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Preventing secondary traumatic stress in social workers: How to protect helping professionals

Carmen M. Ortega

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Abstract

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Abstract

Social workers are often asked to put the needs of others above their own. This, coupled with a propensity for social workers to engage with clients' trauma, can lead to secondary traumatic stress (STS) disorder. This thesis explores how to better support social workers at individual, environmental, and organizational levels to predict and prevent STS. Based on a review of the literature, recommendations are made to improve social work policy, practice, and research. This analysis suggests that combatting STS must begin with social work students and continue through an individual's career. Further research is required to inform the implementation of specific protective factors against STS.

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Introduction

In the field of social work, most literature focuses on clients. This, of course, is a crucial area to focus on. However, little research has been done that focuses on the well-being of social workers themselves. Social workers often work with individuals, groups, and communities that have experienced significant trauma. Listening to a client's history of trauma can be a traumatic experience in and of itself. Social workers are asked to exercise empathy, which means to put themselves in someone else's shoes, so to speak. Effective social workers demonstrate abundant empathy toward clients sharing traumatic experiences, and it is no wonder that these very individuals may be at a higher risk of experiencing what's known as secondary traumatic stress (STS).

Psychologist Charles Figley was the first person to write about the concept of secondary traumatic stress under that name. He defines it "as the natural consequent behaviors and emotions resulting from knowing about a traumatizing event experienced by a significant other—the stress resulting from helping or wanting to help a traumatized or suffering person" (Figley, 1995, p. 21). STS can happen to anyone who is supporting a traumatized person in an empathetic relationship. As Figley (1995) indicates, this can include friends and family, in addition to helping professionals. Just like other traumatic stress disorders, STS can be debilitating. Figley names a number of symptoms of STS that are strikingly similar to PTSD, including reexperiencing the traumatic event, avoidance of the event, and persistent arousal. This encompasses things like difficulty with sleep, irritability and outbursts of anger, hypervigilance, and an exaggerated startle response. Empathy is a foundational element of any working alliance in social work. However, when it comes to STS, Figley points out that the most empathetic helping professionals are those most at risk for developing STS symptoms. This is a serious

problem because the most empathetic social workers are likely the most effective therapists. Social workers must be able to *continue* to be empathetic, both in and out of their jobs, without being put at risk, otherwise they may experience burnout. The topic of burnout comes up often throughout literature about STS in social workers because the two are inherently linked, even though they are two entirely different concepts. While STS can cause burnout, so can several other factors, including inadequate compensation, overwhelming caseloads, lack of organizational support, and much more.

It is also important to distinguish STS from the trauma that social workers may experience from dangers associated with the job, such as verbal or physical abuse from a client, witnessing violence perpetrated by a client, or a hostile home visit, to name a few. These potentially traumatic, work-related experiences are *not* triggers of STS because the traumatizing event happened to the social worker first-hand.

Although this thesis will focus on the field of social work, the findings have the potential to be generalized to many different groups of people who interact with traumatized people: medical professionals, mental health professionals, and family and friends of the traumatized to name a few. At this moment in time, with COVID-19 circulating the globe and decimating economies, there is a lot of trauma happening to future clients. Unemployment, physical restrictions, fear, homelessness, hunger, death of loved ones, and many more issues are present. For those people already dealing with past trauma, a global pandemic and/or statewide lockdown has the potential to trigger symptoms of trauma. We must find a way to keep helping professionals as healthy as possible so they can give the most they can to their clients; no one can pour from an empty cup.

This thesis aims to address the following research questions. Firstly, does a therapist's personal history/background affect their risk of experiencing secondary traumatic stress (STS)? Secondly, what should be done to combat STS and compassion fatigue in social workers?

Methodology

To complete this thesis, the author conducted an extensive literature review of research on the topics of STS and compassion fatigue from a variety of journals, including those having to do with social work, violence, and trauma/dissociation. Particular attention was paid to articles that discussed factors associated with social workers experiencing STS, ways to lessen the likelihood of social workers experiencing STS, and especially articles that discussed both. Once the literature review was conducted, the findings were compiled in the discussion section of this thesis and the researcher made recommendations for future research, policy, and practice improvements.

Literature review

The Relationship Between Social Work and STS

Social work requires empathy. Many social workers are also required to deal with stressful work conditions and a lack of resources and/or support, which can be a draining combination that leads to burnout. STS is another factor that commonly affects burnout levels in many social workers. Empathy has been established by many researchers as a factor in STS and burnout. However, not many articles have investigated empathy as a *protective* factor instead. Wagaman, Geiger, Shockley, & Segal (2015) defined empathy as "a multidimensional process involving cognitive and affective components of understanding and identifying with the thoughts, feelings, and emotional states of others" (p. 203). They hypothesized that higher levels of empathy would indicate lower levels of burnout and STS in social workers.

