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VICARIOUS TRAUMA AMONG SOCIAL WORKERS: THE IMPACT OF CLIENT TRAUMA

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VICARIOUS TRAUMA AMONG SOCIAL WORKERS:
THE IMPACT OF CLIENT TRAUMA

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Raelynn Berrios
Monique Zarate
June 2020

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ABSTRACT

Social workers in the field of practice work with clients who share their personal trauma history. By listening to traumatic events vicarious trauma can develop and affect social workers mental health. Vicarious trauma is the consequences of working with clients that have a traumatic past. This trauma impacts social workers' job satisfaction, personal life, and mental health. This paper will focus on the impacts of vicarious trauma and the level of experience in the field of social work. Utilizing interviews and surveys the research intends to understand the level of comprehension of new and experienced social workers in vicarious trauma. Research will explore the barriers in practice on the individual level and interagency level that affects social workers mental health. Findings from the research conducted suggests that there is not a difference between social workers and level of experience when combating the impacts of vicarious trauma. The research displayed a key difference between Caucasian and Hispanic social workers and the impacts of vicarious trauma. Caucasian participants appear to be more vulnerable to the impacts of vicarious trauma compared to their Hispanic counterparts. Further research should be conducted in order to gain a better understand of the true impacts that VT has on social workers of various experience levels, as well as various ethnicities.

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CHAPTER ONE

PROBLEM FORMULATION

Introduction

Social workers who directly work with clients of trauma can be negatively impacted by client's recognition of traumatic events when in the field of service. There are multiple terms used to describe the impact that social workers face when treating clients with traumatic history. Some of the terms that are used interchangeably in literature are vicarious trauma, compassion fatigue, burnout, secondary traumatic stress (STS), and countertransference (Whitfield & Kanter, 2014). For the purpose of this research the term vicarious trauma (VT) will be utilized throughout this paper.

The purpose of social work is to help those who are not able to advocate for themselves, while many are not advocating for the social workers mental health. VT is a factor that is overlooked and affects the social work professional when in the field of practice. Learning and advocating for self-care within the profession of social work is not enough to address the overall encompassing aspects of VT. There is a need for more research in this area to better educate incoming social workers, as well as experienced social workers about the effects of VT. In addition, exploring an overall consensus of social workers knowledge surrounding the impact of trauma on personal well-being and mental health.

The National Child Traumatic Stress Network (2011) estimates about 50% of professionals in the helping field have a higher chance of suffering from PTSD type symptoms and a higher risk of vicarious trauma. Effects often seen with vicarious trauma are cognitive distortions, intrusive thoughts, avoidance, withdrawal, aggression, and stress (Whitfield & Kanter, 2014). It is important to take into account the differences between less experienced social workers and experienced social workers when encountering trauma in the field. The perspective of both new and experienced social workers will identify gaps in training and identify areas of specialization that can utilize more education on topic of VT.

As stated by Knight (2010) less experienced social workers and female clinicians who have experienced past trauma are at a greater risk of experiencing indirect trauma because of the lack of knowledge on these topics. Extended duration of VT without proper education and training can lead to burnout, as well as wanting to change career paths (Tarshis, 2019). The capability of clinicians to adjust to stress caused by VT depends on the personal ability to use coping skills and resources that are available to them (Gil & Weinberg, 2015). Social work prides itself on being a selfless profession, but the mental health of social workers tends to be an afterthought. Understanding VT is vital for clinical social workers to aid in identifying potential factors that lead to vicarious trauma to minimize the risk. Identifying both barriers on a personal level, as well as professional level are important to find strategies that will aid in combating VT.

Purpose of Study

The purpose of this study is to evaluate how new and experienced social workers deal with the impacts of vicarious trauma. Self-care is a popular topic in the field of social work, and it is often stressed upon clinicians to practice in order to avoid burnout. However, self-care is something that is difficult to practice and goes ignored because lack of agency support, large caseloads, and not understanding the overall impact of VT. VT is an important issue to understand in the field of social work because clinicians typically put the needs of clients first. Clinician's personal mental health is set aside due to the pressure of agency requirements and lack of personal boundaries.

