies or institutions can do to kind of reduce the stress that we [social workers] face.”

Administration. Four out of twelve participants (33%) spoke about feeling like administrators, CEOs and those running larger parent companies need to be more involved. In thinking about vicarious trauma, one participant described how “we have to

get to the people that make the decisions” so that they understand that these concepts are important. Other participants spoke of experiences where program administrators were not social workers, and the need for CEOs to be on the same page with what their employees experience. Another participant spoke about her small organization feeling very isolated from the parent company, and feeling that the CEO needed to create connections among smaller isolated branches. These participants all touched on the power that administrators have, and the need to use this to form connections and demonstrate understanding and appreciation of the work taking place.

Training. Three of the twelve participants (25%) spoke about a desire for more training and access to CEUs. One participant felt that organizations often mention access to training but there is rarely follow through. Another participant compared her current work with a previous experience where she had access to many evidence-based trainings, such as DBT, which she felt “was the absolute best training I ever got in my social work career,” and ultimately feels that such training is an advantage she has in doing this work long term that many do not have access to.

School and education. Three out of twelve participants (25%) stated that they felt these ideas of vicarious trauma and burnout should be discussed in graduate school.

One described:

The earlier you’re aware of what you could experience, I think, the better you are to be prepared...if you know in advance....I think you have a better shot of maybe surviving longer in the role...because you’re better able to take care of yourself...I think that knowledge in advance would be really beneficial.

Another participant explained that in her experience, “we’re spending a lot of time and energy on saying that there is this thing [vicarious trauma]” but without coming up with ways to fix it, and that fixing it needs to take place on many levels, including graduate programs and organizations.

Managed care. Three out of twelve participants (25%) identified frustrations with insurance and managed care impacting their work. One participant shared that insurance companies do not see trauma as being a specialty. Another participant felt that the clinical part of social work “is quite frankly minimized” because of insurance.

Another participant shared that:

Some organizations spend too much time on productivity and getting...billable hours and that kind of stuff, and not enough time on nurturing the therapist and I think if the therapist is well nurtured they come and do the work and the billable hours and all of that productivity happens.

The burden of paperwork, as part of managed care, was identified by participants as well. One participant’s sense was that “managed care is really killing a lot of businesses [and] has definitely led to more vicarious trauma and burnout.” It is interesting to note that all three of these participants have been in the field the longest of all participants.

Salary. Three out of twelve participants (25%) identified that being underpaid is a problem in the field. One participant described how “there’s really no incentive for someone who has a lot of experience to do outpatient work because they can’t make a lot of money.” All three participants connected low pay to the reality of high turnover rates in the field, explaining how many of the best people in the field leave to make more money elsewhere. Knowing that organizations are focused on income and budgets, one

participant explained that organizations need incentives to better understand how is something is going to prevent turnover, and, therefore, save money on recruitment and training.

Recognition. Two out of twelve participants (16%) spoke about a desire for greater recognition of their work by their organization. One participant described how impactful it would be for the director to make a community effort that says “we’re here for you, we understand this is very difficult, we appreciate your efforts and you are not alone in this.” Another participant explained what a difference it would make if there were a way to recognize when people are doing a good job. This connects to the idea of administrators playing a more prominent role within organizations.

Perceptions of social work. Two out of twelve participants (16%) described a need to address misperceptions about the field of social work. One participant in a hospital setting described a need for other hospital staff to have a better understanding of how and why social workers do their job. Another participant felt “it’s a constant uphill battle correcting people’s assumptions of what social workers do....a very misunderstood profession.” Although this is perhaps the most challenging need to address, it speaks to additional frustrations that social workers experience, in addition to already demanding job situations.

Summary

In reviewing the findings of this research, there are clear methods of support utilized by clinical social workers both personally and professionally. Overall, participants were able to discuss the concepts of vicarious trauma, compassion fatigue, secondary trauma and burnout and how that relates to their work experience. All

participants spoke of the influence that their environment can have, and all participants found both positive and negative aspects within their current work environment. Most importantly, strategies that were reported to be helpful in some workplaces, were mentioned as areas requiring attention by other participants. Based on these responses, there is a reason to believe that if implemented, supportive practices make an impact. No participant identified feeling as though their workplace did a perfect job of addressing vicarious trauma, compassion fatigue, secondary trauma or burnout. Based on participant experience, it seems that although most organizations are talking about these topics, there is a need for greater action, related to the recommendations for change presented by these participants.