For the study, the researchers invited field instructors from a large university's social work program to participate in an online survey, along with promoting a snowball sampling technique, in which respondents forwarded the survey to other practitioners in the community. These methods produced a response from 185 individuals. Overall, the researchers discovered that their hypothesis was supported: higher levels of empathy resulted in lower levels of burnout and STS and higher levels of compassion satisfaction. Specific cognitive components of empathy (self-other awareness and emotional regulation) were found to be particularly significant contributors to compassion fatigue and burnout. The findings of the study suggest that the empathy social workers so readily provide to their clients also needs to be reflected inward. To avoid STS, social workers have to learn to set and maintain healthy boundaries with their clients. They have to be kind and understanding to themselves in addition to their clients. The researchers strongly suggest that empathy be used in the education of social work practitioners when it comes to the issues of burnout and STS.

Owens-King (2019) decided to investigate the link between work with clients exposed to trauma and the subsequent development of STS in social workers working with this population. She hoped to identify some of the factors that could affect the development of STS (which she also refers to as compassion fatigue) and hypothesized that those social workers with higher levels of work with trauma-exposed clients would have higher levels of STS. Owens-King (2019) highlighted that many of the interventions proven most effective when working with trauma-exposed clients also require the disclosure of detailed accounts of various tragedies and injustices. Therefore, the most well-researched and effective therapists are the same therapists who are most often exposed to graphic accounts of their clients' trauma. This could result in several emotional stress responses that have been previously documented in this thesis.

Using chronic stress theory as the guide for the study, participants were asked to complete a survey that included standardized measures (Secondary Traumatic Stress Scale and Coping Strategies Inventory) and non-standardized measures (magnitude of work and job satisfaction). Chronic stress theory builds on standard stress theory and posits "that ongoing and recurring exposure to work-related stressors has psychological consequences" (Owens-King, 2019, p. 39), one of which can be STS. The study's hypothesis was supported by the data: social workers with a higher magnitude of work with trauma-exposed clients experienced more symptoms of STS. The study also found that self-care was a significant factor in reducing the negative consequences of STS. Although the term "self-care" implied a duty on the part of the individual, Owens-King (2019) also made recommendations for educational institutions and the workforce as a whole.

Space in social work education must be set aside to discuss the hazards of the social work profession, along with ways to cope with the stress (i.e., self-care). Social work students are guided by many professionals, including instructors, advisors, and field placement supervisors, all of whom have the opportunity *and* the responsibility to educate students of social work on the dangers of STS. Furthermore, social welfare agencies need to take an active role in fighting STS among their employees. Possible solutions include the redistribution of cases dealing with trauma so that no one social worker is too overloaded and requiring self-care continuing education courses (Owens-King, 2019).

There has been a significant amount of research documenting the suffering caused by STS and vicarious traumatization. Sometimes symptoms can even be debilitating (in personal and professional settings); however, Boulanger (2018) suggests in certain instances, vicarious traumatization can act as a necessary therapeutic tool. The author compares trauma to a disease,

an illness. She describes it as infectious and contagious throughout the article. After conducting a literature review, the author illustrates her point by describing a case study from her career with a client she calls David. David was a Vietnam War vet and, a few months into their work together, he began to reveal some truly horrifying things that he had done while he was in-country, including sexual traumatization of women and murder of Vietnamese civilians. He did not admit this outright; instead, he strung senseless sentences together in a way that took Maxwell weeks to properly identify. Although she was experiencing symptoms of STS and vicarious traumatization (hypervigilance, quickness to anger, etc.), she did not allow herself to fully imagine the horrors that she was hearing pieces of in session, just like David had never allowed himself to fully process what he did in the 15 years since he had come home. In the interest of moving treatment forward, Maxwell finally collapsed into the secondary trauma. After informing David that she believed he was trying to tell her about terrible things he had done, she assured him that she would try her best to listen without judgment and help him understand what had happened. David consciously processed his trauma for the first time in nearly two decades, and things began to improve for him. As Boulanger (2018) saw treatment progressing, she was "no longer haunted by David's ghosts" (p. 66).