The research method for this study will be mixed methods with a combination of interviews and surveys. The surveys administered will supplement the interviews by providing a baseline measure of VT. The purpose of utilizing interviews is to gain personal accounts from social workers who have experienced VT and view strategies that have worked when combating VT and where clinicians feel improvements can be made upon those strategies. Additionally, this type of research design was chosen because there is a gap in the research pertaining to strategies of combating VT. The field of social work expands to many different specializations, each specialization can learn from one another ways of coping and minimizing burnout caused by VT.

Significance of the Project for Social Work

The significance of conducting this study emerged due to the importance of social workers mental health being impacted by the residual trauma left from client's traumatic history. Social work is seen as a helping profession with the knowledge to aid those who cannot help themselves, but often social workers also suffer from similar struggles as clients. There appears to be a lack of implementation of self-care at a personal level. Clinicians may lack social supports and full self-awareness. In order to implement healthy boundaries. Clinicians may also have insufficient supports and absence of training of VT at the agency level. The results of this study will contribute to social work practice in multiple ways such as, gaining an understanding of the impacts of VT, learning the importance of coping skills, setting personal and professional boundaries, and exploring the way in which agencies can further support social workers in combating VT.

This study intends to utilize exploratory method of research due to the lack of research in the overall topic of VT. Contributions from this study will further support the social work code of ethics specifically the value of competence, and service to ensure social workers are continuing furthering education to strengthen practice in the field and addressing client needs (National Association of Social Workers, 2017).

The findings from this study will have major implications in the field of social work in the micro and macro level. On the micro level VT affects the social

worker personally, but also affects the clients who are receiving treatment.

Symptoms of VT can take a toll on social workers practice because it can lead to dissatisfaction within a career, lessen empathy and compassion, loss of purpose, hopelessness, internalizing client trauma, and can lead to health problems (Whitfield & Kanter, 2014, Dombo & Gray 2013). The social work profession has an obligation to the people they serve, ensuring that they are providing quality mental health interventions at the highest capacity (National Association of Social Workers, 2017). In addition, on the micro level the findings from this study through education, training, a clinician can gain self-awareness to lessen the frequency of vicarious trauma. VT can impact the social work agencies at a macro level because it can lead to social workers providing unsatisfactory services to clients, which can possibly lead to legal ramifications. Also, on the macro level findings from the study may lead to better performance by clinicians at other agencies, and increased supervision to combat the emotional fatigue of social workers.

Findings indicate a lack of research regarding this topic thus making it important to understand the gaps of study and training among social workers. There is a need for additional and recurrent trainings on vicarious trauma to enable new and experienced social workers to advocate for themselves. This will allow clinical social workers to lead better personal lives and better serve clients. The research question for this project is as follows: How does vicarious

trauma affect the mental health of new social workers compared to experienced social workers?

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter will discuss the literature and theories associated with VT that supports the claims to further this study. In this chapter the negative impact of vicarious trauma on social workers in the field will be examined. Preventive measures will be discussed in this chapter as well as to demonstrate the negative impacts that VT has on social workers who work with clients that have undergone a traumatic event. Previous research will be mentioned in order to further the understanding of the negative impacts that VT has on the physical and mental health of social workers.

Impact of Vicarious Trauma on New and Experienced Social Workers

A higher number of contact hours with clients has a correlation with decrease compassion and higher threat of burnout (Killian, 2008). These risks are seen at a higher rate in helping professions who are newer to the field and have less education and experience (Knight, 2010). Working with sensitive populations with severe traumatic experiences can overwhelm new social workers leading to vicarious trauma. The topic of self-care is a subject that is widely talked about in the fields of social work in order to combat the issues of burnout and vicarious trauma, which is widely understood by clinicians.

Furthermore, studies have shown professionals in the helping field are aware that setting healthy boundaries between work and their personal life, self-care, and recreational time are important to avoid vicarious trauma (Whitfield & Kanter, 2014). However, professionals fail to implement these aspects in their lives leading to a higher risk of dealing with symptoms of vicarious trauma (Whitfield & Kanter, 2014). In addition to self-care, studies have shown social support systems, supervision, and supportive agencies decrease the risks of VT on clinicians.