CHAPTER V

Discussion

This qualitative study explores methods of support for clinical social workers working with children who have experienced trauma. Participants were able to discuss their understanding of concepts of vicarious trauma, compassion fatigue, secondary trauma and burnout. Participants shared personal self-care practices as well as aspects of their work environment that lead to a feeling of support in their clinical work. This study was also an opportunity for participants to share what they feel is needed in the field of clinical social work in order to better support them, knowing the impact that vicarious trauma, compassion fatigue, secondary trauma or burnout can have on social workers and their clients.

This chapter begins with a discussion of the salient findings as they relate to the literature. These findings exist in three categories, personal practices of support, work environment support and areas of change. This is then followed by the limitations of this study, the implications for clinical practice and areas of future research.

Themes in Relation to the Literature

The findings of this research confirm the reviewed literature findings in demonstrating the important impact that an organizational environment can have on clinical social workers' well-being, and the need to prioritize this issue. All participants had some understanding of the way in which vicarious trauma, compassion fatigue, secondary trauma or burnout can impact them, given the nature of their work. Although some of the cited literature expresses that individual coping strategies and self-care strategies have not always proven to be effective, participants in this study all felt

positively about the personal strategies they use to take care of themselves to reduce stress. For all participants, these strategies were used in addition to supportive aspects of the work environment.

Person-in-environment theory. In reflecting on their experience, participants were able to identify interventions on the individual level and organizational level that lead to feelings of support, consistent with person-in-environment theory and the notion of each individual and environment continually influencing the other. Participants in this study acknowledged the impact that their environment has on their well-being, demonstrating this theory, that individuals and their settings are interdependent (Kelly, 1977 as cited in Figley, 1995). Findings from this study support person-in-environment theory, exploring this relationship between individuals and their environment. These results provide further evidence for intervention at both the individual and environmental level in order for effective change.

Work/life balance. As discussed by researchers such as Figley (1995), the idea of balance between work and personal life was seen to be very important to the participants of this study. Knowing the health impact that stress reactions such as vicarious trauma can have, the literature emphasizes the need for a balance between work and home, which was supported by participants in this study. Participants in this study acknowledged that this was something they had to consciously teach themselves, but that it was very important to their overall stress reduction. Participants who work in environments where they were encouraged to have this balance felt very positively about the support they receive in their work.

Mental and physical health. In recognizing the important personal practices that can take place to reduce stress reactions to trauma work, researchers such as Figley (1995) and Stamm (1999) discuss the importance of maintaining both physical and mental health. This may take the form of physical exercise, which researcher Osofsky (2011) points to as an important self-care strategy. Overall the literature states the importance of self-care as a way to reinforce a positive sense of self and to remain connected with one's body (Stamm, 1999). The importance of physical and mental health was supported by the findings of this study where nine out of twelve participants (75%) reported some form of physical activity as part of their self-care routine. Of note, only one participant shared that seeing a therapist was a form of self-care. The work of Probst (2015) notes the importance of clinicians engaging in their own therapy and the benefits seen in that relationship while Figley (1995) shares that if a therapist's psychological needs are unmet, then those needs may become more focal than the client's. In this study, physical health was much more discussed than mental health when it came to self-care, which is likely related to existing stigma, even within the field, to mental health care.

Supervision and peer support. In thinking about how participants feel supported and encouraged in their work, all participants in this study mentioned the critical role of supervisors and colleagues to the work environment. This confirms the work of researchers such as Stamm (1999) who acknowledges the important role of supervision, Sexton (1999) who discusses teamwork, and Bride and Jones (2006) who discuss specific ways supervisors can be supportive, such as action-oriented support. Research also mentions that colleagues, peers, supervisors and staff all contribute to making the work

environment feel supportive and normalizing the effects of working with trauma (Bell, Kulkarni, & Dalton, 2003). These same sentiments were seen in this study as participants discussed the important role of being around peers who have shared similar experiences, and using that for consultation and support. Looking at both the literature and findings of this study it is evident that the people making up a social workers immediate environment are crucial to fostering a sense of support and understanding.