Viewing vicarious trauma as a "therapeutic tool" requires an extreme amount of caution, reflection, and compassion. However, it essentially boils down to this: "The therapeutic task was to turn the unintentional merger with David into an intentional joining" (Boulanger, 2018, p. 66). Traumatization of any kind is commonly connected to a loss of control. Boulanger posits that in some ways the acknowledgment of vicarious trauma can be more effective in the treatment of the client because the social worker is gaining some control back in the situation. A social worker suffering from vicarious traumatization may be in a position most well-suited to understand the

client's experience. Not only does the social worker understand the details of what happened, but they are also experiencing some of the symptoms of the trauma.

This article was structured as a case study: and case studies are not necessarily generalizable. Every client is different, every social worker is different, and every traumatic experience is different. Only the most seasoned social workers should attempt this strategy as a way to combat STS.

Masson (2019) conducted a mixed-methods study with a focus on social workers employed by the South African Police Service (SAPS) in a country known for its brutality and social division. Violent crime there has reached pandemic proportions, which puts these social workers at an increased risk for experiencing vicarious trauma and exhibiting symptoms of STS. This research is important in thinking about protecting the well-being of social workers exposed to vicarious trauma and also to help inform practitioners of the most effective and ethical delivery of service to their clients. Previous research from trauma scholars has begun to stress the importance of resilience (and its relationship to self-care). Because of this, Masson hoped to explore the resilience levels of this population of social workers exposed to such abundant and graphic trauma regularly during their work with the South African Police Service.

Mason's study used quantitative and qualitative data to present the most in-depth case study possible; quantitative data was collected through a survey and qualitative data was collected through structured interviews focused on the concept of resilience. The study found that resilience played a key role in social worker's experiences of STS and vicarious traumatization. All 30 interview participants could identify evidence of resiliency within themselves, but this came more easily to some participants than others. Although resilience can be explained simply as "one's ability to bounce back from adversity," it can mean much more

than that to different people. For example, some people draw most of their resilience from within themselves, while others identify resilience as being connected to their family, while others still say their religious community is the place they find the most strength. Masson (2019) also found that resilience can be developed vicariously in addition to trauma. Just as the experience of a client's trauma can prompt negative emotional reactions, the experience of a client's healing process can prompt positive emotional growth. Folke (2006) expressed the need for emphasis on the study of resilience to shift to the process of resilience, which focuses on the capacity of an individual for renewal, reorganization, and development. Masson (2019) connects this description of resilience to her recommendations for social workers when it comes to self-care: "In order to effectively ameliorate the effects of vicarious trauma, social workers need to ensure that they have proactive self-care measures and strategies in place so that they can renew, reorganize and develop themselves" (p. 71). This makes resilience a self-care strategy, and therefore, social welfare agencies have a responsibility to foster a sense of resilience and community in their workplaces.

Preventing STS in Social Workers

Treating STS in social workers once it is identified is crucial, but preventing it in the first place is even more ideal and important. Early research on STS sought to understand the prevalence of the issue and what kinds of specific factors put an individual more at risk for developing STS. However, research on STS has progressed steadily since the 1980s to explore more complex questions related to STS in order to better treat it. For example, Quinn, Ji, & Nackerud (2019) conducted a study that sought to investigate the predictive strength of specific protective factors. The researchers decided to look into the specific risk and protective factors that affect STS, including the supervisory relationship, type of work, client trauma type, and

caseload size. They argued that the results of their research will further assist policymakers and the organizations that employ social workers in protecting clinical social workers from STS.

To conduct the study, the researchers collected data from a 2013 randomly selected, cross-sectional study sample. The results of the completed surveys were used to develop a model that predicts STS among the population of Master's-level social workers:

> ...a small set of factors were found to optimally predict STS, explaining 42% of STS among social workers... these factors included (a) supervisor gender, (b) the extent that a clinician's caseload possessed trauma symptoms, (c) the level of the clinician's personal anxiety, (d) the clinician's rating of his or her supervisory relationship, (e) clinical work in a community setting, and (f) clinical work that primarily involves direct traumatized client contact (Quinn, Ji, & Nackerud, 2019, p. 520).

They made various recommendations for changes in practice and future research. Because they found evidence that unsatisfactory supervision, low salaries, and large caseloads all increase the likelihood of experiencing symptoms of STS, it makes sense that many of their recommendations have to do with ensuring quality supervision, fair living wages, and manageable caseloads. The authors hope that future research will look further into the relationship between the quality of supervision and the risk of experiencing STS in clinical social workers because this study was one of the first to do so.