Preventive Measures of Vicarious Trauma

Vicarious trauma is a result of direct exposure to client trauma that impacts social work professionals. VT manifest itself in various ways, such as, feelings of depression and hopelessness, social isolation, difficulty setting boundaries between work and personal life, and feeling unable to escape client trauma, and changes the way clinicians view themselves, others, and the world (Tarshis, 2019, Cohen, 2013). Studies also suggest professionals working in the helping field who have diagnosis such as anxiety, mood disorders, and a history of past abuse, lack coping skills, and those who tend to subdues emotions are more prone to vicarious trauma (Newell, & MacNeil, 2010). Due to the lack of research in vicarious trauma previous studies have tried to identify ideas and concepts to lessen the negative impact on social workers.

Self-Care and Social Supports

Vicarious trauma is a difficult topic because it is situational, not all social workers will struggle with VT, and it often depends on a social worker's personality and personal support system. Some studies have described self-care and social support networks as important factors in preventing and alleviating vicarious trauma. Self-care is defined as an individual who sets boundaries between personal and professional life by dedicating time to important domains in life such as family, emotional and spiritual needs (Newell, & MacNeil, 2010). Although self-care and leisure time is often recommended to reduce the risk of vicarious trauma many social workers do not commit time to such activities (Sprang, Ford, Kerig, & Bride, 2018). The actual implementation of self-care on a personal level is difficult for social workers when overwhelmed with the responsibilities of work.

In addition, an extension of self-care is the implementation of strategies, such as finding adequate time to rest and relax, taking full lunch breaks despite workload, and maintaining a positive relationship with coworkers, as well as family and friends (Newell, & MacNeil, 2010). Social support in the workplace is also an important in decreasing symptoms of VT. Studies suggest finding comfort, emotional support, constructive feedback, and humor with coworkers as a protective factor (Newell, & MacNeil, 2010). Finding commonalities between shared experiences with other social workers or individual in the helping field

allows for comradery, comfort, and a sense of feeling of being understood and heard.

Supervision and Agency

On the macro level of social work agencies and supervisors that social workers interact with should be helping to find a solution to aid and support social workers prior to, and after VT is experienced. Within an organization it is important to ensure that workers understand the roles, boundaries, and hours of the job without this social workers concentration, organization, and compassion is at risk (Whitfield & Kanter, 2014). When working with client's with traumatic histories it is ideal that social workers and other helping professionals seek supervision from a trauma specific supervisor (Whitfield & Kanter, 2014). Those who help other heal often need healing themselves thus making it vital that agencies and supervisors are providing an outlet of resources not only for clients, but for the workers that are helping the clients heal.

The resources should demonstrate the agency and supervisor's sensitivity to workers affected by trauma related stress one to demonstrate this is to routinely evaluate utilizing scales and measures such as the Secondary Traumatic Stress Scale and Professional Quality of Life Scale (Newell & MacNeil, 2010). The scales are a good indicator for supervisors to begin providing options of outside counseling, peer support groups, trainings, and educational opportunities. Studies suggest that one way to reduce the impact of VT is to provide professional training and continued training and learning opportunities

when in the field as well as incorporating VT and its risk factors into the educational curriculum (Newell & McNeil, 2010, Whitfield & Kanter, 2014).

Limitations on Current Research

When reading various articles containing information about VT, its effects, and how to help those in close proximity to being affected by VT it becomes clear that are similar limitations throughout these other studies. Some of these limitations are, size of caseload leading to burnout and a higher likely of being affected by VT, lack of research on VT and how to decrease it. VT is a common occurrence in the social work field of practice and because of this is not handled in the appropriate way to aid those social workers who are more likely affected (Ashley- Binge & Cousins 2019).

When VT occurs, it is expected that the worker affected by VT will handle the healing all on their own, when in a sense the organization should be held accountable for providing help with this work and health related issue (Ashley- Binge & Cousins 2019). This is seen throughout many other studies where agencies are not taking initiative to reduce the risk of VT. Agencies are the biggest factor that is seen to be able to provide the most support for social workers, this leads to a need for change in the agency structures (Handman, 2019) Another limitation that is affecting the way agencies and social workers handle self-care and preventive action is the lack of implementation of research on the positive benefits of agency support, and ways to implement self-care at

work and home. With a general understanding of these limitations it is a good point to begin to start the wave of change to truly aid those whose mental health is affected by the clients that are serving.