Training and education. The role of training and education around these ideas of vicarious trauma, compassion fatigue, secondary trauma and burnout is prevalent throughout the literature. Bell et al. (2003) discuss the ethical obligation that agencies have to address the potential risk of working with clients who have experienced trauma. Results from the work of Figley (1995) and Stamm (1999) further support this idea in showing how helpful training and understanding of trauma can be. Although there is agreement in the literature about the importance of training and education on these trauma responses, it is also suggested that there is not enough of this taking place. In thinking about education, three out of twelve participants (25%) in this study felt ideas of vicarious trauma and burnout should be discussed in graduate school. This idea that the earlier one is aware of these concepts, the better prepared they will be has also been seen in the research (Lonergan, O'Halloran, & Crane, 2004). In this study, four out of twelve participants (33%) felt that they had access to training in their current job, which led to feeling more supported and prepared. Additionally, three out of twelve participants (25%) desired more training, feeling that they would be a real advantage to have. These findings show that access to training has a positive impact, and for those without this access, they recognize this as something their environment lacks, which supports the

literature further is demonstrating that there is not enough training and education taking place.

Resources and salary. Looking at the findings of this study, five out of twelve participants (42%) discussed their organizations resources and their salary. For some, this was a positive aspect of their job while for others it was seen as an area for improvement, implying that clearly this is an important piece of properly supporting social workers in their job. This is consistent with the ideas of Choi (2011) and other researchers who discuss the need for access to resources and good working conditions to be part of one's support system. Although it was surprising to me that only three participants mentioned salary specifically, it was reported to be an area requiring further attention. Adams, Matto & Harrington (2001) report this idea in their work where higher ratings of vicarious trauma were linked to those with lower salaries and greater burnout. Giving individuals the tools they need to do their job and to make their job easier seems to influence their outlook on their work.

Flexibility. When asked about the supportive practices of their work environment, four out of twelve participants (33%) felt that the flexibility they have within their role allowed them to better cope with stress. Within this idea of flexibility, participants also discussed how helpful it is to be able to diversify workload when needed. Both of these concepts support the research that finds the importance of being able to have diverse caseloads or increased leave time connected to less vicarious or secondary trauma (Chrestman, 1995; Stamm, 1999). Especially due to the sensitive nature of work with trauma that clients have experienced, the ability to take a break or work with a different population seems invaluable in promoting well-being. The feeling of flexibility and

ability to diversify work also seems to be directly related to the larger understanding work culture created by supervisors or administrators.

Administration. When asked about areas that need to change, four out of twelve participants (33%) in this study talked about the role of administrators and the need for their involvement and awareness about the reality of clinical work. These participants spoke to feelings of disconnection and feeling that change will only happen through the education of these administrators. In contrast, two out of twelve participants (16%) felt that they worked in agencies where their administrators were very supportive and this had a very positive impact. These findings suggest that administrators are in a position to really influence the immediate work environment and address these priority issues such as vicarious trauma, compassion fatigue, secondary trauma, and burnout. Although the reviewed research clearly identifies the importance of supportive and trauma sensitive work environments, there is no mention specifically about administrators and their responsibilities. It is perhaps implied that they are the ones ultimately giving room to each of these ideas; training, supervision, resources, and flexibility, however, that is not explicitly identified. Researchers such as Stamm (1999) clearly identify organizational policies to address clinician's needs, but no specific steps for reaching administrators are identified. Given the variety of different clinical settings it is also important to identify how different the management structures may be.

Limitations in Study Design

In reviewing the findings of this research in relation to existing literature, they are consistent with the ideas about better supporting social workers at both an individual and organizational level. However, due to the design of this study there are various

limitations that need to be identified. Given the small sample size of this qualitative research study, the data is not fully representative and therefore not generalizable to the larger population. There was not a great deal of diversity represented in this sample, and age, race and ethnicity were not recorded. Although there was geographic variation represented in the sample, this may have inconsistent implications given how different state infrastructure may impact certain organizations. The exploratory method used, led to focused questions specifically about each participants environment, thus limiting the scope of this study. In using a qualitative, semi-structured interview approach, there is also more room for potential researcher bias. My assumptions coming into this work were that not enough was taking place within organizations to support their staff and that social workers were therefore struggling with vicarious trauma, compassion fatigue, secondary trauma or burnout. It is important to recognize how this bias may have influenced my approach to interviewing participants.