Because survivors of family violence and/or sexual assault often require so many services from social work agencies, Choi (2011) decided to investigate the influence of organizational characteristics (such as organizational support, work conditions, etc.) on STS levels in social workers working with this population. For this study, organizational support is defined as "the

general work environment and organizational structural aspects that can support social workers' job performance" (Choi, 2011, p. 226). It should also be noted that STS goes beyond ordinary work-related stress: it is an indirectly traumatic experience that over 50% of social workers suffer from. This study aimed to fill the gaps in the research that existed at the time. Namely, Choi (2011) hoped to look at the bigger picture of the organization, including organizational culture and strategic information, to determine how much those factors affected levels of STS among the agency's staff of social workers providing service to survivors of family violence and sexual assault.

For the study, the researcher sent surveys to 1001 randomly selected members of the National Association of Social Workers (NASW) whose work focused on substance abuse, family issues, health, or violence/victim services. As predicted, the study found that organizational characteristics had a significant relationship with levels of STS in social workers providing service to survivors of family violence and sexual assault. Specifically, higher levels of organizational support were correlated with lower levels of STS because social workers could more easily seek out emotional support from their colleagues. These peer relationships also assist in giving social workers different options for helping their clients, and in helping their clients, the social worker can witness a positive transformation of the formerly traumatic experience. The author of the study recommends that social work agencies work diligently to provide their employees with richly supportive work environments to prevent STS. Choi's fascination with STS continued past 2011 and in 2017 she conducted another study with a new focus.

Choi (2017) sought to explore the effect of psychological empowerment on levels of STS in social workers assisting survivors of domestic violence and/or sexual assault. The article was one of the first of its kind at the time of publishing; the research was critical because

approximately 55% of social workers from one study experienced symptoms of STS. Throughout social work literature, empowerment is defined as "having power demonstrated by competency... self-efficacy... control over one's life and environment... and having access to resources" (Choi, 2017, p. 359). Because survivors of family violence and sexual assault have so often been systematically stripped of their power and autonomy, empowerment is a significant piece of treating these clients. Choi claims that social workers assisting these clients must also feel empowered to help their clients regain a sense of empowerment.

In 2017, Choi developed new ideas and hypotheses centered around psychological empowerment, which allowed her to reevaluate the data from her previous 2011 study that focused on the impact of organizational characteristics on STS. As predicted, the study found that social workers who demonstrate higher levels of psychological empowerment are less likely to suffer from symptoms of STS (Choi, 2017). The researcher mentions that the responsibility of empowering social workers falls to practitioners *and* the organizations that employ them. Although there was no specific hypothesis made as to whether or not a personal history of trauma would impact the likelihood of experiencing STS, the results of the study supported the existing claims that personal experiences with trauma might make it more difficult for a social worker to separate themselves from their clients' trauma (Choi, 2017).

Goldblatt, Buchbinder, Eisikovits, & Arizon-Mesinger (2009) studied the impact that working with survivors of intimate partner violence had on social workers' personal lives, specifically their marital relationships and gender identity. Historically, social workers are understood to be experts on the topic of boundaries to protect themselves and their clients. However, social workers perform job duties that require a certain level of empathy, which can put them at risk for traumatic and posttraumatic reactions. The authors acknowledge that

research has already addressed this, but stated that their study was necessary because it also examined the *lives* attached to the social workers, including their closest relationships. The researchers conducted 14 in-depth interviews with women social workers in various domestic violence treatment centers in Israel to collect their data.

As suggested by the title of the article, the researchers found that these social workers had the lines between their professional and personal lives blurred in many ways. One reason for this is that questions directed to clients are inevitably directed back toward the self, which can prompt scrutiny and doubt on the part of the social worker. Some of the social workers that were interviewed mentioned the process of comparing their romantic relationships to their clients' relationships, feeling reassured by the differences, and shaken by the similarities (if there were any). One worker reported that working with perpetrators of intimate partner violence made her act more aggressively toward her male partner at home. Many workers described an overarching fear, a sense of impending danger that seemed to seep into their private lives as a result of their work with survivors of intimate partner violence. This study clearly illustrates a need for proactive training and education for social workers before they enter the field.

Social Work Students and STS

Butler, Maguin, & Carello (2018) decided to investigate how the retraumatization of social work students could affect their risk of developing clinical training-related STS. In their literature review, they found that exposure to trauma-related material in graduate clinical coursework and field training had the potential to put students at higher risk for retraumatization, which is generally understood as reactivations of feelings/memories from negative past experiences. This study examined rates of adverse childhood events (ACEs) in 195 graduate social work students, whether the total number of ACEs was associated with training-related

retraumatization (TRT) and/or STS symptoms, and if TRT mediated the relationship between ACEs and STS symptoms (Butler, Maguin, & Carello, 2018). ACEs can be a range of things, ranging from violent abuse to general household dysfunction. In other words, having parents who divorced during childhood is an ACE, but so is witnessing the abuse of a parent by the other. Many people who survive ACEs are drawn to the helping professions, which makes this research all the more necessary. To gather data, the researchers recruited participants from the pool of all of the Master of Social Work students enrolled at a large northeastern university.