Theories Guiding Conceptualization

The two theories used to conceptualize this study are Constructive Self-Development Theory and Trauma Informed Approach. Jankoski (2010) defines Constructive Self-Development Theory as a trauma focused, developmental, and interpersonal theory, which impacts five different parts of an individual's personality. The five personality traits impacted by trauma are frame of reference (how individual interprets experience), self-capacities (ability to maintain a sense of self), ego resources (strategies to self-awareness and interpersonal skills), psychological needs and related cognitive schemas, and memory and perception (physical and emotional responses to trauma) (Jankoski, 2010). These traits are negatively impacted, and an individual's personality is then altered because the original beliefs and thoughts are challenged and questioned due to the experience of trauma.

This theory aligns well with victims of trauma because of the relation to the changes in personality individuals go through due to the trauma they have endured, in turn they seek services to alleviate the symptoms of trauma. In addition, this theory also correlates with the residual trauma professional social workers deal with while working in the helping field also known as vicarious

trauma. Social workers and other professionals in the helping field are prone to vicarious trauma because of the stories and experiences that are confided to them by clients. Furthermore, if social workers have had a history of personal trauma the risk of vicarious trauma is even higher because their personality has potentially been altered and client trauma can add to the trauma if protective factors are not put into place.

SAMHSA (2014) describes an agency who takes the Trauma Informed Approach realizes the impacts of trauma and actively works on preventive measures and treatment plans, as well as understand the signs of trauma in clients, families, and staff and works to implement procedures at the agency level to prevent this from reoccurring. Trauma-informed care consists of six principles: safety (trauma victims feeling safe physically and psychologically) , trustworthiness and transparency (the building of rapport and trust through honesty among client, family, and agency), peer support (finding strength in unity and sharing real life stories what other trauma victims), collaboration (the collaboration between an agency, client and family), empowerment (taking a strength-based approach with clients of trauma), cultural historical and gender issues (when the agency takes into consideration cultural and gender stereotypes to better help client) (Levenson, 2017, Abuse, 2014). Trauma-informed approach is deeply embedded in the field of Social Work as to all the work on the micro and macro level are focused on bettering the lives of trauma victims.

This theory applies a high level of awareness of trauma in victims who are directly impacted but lacks implementation of intervention or strategy for Social workers and other agency staff who struggle with vicarious trauma. Bloom (2008) explains Agencies who work with traumatized clients have a higher risk of becoming overly stressed to the point where staff members will begin to have similar symptoms to clients. When working in the helping field social workers, as well as other professionals can become so overwhelmed with helping clients to the point that it can negatively impact their own well-being. Similar to the importance of self-care at the micro level the importance of intervention, support, and training at the agency level is important.

Summary

This study intends to explore the impacts, as well as the preventive measures that can be taken when examining the needs of social workers mental health. The underlying theme of the literature mentions the reasons a clinician will experience VT such as history of personal trauma, and lack of a social support network. Also, clinicians struggle with VT due to unmanageable expectations from agencies and lack of support from said agencies. Incorporating Constructive Self-Development Theory and Trauma Informed Approach can aide in social workers gaining further support at the agency and individual level. This study hopes to demonstrate the need for furthering education, as well the

importance of self-care, social support network, and supervision for the social worker and helping professionals in the field.

CHAPTER THREE

METHODS

Introduction

This studies focus is to understand the level of comprehension of vicarious trauma among new and experienced social workers. The plan for the study is to acknowledge the barriers in practice at the agency level and individual level while, gauging the negative impacts on care providers own mental health. The sections discussed in this chapter will be study design, sampling, data collection and instruments, procedures, protection of human subjects, and data analysis.

Study Design

Majority of studies on vicarious trauma have focused on measurement scales and surveys to obtain data from participants. In order to add a different perspective to this research the study design utilized mixed methods and focused on interviewing newer and experienced social workers that are currently working in the field, as well as administering surveys for additional supportive data. Due to the research utilizing a mixed methods design, the study is exploratory in order to explore common themes and differences on how new social workers and experienced social workers cope with vicarious trauma.