In designing this study, the hope was to interview clinical social workers, working with children who have experienced trauma. These criteria were advertised to participants; however, participants were never asked to identify how many of their clients they feel have experienced trauma. Additionally, all participants worked with children in a very different capacity and setting. Factors such as these may have impacted the reliability of the research design.

Another limitation is the group of potential participants that were available to me as a student research. Snowball sampling was utilized, reaching contacts of both myself and research advisor. It is important to recognize that this population is not necessarily representative of the whole clinical social work population. There were logistics involved

in collecting data that may have limited the demographics of the study, given that many participants were a reflection of the initial contacts utilized through snowball sampling. Considering those participants who willingly provided consent, there may have been biases in the type of individuals willing to be included in this work, such as those perhaps with negative work experiences they wanted to share, or those who felt very strongly about responses to trauma due to personal experience. All of these factors and limitations need to be taken into consideration with this study.

Implications

Given that the findings of this study confirm much of what is shared in the reviewed literature, this study has great implications for social work practice and the social work field. Knowing the focus of this study, implications from this work impact both social work practice at an individual level but also at the organizational level. It is imperative that the implications of this topic are understood to ensure that social workers working with trauma can manage the stress and maintain optimal well-being for themselves and their clients

Individual. The results of this work demonstrate what has been reviewed in the literature, that clinical social workers working with children who have experienced trauma are impacted by this work in many ways. Self-care practices and coping strategies are important tools in managing the stress of this work, in order to avoid or minimize the effects of vicarious trauma, compassion fatigue, secondary trauma or burnout. As these results have indicated, knowing how important it is to be around other people, exercise, and focus on a work-life balance is crucial. Hence, social workers should continue to prioritize these aspects of their life to maintain a positive well-being and set an example

for others who are still learning how to practice self-care. These practices also include a self-awareness that professionals working with trauma must develop, in order to check in with themselves and see how they are influenced by the circumstances around them. The hope is that such self-insight can promote self-care strategies before reaching the point of significant vicarious trauma, compassion fatigue, secondary trauma or burnout. This becomes even more critical as social workers experience any of these forms of stress because their clients can also be impacted.

Organizational. Results from both the literature and this current study show the importance of individual method of support in addition to organizational support. These findings show a clear need for adjustments within organizational structures to support their clinical social workers appropriately. This includes having a supportive supervisor, supportive colleagues, having flexibility and the ability to diversify work, access to trainings, access to resources including higher salary, and having an understanding administration who address employee concerns and recognize the reality of their hard work. These factors lead to an overall environment that recognizes the needs of social workers, and addresses the topics of vicarious trauma, compassion fatigue, secondary trauma and burnout as a natural consequence of this work. The impact of implementing these factors into the workplace are seen in the results of this study, where those participants who were lacking some of these elements felt much less supported and effective in their daily work.

Also, there is a need for greater understanding of vicarious trauma, compassion fatigue, secondary trauma and burnout on the highest policy level of institutions. As organizations begin to make changes to support their staff, the hope is that change can

also happen within graduate and training programs, and managed care, both of which are two areas directly impacting the field of clinical social work. With these supportive adjustments, organizations need to understand that they will have less turnover and greater employee satisfactions, leading to more effective work and less spending on recruitment.

Further Research

This study built on a great deal of existing literature but gives room for other areas of further research. Overall, this small study was comprised of eleven females and one male. Their race, ethnicity, and age were not reported. Further research could include a more diverse sample that incorporated race, ethnicity and age as well, to explore how those factors have any implications in the findings. A larger study would lead to greater representativeness and generalizability. There was also a range of experience represented in this study, which would be teased apart to explore how those newer to the field may differ in their perception of what is needed for support, compared to those with more experience.

In order to narrow the scope of this study, and to focus specifically on my interests, social workers working with children were interviewed. Social workers who work with children are not highly represented in the social work literature on topics of vicarious trauma, compassion fatigue, secondary trauma or burnout. Certainly some of the participants in this study were in agreement with researchers such as Dyregrov and Mitchell (1992) that the nature of working with traumatized children leads to unique trauma reactions. Further research can focus on differentiating if there are specific differences in the response of social workers working with children who have

experienced trauma compared to adults who have experienced trauma. Furthermore, one can then explore if there are certain individual or organizational techniques that better support those working with children as opposed to adults.