The study found that the initial hypothesis was supported: higher ACE scores were associated with an increased likelihood of TRT experiences and STS symptoms during training. In general, people with high ACE scores demonstrate obvious resilience in their ability to persevere despite their trauma. However, the study found that despite that resilience, those social work students with ACE histories were at a significantly higher risk for training-related distress. The authors argue that these results demonstrate the need for a more trauma-informed approach to clinical training, both in clinical instruction and in training (Butler, Maguin, & Carello, 2018). If social work students are taught from the beginning of their training about the risk of STS, it could prevent them from experiencing STS as they become licensed social work professionals. More longitudinal research needs to be done that studies the effects of trauma-informed social work education on later experiences of STS in professional social workers.

Corlett (2015) sought to investigate what might be possible for the future of the supervision of educational psychologists in training. The author wanted to understand how this population experienced Collaborative Peer Support (CPS). In Corlett's review of the literature, the history of supervision is analyzed. In the earliest view of supervision, it was understood to be a relationship between an individual psychologist-in-training and an individual experienced

psychologist that served to examine the psychologist's behaviors and either reinforce them or correct them. Peer supervision was also part of the dialogue, but it was defined as psychologists-in-training consulting with their peers only to evaluate their behaviors in the workplace. However, the former model of supervision has been the standard in most cases. This brought Corlett to the concept of CPS. She writes:

> "The underlying theoretical concept of CPS is social constructionism based on the core idea that the self is part of a system of social processes where reality is co-constructed in a socio-cultural context through verbal and non-verbal language (Burr, 2003; Gergen, 2001). The participants in CPS are collaborative explorers in situations that bring them together to fulfill their goals… through attuned interaction and critical reflection. In such interactions rather like a dance – talk and behaviour is a joint effort, not the product of internal forces" (Corlett, p. 94, 2015).

To conduct this study, Corlett (2015) conducted surveys, interviews, and focus groups with educational psychologist trainees. Findings from the study could be divided into explicit and implicit processes: these can be understood as structural elements of CPS and elements of the collaborative relationship, respectively. Successful integration of CPS into the training of educational psychologists requires a safe and confidential environment, an agenda for each meeting, and a genuine intention to create supportive relationships between peers. On the implicit side of things, key elements included "reciprocity and mutual support in a positive and highly valued relationship; the ability to unconsciously switch in or out, blend roles of listener or contributor; recognition and confirmation of existing and developing skills; interaction and active construction of the support partnership or relationship; and the unconscious or conscious

awareness and achievement of shared understanding and attuned interaction...” (Corlett, p. 97, 2015).

Although this study focused on the field of educational psychology and not social work, the in-depth analysis is easily transferable to this research on STS. Earlier studies have demonstrated that the quality of the supervisory relationship can affect the risk of STS in social workers. Studies have shown evidence that peer support can be an effective supplement or replacement for the traditional supervisory relationship (Corlett, 2015). Further research in the field of social work should be conducted to better understand how CPS might be integrated into the education of social workers.

Newell and Nelson-Gardell (2014) stated the need for students of social work to be taught about professional self-care. Because of their lack of professional work experience, students entering their field placements are particularly vulnerable to professional burnout and STS even though many of them have not even held a social work job yet. Newell and Nelson-Gardell conducted an extensive literature review and compiled their recommendations for the incorporation of self-care into the social work curriculum. While they provide many examples of ways to effortlessly and ethically weave self-care into the social work curriculum, Newell and Nelson-Gardell also call for some creativity and critical thinking on the part of social work instructors. The article also included a case study to stress the specific consequences of student burnout.

Within many social work agencies and educational institutions, there exists an environment of martyrdom, wherein social workers are expected to put their clients’ needs ahead of their own even at a physical or emotional cost. Student social workers are even more susceptible to this attitude because of their lack of experience in the field. The authors write that

while some organizations have begun incorporating self-care resources for their professional social workers, student social workers demonstrate a significant need for it as well. Self-care content can be woven into any course, and it would be even better for students of social work if they could understand self-care from many different angles: as a preventative measure, as a method of healing, as a strategy to teach clients, etc. Education on professional self-care can also be connected to the core competencies established by the Council on Social Work Education (CSWE, 2015). One of the core competencies has to do with identifying oneself as a professional social worker. Self-care is inextricably linked to setting boundaries and practicing self-reflection and -correction, both of which are crucial skills connected to the role of a professional social worker. Another competency, engaging in research-informed practice, could be tied to an assignment requiring a literature review in the area of self-care and STS. The competency requiring the use of critical thinking to inform professional judgment could be demonstrated by the creation of an individualized self-care plan based on their research and critical thinking abilities to inform their eventual professional practice (Newell & Nelson-Gardell, 2014).