By directly focusing on subject supplied data (i.e. face to face interviews) the research benefited from getting information directly from the source who have

had firsthand experience, in this case social workers who are currently working in the field. This also aids the research in gaining different perspectives from social workers in diverse fields of practice. When utilized the surveys responses were quicker, time efficient, anonymous, and provided data that is easily comparable to other research in the field. The surveys provided support for the data already collected and assisted in providing a more accurate picture on the effects of vicarious trauma.

Limitations when utilizing a mixed method design specifically with surveys is the possibility of not gathering enough participants. With surveys participants can supply a subjective response that is not a true reflection of thoughts. When passing out surveys to a group of participants researchers must take into account the amount of work done by and how this can lead to participant fatigue and quick answering of survey questions.

Some limitations that can arise when using interviews to collect data are based on participant response. In this case the research is dependent on the expectation that the participant will provide an honest response to interview questions. Participants may also feel uncomfortable to share their own experiences, as well as providing information that the participant feel this research will want to hear. Therefore, utilizing a mixed methods design will allow researchers to gain a better perspective of the issue of VT.

Sampling

The study utilized the non-probability sampling technique of snowball sampling through researcher's personal network. Once a participant from researcher's personal networks have been gathered, those recruited will reach out to other professionals in the field to take part in study. The sampling focused on new social workers in the field with three years or less of experience and social workers with more than four years in the field. There was a total of 8 interviews and 64 surveys for data analysis.

Data Collection and Instruments

Due to utilizing a mixed method design the researchers broke down each collection and instrument tools used in this study. Survey and interview outlines can be found in the appendix. Audio recorded qualitative data was collected at the end of January 2020. Survey participants were given an informed consent to sign, debriefing statement, as well as a verbal explanation of the research before starting the interview. Prior to conducting each interview, the researchers made plans of a time and place to meet participants. Demographics were also collected for both interviews and survey participants that will consist of age, gender identification, ethnicity identification, if licensed, number of years in the field, and field of practice.

In order to develop thorough and impactful questions and generate as much information from the social workers who were interviewed,

researchers developed and reviewed interview questions with colleagues, and advisors. Some of the questions asked during the interviews were as follows: How do you define vicarious trauma? Have you currently or in the past felt symptoms of vicarious trauma? What do you feel is best to combat/prevent vicarious trauma on a personal and professional level? Do you feel your agency can support you more in combating/preventing vicarious trauma? Along with these interview questions a modified version of the Questionnaire of Secondary Traumatization (FST) was given to participants. The FST scale produced an alpha score of alpha 0.94, which is evidence of high internal consistency (Weitkamp, Daniels, & Klasen, 2014).

Procedures

Researchers utilized various social work groups on the social media platform Facebook to recruit participants for the survey, as well as an attempt to solicit more interviews. Participants who took the survey were given the opportunity to participate in an interview via phone call, in person, or email. In addition, interviewees were contacted from the researcher's personal network and were also given the option to do the interview in person, via phone, or email. The reason for various options for type of interview is to allow for flexibility because participants are currently working in the field.

All interviewees were given a pseudonym and consent form prior participation in survey. Interviews took 12-25 minutes to complete. Interviewees were made aware and give consent to be audio recorded during interview.

Protection of Human Subjects

The identity of participants in both surveys and interviews were kept confidential. Both interview and survey participants were provided with a debriefing statement. Participants who took surveys did not put any identifying information on the survey, they were simply asked to complete a consent form and place an "X" on the line along with the date the survey was completed. Participants that were interviewed were given a consent form for participation in study, as well as a consent to be recorded during the interview. Interviews were completely private between researcher and participant. Participants were notified of confidentiality practices during the interview. Researchers have kept participants' information confidential utilizing pseudonyms and numbers given to participants after interview and during data analysis. Voice recordings are being stored on a USB drive and will be destroyed a year after the study's completion.

Data Analysis

The study is mixed methods which utilized both a survey and interviews. The data gathered from the survey included demographic information (age,

gender, ethnicity, etc.) as well as utilizing a scale to measure quantitative data. Data gathered was analyzed utilizing the SPSS tool. The statistical test that was run on the data is one-way t-test for independent samples. The reasoning for using the one-way t-test independent samples is because one sample will be compared to a value to determine if the value has significance.