Given that the area of trauma is receiving a lot of research, there is an opportunity to build off of this work, such as Cunningham (2003), to see if there are some traumas that lead to greater responses of vicarious trauma, compassion fatigue, secondary trauma or burnout. If there are some experiences of clients that seem to have a stronger impact, there is then room also to explore how support strategies can target this specific need.

In reviewing the findings of this study and synthesizing the results with the existing literature, it is interesting to see that discussion of the role of program administrators is a gap in the existing literature. Although there is a discussion of policy change and overall environmental interventions, there is little mention of administrators or managers specifically. An area of further research in examining how to inform administrators, who potentially do not have a background in social work, about the concepts of vicarious trauma, compassion fatigue, secondary trauma, and burnout would be beneficial. From this point, one can then begin to understand how to implement changes at all levels, so that institutions are structured to support best practices.

Summary

The findings of this study demonstrate the important aspects of supportive self-care strategies and organizational structure given the difficult nature of working with children who have experienced trauma. The findings show that when implemented, organizations can provide influential support for their social workers. The areas still requiring further attention acknowledge the need for further education and action on the

topics of vicarious trauma, compassion fatigue, secondary trauma, and burnout. This study has implications for the overall well being of a large population of clinical social workers working with children who have experienced trauma and confronting the natural consequences that follow. Organizations play a critical role in supporting these individuals in doing their work to the best of their ability, and must directly confront the concepts of vicarious trauma, compassion fatigue, secondary trauma, and burnout. By continuing the conversation and advocating for action, the hope is that clinical social workers would receive the support they deserve in their work with vulnerable populations.

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APPENDIX A

Human Subjects Review Approval Letter



School for Social Work
Smith College
Northampton, Massachusetts 01063
T (413) 585-7950 F (413) 585 7994

December 9, 2014
Anna Query

Dear Annie,

You did a very nice job on your revisions. Your project is now approved by the Human Subjects Review Committee.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Congratulations and our best wishes on your interesting study.
Sincerely,

A handwritten signature in cursive script, appearing to read 'Elaine Kersten'.

Elaine Kersten, Ed.D.
Co-Chair, Human Subjects Review Committee

CC: Thao Pham, Research Advisor

APPENDIX B

Recruitment Letter

Hello,

I am a student at Smith College School for Social Work and I am conducting a research study as part of my master degree requirements. I am looking for participants who are willing to be part of this work. This project is in affiliation with Smith College and has been approved by the Smith College School for Social Work Human Subjects Review Board. Even if you do not meet the criteria to participate, it would be very helpful if you know someone who may be eligible!

My study is focused on interviewing clinical social workers who work primarily with children who have experienced trauma. There has been a great deal of research on how working with clients who have experienced trauma impacts the clinician. I am hoping to explore this further and gain a greater understanding of how social workers in this field manage potential stress, and specifically what supports are available to them at an organizational level. This research can provide important recommendations for methods of supporting clinical social workers working with this population. By understanding how to best support social workers in their practice, the hope is that clients will receive the best possible attention and care.

Participants must:

- Have a graduate degree in social work and be practicing as a LCSW or LICSW
- Work primarily with children
- Self-determine that part of their clinical work addresses traumas that clients have experienced

Participation in this study will take around 30 minutes, and interviews will be recorded but kept confidential.

If you are interested in participating please contact me. If you know anyone else who may be interested please have them reach out to me as well.

Thank you for your help!

Annie Query

M.S.W. Candidate at Smith College School of Social Work



APPENDIX C

Informed Consent



**Consent to Participate in a Research Study
Smith College School for Social Work - Northampton, MA**

.....

Title of Study: How to Best Support Clinical Social Workers in their Practice with Children who have Experienced Trauma.

Investigator(s): Annie Query, Smith College School for Social Work



.....

Introduction

- You are being asked to be in a research study about experiences with various forms of support and self-care.
- You were selected as a possible participant because of your role as a social worker, and your work primarily with children who have experienced trauma.
- We ask that you read this form and ask any questions that you may have before agreeing to be in the study.

Purpose of Study

- The purpose of the study is to understand how methods, both personal and organizational, are being integrated to reduce stress and support social workers working with children who have experienced trauma.
- This study is being conducted as a research requirement for a master's in social work degree.
- Ultimately, this research may be published or presented at professional conferences.

Description of the Study Procedures

- If you agree to be in this study, you will be asked to do the following things:
To meet with the researcher in person, in a mutually convenient location, or speak over the phone to take part in a semi-structured interview. Participation will not last longer than an hour. Interview questions will be provided ahead of time so that you feel comfortable with the expectations of the interview.