Throughout this extensive literature review, many themes rose to the surface. Based on past and present research, there is no question that STS is a prevalent issue in helping professions, such as social work. Some of the most effective social workers with the greatest capacity for empathy may be most at risk of experiencing STS. Many factors can predict or prevent STS, including caseload size, quality of supervision, organizational support, and income. An exhausted case manager with 60 clients assigned to them, a poor supervision relationship, and insufficient compensation is an individual at high risk. However, social workers do not just appear out of nowhere, they are trained for months and years in Baccalaureate and Master level programs across the country. During this time of education and training, there is a need to have a

strong focus on the core competencies set by the CSWE along with the NASW Code of Ethics (2017). Both of these documents provide strong support for self-care in social workers, as a way to better serve clients and as a way to take care of ourselves as well. Additionally, students of social work will need intensive support (from peers, faculty, and agency staff) during their time in their field placement because of the potential of retraumatization. If students do not understand STS and the risks associated with it by the time they graduate, they may not be well-equipped to handle it in their professional lives.

Findings

Throughout the literature review, different research findings all supported the claim that STS is a serious issue in the helping professions, specifically in social work. STS can impact aspiring social workers before they even enter the field officially, in their senior field placements, paid work, and other volunteer experiences. STS can also affect new and experienced social workers, although some research posits that seasoned social workers may be more well-equipped to anticipate and combat vicarious trauma. One researcher goes so far as to suggest that experienced social workers should use their vicarious trauma to help their clients (Boulanger, 2018). However, all of the other research discussed in this thesis positions STS as an obstacle to be overcome, not a strategy to be used in sessions with clients.

The extensive literature review conducted as part of this thesis revealed that prior research on the topic of STS in social workers generally fell into three broad categories. First, what characteristics of a social worker or agency could predict the risk of said social worker experiencing STS? Second, what characteristics might prevent a social worker from experiencing STS? Third, what could individual social workers and social service agencies do to prevent and/or combat STS? All of the studies found different answers to these questions. Some findings

sections focused on the responsibility of the larger social services agencies while others focused on the identities and responsibilities of individual social workers. Working in underfunded organizations with enormous caseloads and not enough compensation is a harsh reality for many social workers, and the research says that all of those can increase an individual's risk for developing STS. This is troubling because dramatic increases in funding for social service organizations can be difficult to achieve.

These findings are logical. For example, a case manager in a community-based mental health organization is going to be under a lot of stress if she is struggling to pay rent and dealing with a poor supervision relationship. There is certainly responsibility on the agency itself. Higher-ups have a responsibility to advocate for raises and a larger staff so caseloads are less overwhelming for individual social workers. The supervisor has a responsibility to try to improve the relationship between the supervisor and the case manager, whether that is through peer support, a discussion of adjustments that need to be made, or a combination of the two. Then there is the case manager in question. According to the research, there are several things she can do as an individual social worker to lessen her risk of developing STS and/or lessen the effect(s) of STS she is already experiencing. Even if there are organizational characteristics outside of her control, such as her income, she does have control over her actions. Self-care is a significant factor in combating STS, before and after it occurs. As implied in the name, self-care is something that every social worker (and every person, for that matter) must do for themselves.

That being said, helping professionals do not burst into existence with the inherent understanding of what self-care is and how to do it effectively. Educational institutions that train social workers not only have the responsibility to educate these students on the dangers of STS and the wonders of self-care, they also have the perfect opportunity to do so. As social work

students move through their programs, they will also be faced with a senior field placement in a social service agency. The research says that this senior field placement is uniquely positioned to retraumatize students, depending on their history of trauma. It is important to note that many people drawn to the helping professions may be inspired by the social workers that helped them in their lives, possibly due to a traumatic experience. This means that the responsibility to protect social work students also falls again to the agencies that take on student interns. Their supervisors are particularly important in this process. The research supports the idea that peer support can be a crucial supplement to traditional supervision.