The independent value (IV) for the research question is the level of experience of the social worker will be measured by years in the field. Social workers with less than 3 years of experience are considered new while social workers with 4 or more years in the field are considered experienced. Levels of measurement are nominal, dichotomous because the research will focus on new and experienced social workers. The dependent variable is vicarious trauma, which will be measured by the FST scale on a Likert scale, thus meaning the level of measurement is interval. The purpose for conducting interviews is to extrapolate common themes from the interviewees own experience. Some potential themes that may arise are burnout, compassion fatigue, pay differentials, and experience.

Summary

This study intends on examining the impact of vicarious trauma on social workers' mental health and aims to understand the agency and personal barriers attached to this issue. Both surveys and interviews supplemented one another in

gathering both qualitative and quantitative data. Utilizing these methods enabled researchers to explore the expansive issue that is VT.

CHAPTER FOUR

RESULTS

Introduction

This chapter will provide an overview of the demographics for participants, and a report of the result garnered by the researchers. The researchers conducted a mixed methods study hence there are quantitative datum that were gathered by administering surveys and qualitative datum collected by conducting interviews. The researchers gathered 64 surveys and interviewed 8 social workers. The main source of results from this study was quantitative datum and, when applicable, the qualitative datum will be used to clarify or further explain any themes that arise from the interviews. Chapter four will also include tables of participant data and significant findings.

Presentation of Demographics

The study gathered a total of 64 survey participants who consisted of social workers currently working in the field. Tables 1 through 5 represent the demographic characteristics of survey participants. Some participants did not answer all questions in the survey resulting in some missing values. Table 1 represents the gender of the participants. Of these participants 98.4% percent are female while 1.6% preferred not to disclose their gender.

Table 1: Respondents' Gender Identification

	N	%
Female	62	98.4
Prefer not to disclose	1	1.6

Table 2 display age demographics for participants. The most common age group was 33-39 with 35% of participants falling into this category.

Table 2: Sociodemographic Characteristics of the Sample: Age

	N	%
32 yrs + younger	19	31.7
33-39	21	35.0
40yrs + older	20	33.3

Table 3 represents the ethnicity participants identified with which included, Hispanic/Latino (16 participants), Caucasian/ White (41 participants), African-American (1 participant), Asian/Pacific Islander (1 participants), and other (4 participants). Majority of participants identified as Caucasian, which made 65.1% of the sample.

Table 3: Respondent' Race/Ethnicity

	N	%
Hispanic/Latino	16	25.4
African American	1	1.6
Asian/ Pacific Islander	1	1.6
Caucasian	41	65.1
Other	4	6.3

Table 4 displays the amount of years participants have been working in the field of social work. The most common group for work experience was 1-3 years with 35.5% of participants falling into this category.

Table 4: Participants' Years of Social Work Experience

	N	%
1-3 years of social work experience	22	35.5
4-7 years of social work experience	20	32.3
8+ years of social work experience	20	32.3

Table 5 shows the number of participants who have obtained their LCSW. Out of the 64 social workers surveyed 36 have their license, 26 are not licensed, and 2 did not answer the question.

Table 5: Participants' License Status

	n	%
Licensed	36	58.1
Unlicensed	26	41.9

Participants' fields of practice varied greatly however the most common agencies that were seen ranged from, community mental health, child welfare, medical, school based, clinical, and hospice.

Researchers also conducted 8 interviews and the participants' demographics are as follows: all participants were female, five identified as Hispanic/Latino and three identified as Caucasian; their ages ranged from 26-56 years, and their years of experience in the social work field ranged from 2-32

years. Regarding licensing, six participants are licensed (LCSW) while two are not. The field of practice for interviewees were as follows, community mental health, clinical, non-profit, and adoption/ foster care.