Risks/Discomforts of Being in this Study

- There is minimal harm expected in the participation of this study. Participants will have the right to discontinue their involvement at any time. As participants discuss the nature of their work and their own related stress, possible discomfort may arise.

Benefits of Being in the Study

- The benefits of participation in this work are sharing personal experience so that greater recommendations about professional support can be understood and shared on behalf of the larger social work community.
- The results of this work may benefit the field of social work by providing important recommendations for methods of supporting clinical social workers who work with children who have experienced trauma. By understanding how to best support social workers in their practice, the hope is that clients will receive the best possible attention and care. Clients who have experienced trauma are an incredibly vulnerable population and it is essential that social workers are equipped with the capacity to create space for effective treatment.

Confidentiality

- Your participation will be kept confidential. Interviews will take place in a mutually agreed upon public location. Participation in this study will only be known by the researcher, research advisor, and potentially another participant if information about the study was advertised through personal connections. Interviews will be audio recorded and records of the study will be kept confidential. Only the researcher will have access to the audio recordings. Recordings will be destroyed through computer deletion process.
- All research materials including recordings, transcriptions, analyses and consent/assent documents will be stored in a secure location for three years according to federal regulations. In the event that materials are needed beyond this period, they will be kept secured until no longer needed, and then destroyed. All electronically stored data will be password protected during the storage period. I will not include any information in any report we may publish that would make it possible to identify you.

Payments/gift

- You will not receive any financial payment for your participation.

Right to Refuse or Withdraw

- The decision to participate in this study is entirely up to you. You may refuse to take part in the study *at any time* (up to the date noted below) without affecting your relationship with the researchers of this study or Smith College. Your decision to refuse will not result in any loss of benefits (including access to services) to which you are otherwise entitled. You have the right not to answer any single question, as well as to withdraw completely up to the point noted below. If you choose to withdraw, I will not use any of your information collected for this study. You must notify me of your decision to withdraw by email or phone by April 1, 2015. After that date, your information will be part of the thesis.

Right to Ask Questions and Report Concerns

- You have the right to ask questions about this research study and to have those questions answered by me before, during or after the research. If you have any further questions about the study, at any time feel free to contact me, Annie Query, [redacted] or by telephone at [redacted]. If you would like a summary of the study results, a copy will be sent to you once the study is completed. If you have any other concerns about your rights as a research participant, or if you have any problems as a result of your participation, you may contact the Chair of the Smith College School for Social Work Human Subjects Committee at [redacted].

Consent

- Your signature below indicates that you have decided to volunteer as a research participant for this study, and that you have read and understood the information provided above. You will be given a signed and dated copy of this form to keep

.....

Name of Participant (print):

Signature of Participant: _____ Date: _____

Signature of Researcher(s): _____ Date: _____

.....

1. I agree to be [audio or video] taped for this interview:

Name of Participant (print):

Signature of Participant: _____ Date: _____

Signature of Researcher(s): _____ Date: _____

2. I agree to be interviewed, but I do not want the interview to be taped:

Name of Participant (print):

Signature of Participant: _____ Date: _____

Signature of Researcher(s): _____ Date: _____

APPENDIX D

Interview Guide

1. Describe your role within your agency and the capacity in which you are working with clients?
2. How long have you been practicing as a social worker?
3. Research literature on individuals who work with clients who have experienced trauma focuses a great deal on concepts of secondary trauma, compassion fatigue, burnout or vicarious trauma. What is your opinion of these concepts based off of your experience?
4. As research acknowledges the ideas of secondary trauma, vicarious trauma, compassion fatigue, or burnout, a great deal of work has taken place to study how individuals doing this work take care of themselves. For yourself, who are the people, places or things that you rely on most for support?
5. Describe a time when you had difficulty managing the stress of your work. What did you find most helpful to cope with this stress?
6. What personal forms of self-care do you practice on a regular basis? Can you describe a recent example?
7. What settings outside of work have been helpful for you to process thoughts or feelings related to your work? How are they helpful?
8. What practices, if any, does your agency have in place to support its social workers?
9. How do you feel that your agency could better support you in your work?

10. Ideally, what do you feel are the most effective ways for social workers, working with children who have experienced trauma, to be properly supported