Discussion and Recommendations

More research is needed when it comes to the topic of STS in social workers. Even though social workers are educated to understand the world through social justice and the strengths-based perspective, they are not always taught to see themselves through that lens as well. Social workers and other practitioners are not superhuman, even though many agencies (knowingly and unknowingly) demand this of their employees. If a social worker was helping a survivor of domestic violence who was complaining of extreme stress and symptoms of trauma, the social worker would probably advise the client to step back and take care of themselves. The same should be expected and encouraged by social workers when they realize they are experiencing symptoms of STS. The two prior sections of this thesis demonstrated that the responsibility for treating STS in social workers lies at the individual, educational, policy, and agency levels. However, educational institutions, as well as social service agencies, have a particular opportunity to positively impact the social workers that come through their doors.

Universities offering social work programs should make it a priority to teach future social workers how to take care of themselves once they are full-fledged professionals. These

institutions have a moral responsibility to ensure that social work students have a robust understanding of the dangers associated with the profession, including why they have an obligation to identify STS, what the symptoms of STS are, and how to prevent/combat STS. To obtain a degree in social work students are required to complete a field placement at an agency in the area. Previous literature has established evidence that these field placements are positioned to potentially retraumatize students who have a history of trauma. Each student has a supervisor at their agency and these supervisors hold a unique relationship with their supervisees. In a perfect world, the supervisor would routinely check in with the social work student to make sure that they are feeling safe and grounded. Research suggests that the quality of the supervisory relationship is a key element in determining the risk of a social worker experiencing STS. Logically, this finding would translate to the supervisory relationship between an agency's supervisor and a student of social work.

However, some students may not feel comfortable disclosing trauma to a supervisor because of the drastic power and status imbalance, among other reasons. This points to the need for peer support relationships and therapy services for students in their field internships. Peer support groups in various field placements provide an opportunity for students to connect with other people in their position. These students will likely share common ground in other areas, such as age, the institution of study, extracurricular activities, etc. This will lay the groundwork for trust to form and relationships to blossom. In some ways, the other individuals in a peer support group will understand a student's experience more than anyone else in their life. Agency-specific peer support groups will make this phenomenon even more intense. Supervisors should encourage supervisees to attend and participate in peer support groups as a supplement to traditional supervision. Supervisors should also stay up-to-date on the latest research and

recommendations for improving and maintaining the quality of the supervisory relationship. This remains true for supervisors of fully educated, professional social workers.

Many supervisors suffer the same reality as their social worker supervisees; they have too much responsibility for too little compensation. Therefore, it cannot be expected for supervisors to fully bear the weight of protecting supervisees from the dangers of STS. Some of this responsibility falls on the social services agencies, as supervisors have to take their cues from their employer to a certain extent. When compared to individual supervisors, social service agencies may also be more well-equipped to make a large-scale change because of the nature of their position. The higher up on the "food chain" of a social service agency an employee is, the more money they make and the more power they wield within the organization. Administrators of social service agencies can heavily influence the behaviors of individual social workers and supervisors through agency-specific policies, trainings, and education materials. For example, an agency could institute a policy of giving its employees half-days every other Friday as a way to encourage self-care among its staff.

In addition to radical self-care, which is a huge portion of the fight against STS, social workers must also turn some of their interventions inward. A big part of any working relationship between a client and a social worker rests on the social worker's validation of the client's experience. This overarching validation of a person's experience also extends to social workers and other practitioners. A social worker experiencing STS might feel like they have to be strong for their client and resist their symptoms of trauma. However, this social worker would actually be serving the client more by looking inward, being intentional, and actively analyzing the working relationship. If social workers are not intentional, their issues emerge and intertwine with the client's struggles. This blurring of boundaries would deal significant damage to the

working relationship. Social workers should consider engaging in therapy so they can explore previous experiences that may be triggering to their work with clients. Therapy is a luxury and a privilege that is not readily available to everyone, so social service agencies should consider adding therapy into the framework of their organization. This could look like an improvement to the health care plans given to social workers, or paying for practitioners to come in every week to hold support groups for the social workers. Ultimately, social service agencies, the social workers they employ, and the populations they serve will all benefit from readily available mental health services for employees.

Finally, it must be said that the literature does not have much to say about racial or gender differences in STS, even though practitioners who are women, transgender, non-binary, or people of color are indisputably marginalized. The literature about trauma among all of these populations is robust, and yet research about STS in social workers does not mention these key differences. Practitioners of color, for example, have an entirely different experience than white practitioners outside of the topic of trauma. This difference carries over to STS as well. The same holds true for women, transgender people, and gender non-conforming people. To best combat STS, we have to understand it and all of its variations, which is why more research must be done on STS in social workers who also belong to various oppressed communities. This research will pave the way for a more concentrated and effective approach to predicting, preventing, and treating STS in *all* social workers.