Significant Findings/Data

The survey administered by researchers was a modified version of the Questionnaire of Secondary Traumatization (FST) (Weitkamp, Daniels, & Klasen, 2014). The full version of the FST has 31 items while the modified version researchers administered only provided 18 items. The reason for this modification was for time management in order to avoid participant fatigue and maintain their interest. The item can be seen in Appendix C. The items represent the following scales: general, intrusion, feeling of threat, intrusion of sleep, active avoidance, hyperarousal, and negative cognition and mood. The items were rated on a five-point Likert-type scale with 1 (never), 2 (rarely), 3 (occasionally), 4 (often), 5 (very often); the minimum frequency being 18, maximum 90, and median 54.

As for the interviews the questions consisted of 11 open and closed ended questions. The questions were created with the intention of evaluating social workers' comprehension of vicarious trauma and the impacts it may have on social workers on a personal and professional level. The interview guide can be found in Appendix B. The common themes that arose throughout all interviews

and participants was education, agency support, experience, and protective factors.

When examining the quantitative datum, it appeared that there were no significant findings between new and experienced social workers. After completing the data analysis these findings show that the researcher's hypothesis is null and that the years of experience in social work does not have an impact on the effects of vicarious trauma on social workers.

Table 6: Independent Samples t-test for Demographics

	n (%)	M (%)	SD (%)	t (%)	p (%)
Gender					
Male	0	0	0	0	0
Female	56	40.25	12.37		
Licensed					
Yes	32	40.72	13.02	.33	.75
No	24	39.63	11.69	.33	.74
Ethnicity					
Caucasian	38	42.76	12.48	1.96	.06
Hispanic	15	35.47	11.44	2.04	.051
Age					
0-35 yrs	25	40.92	13.51	.372	.712
36 yrs +	29	39.66	11.50	.367	.715
Experience					
0-3 yrs	21	39.80	12.14	-.205	.839
4+ yrs	35	40.51	12.67	-.207	.837

Analyses for respondent's awareness of vicarious trauma by gender, licensed, years of experience, age, and ethnicity. Significant differences were not found among respondents who reported four or more years of experience over those who have three years or less of experience. Although the hypothesis was null some significance can be found between ethnicity groups of Hispanic and

Caucasian. After splitting the scale from high to low it can be seen that Caucasian participants scored higher on the survey than Hispanic participants, which denotes that Caucasian social workers are more likely to struggle with impacts of vicarious trauma.

Table 7: Chi-Square Analysis for Ethnicity by Low/High Scores on Low-High Scale of Vicarious Trauma

	Low		High		χ^2 .033*
	<i>n</i>	%	<i>n</i>	%	
Caucasian	13	34.2	25	65.8	
Latinx/Hispanic	10	66.7	5	33.3	

* $p < .05$

There was a statistically significant association between ethnicity and vicarious trauma score, $\chi^2(1) = 4.612$, $p = .032$. Similarly, there was a moderately strong association between ethnicity and vicarious trauma score, $\phi = 0.295$, $p = .032$.

Also, the quantitative datum did not result in significant findings. However, it is important to examine the interviews and the impacts that VT has had on the participants that were interviewed. After analyzing the interviews multiple themes arose such as, education, agency support, experience, and protective factors. Each theme will be analyzed more in depth by the researchers within this chapter.

Education

A common theme that was highlighted throughout the interviews was education. All 8 participants expressed feeling that they did not receive enough

information regarding VT and its impacts while in school obtaining their MSW. Participants also shared VT is not a topic that is discussed in their current workplace. Multiple participants shared they gained a better understanding of vicarious trauma when they were already in the field experiencing symptoms and impacts of VT for themselves.

For example, a participant stated, “I think in school it was stated in passing but it wasn't...It was one of those things like ‘oh hey there's this thing you're going to experience’ but it's not really actually discussed” (Personal Interview #6, March 2020). Another participant said “No. I feel like it was ‘oh yeah, self-care is important, and they talked about burnout, but that's is a very different thing. Anyone can experience it in any job, it's stress-induced, but VT is very different” (Personal Interview #8, March 2020). The following participant shared she is struggling with VT and stated “I think when I was in school for my masters at least it was more about self-care to avoid burnout, but I don't remember vicarious trauma being talked about in school and it's not really talked about at work either. I learned more about it by doing presentations where I work and experiencing it myself” (Personal Interview #5, February 2020).