Along the same lines, there should be more research about the types of traumatic sharing that leads to STS in practitioners. Client differences, including race, gender, age, ability, socioeconomic status, occupation, and so on may also affect the risk for a mental health practitioner to develop STS. However, hardly any research has been done on this topic. Social

worker researchers should seek to understand how differences between people affects different research topics because social work is all about celebrating and respecting human diversity. As stated multiple times throughout this thesis, STS is a prevalent issue among social workers across the country and the world. Addressing it at micro, mezzo, and macro levels will only serve to benefit all people involved, from clients to social workers to social service agencies.

Conclusion

Secondary traumatic stress is a topic of critical importance that needs more research and attention from individual social workers, educational institutions, and social service agencies. While STS may not directly affect every professional social worker, it is an inevitable fact of this field. Every social worker will have colleagues that are suffering, and they may even encounter clients with STS as well. Just like other forms of trauma, STS can be debilitating; it can permeate every facet of a social worker's life, not just their professional world. So often, social work research and education form a hierarchy with clients at the very top, but this hierarchy should be dismantled to focus on just plain people, social workers included, when it comes to the topic of STS. We all need help, compassion, and radical acceptance, even if we are supposed to be the people giving those things to others. To be the most effective practitioner possible, every social worker needs an appropriate outlet for their pain and suffering. Behind every great social worker is another great social worker. The more educated the social work field becomes on the topic of STS, the more practitioners there will be to effectively treat and educate social workers suffering from STS.

References

Boulanger, G. (2018). When is vicarious trauma a necessary therapeutic tool? *Psychoanalytic Psychology*, *35*(1), 60–69. https://doi.org/10.1037/pap0000089

Butler, L., Maguin, E., & Carello, J. (2018). Retraumatization mediates the effect of adverse childhood experiences on clinical training-related secondary traumatic stress symptoms. *Journal of Trauma & Dissociation, 19*(1), 25-28. https://doi.org/10.1080/15299732.2017.1304488

Choi, G.-Y. (2011). Organizational impacts on the secondary traumatic stress of social workers assisting family violence or sexual assault survivors. *Administration in Social Work, 35*(3), 225-242. https://doi.org/10.1080/03643107.2011.575333

Choi, G.-Y. (2017). Secondary traumatic stress and empowerment among social workers working with family violence or sexual assault survivors. *Journal of Social Work*, *17*(3), 358–378. https://doi.org/10.1177/1468017316640194

Corlett, L. (2015). Future models of supervision: Supporting practice and promoting professional growth and well-being in educational psychology through Collaborative Peer Support (CPS). *Educational and Child Psychology, 32*(3), 90-104.

Council on Social Work Education (2015). Educational policy and accreditation standards for Baccalaureate and Master's social work programs. Retrieved from https://www.cswe.org/getattachment/Accreditation/Accreditation-Process/2015-EPAS/2015EPAS_Web_FINAL.pdf.aspx

Figley, C.R. (1995). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*. Levittown, PA: Brunner/Mazel.

Goldblatt, H., Buchbinder, E., Eisikovits, Z., & Arizon-Mesinger, I. (2009). Between the professional and the private: The meaning of working with intimate partner violence in social workers' private lives. *Violence Against Women*, *15*(3), 362–384. https://doi.org/10.1177/1077801208330436

Masson, F. (2019). Enhancing resilience as a self-care strategy in professionals who are vicariously exposed to trauma: A case study of social workers employed by the South African Police Service. *Journal of Human Behavior in the Social Environment, 29*(1), 57-75. https://doi.org/10.1080/10911359.2018.1474159

National Association of Social Workers (2017). *Code of ethics*. Washington, DC: NASW. Retrieved from https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English

Newell, J.M. & Nelson-Gardell, D. (2014). A competency-based approach to teaching professional self-care: An ethical consideration for social work educators. *Journal of Social Work Education, 50*(3), 427-439. https://doi.org/10.1080/10437797.2014.917928

Owens-King, A.P. (2019). Secondary traumatic stress and self-care inextricably linked. *Journal of Human Behavior in the Social Environment, 29*(1), 37. https://doi.org/10.1080/10911359.2018.1472703

Quinn, A., Ji, P., & Nackerud, L. (2019). Predictors of secondary traumatic stress among social workers: Supervision, income, and caseload size. *Journal of Social Work*, *19*(4), 504–528. https://doi.org/10.1177/1468017318762450

Wagaman, M.A., Geiger, J.M., Shockley, C., & Segal, E.A. (2015). The role of empathy in burnout, compassion satisfaction, and secondary traumatic stress among social workers. *Social Work, 60*(3), 201-209. http://dx.doi.org/10.1093/sw/swv014