Agency Support

The next theme that arose from the interviews was agency support. Out of the 8 interviews 7 participants disclosed feeling that the current agency they work for can do more to help prevent vicarious trauma among clinical staff, while 1 participant disagreed. A participant stated:

“Yeah, I do think there could be more work done. Unfortunately, in this, in our field and depending on the setting that you're in it still is a business. And so at the end root of it is, yes, we're there to help others, but the business part of it sometimes pulls management away from focusing on their staff and so a lot of it is geared towards those numbers and billing” (Personal Interview #3, February 2020).

Another participant said:

“I think that it is an agency's responsibility to inform clinicians about the warning signs and the manifestations of Vicarious Trauma. I believe that they should have internal supports that manage the impacts of VT such as improved/purposeful supervision, easier access to supports such as therapy, groups to acknowledge/manage VT within an agency to allow for peer support, and realistic caseloads so that we have time to decompress between sessions... I feel that I have shared responsibility with the agency to manage my vicarious trauma (such as engaging in self-care, therapy, etc.) but the conditions of work within the agency must support the time and capacity to engage in this self-care” (Personal Interview #7, March 2020).

The participant who disagreed when asked if an agency can do more to support help with VT and stated “I don't think so. I think it's one of the things that is like the nature of the job because there's only so much that anybody can do to

protect you from it (VT) because your job is to listen to the trauma” (Personal Interview #6, March 2020).

Experience

Another theme that came from the interviews was experience. Six out of the 8 participants shared they have dealt with symptoms of vicarious trauma throughout their social work career. The 6 participants who have experienced VT are both experienced and new to the field. When participants were asked if they feel years of experience depend on the severity of symptoms on VT, the majority of participants felt experience did not matter and VT can occur at any time while others felt VT depends on several factors.

For example, a participant stated:

“No, I would say that you can be a new social worker in the field. And if you are not receiving adequate support supervision and you haven't dealt with your own stuff and through individual psychotherapy or your own informal support through faith-based organizations or your family that you can catch up to you. However, of course the longer you've been in the field you're going to be exposed to more things, but that doesn't necessarily mean that you can't cope with it” (Personal Interview #1, January 2020).

Another participant said “It just kind of depends on a lot. Depending on the stressors that are going on in your own personal life I think that makes you more or less susceptible to vicarious Trauma” (Personal Interview #3, February

2020). In addition, another participant said “Mmmm I don't know i think maybe newer would be more susceptible about not having protective factors...mmm it's kind of a hard question I think it depends on the job, the person...I think the job has a lot to do with it too” (Personal Interview #6, March 2020).

Protective Factors

The final theme that came out of the data collected through interviews was various protective factors such as clinicians' own mental health, gaining self-awareness, identifying social supports, partaking in self-care, and setting firm boundaries at work and with clients. When participants were asked if they have thought about seeing a therapist for their own mental health 3 participants shared that they are currently seeing a therapist, 1 participant has seen a therapist during different stages of life , 2 participants expressed wanting to receive mental health services, and 2 participants have thought about it in the past. The reasoning behind seeking mental health services among participants was not necessarily to treat symptoms of VT, but as a protective factor to gain self-awareness.

The following participants expressed the following about therapy: “I've been in and out of therapy my..... oh, I started when I was in graduate school because it was mandated. I've never been in therapy before and ever since then, you know I've been in and out of therapy, you know, when I went through different life stages” (Personal Interview #1, January 2020).

“ Yeah, definitely not necessarily as a result of vicarious trauma, but more again to become aware of your own stuff that comes up and also as a protection to your clients, and also some protection to yourself, making sure that you're healthy emotionally” (Personal Interview #3, February 2020).

Another protective factor identified by participants was the importance of social support. Participants expressed the importance of having support from family and friends, but the majority felt that fellow clinicians are more understanding in matters dealing with social work and therapy.

For example, a participant said: “I get more support from my coworkers because we're in the same field and they understand what we are going through”

(Personal Interview #2, January 2020). Another participant stated “...my friends are therapists. I think it's difficult for people of like general population who are not therapists and are not exposed to this to actually understand how much it impacts you, so I think that being able to have built in friendship like within the field helps a lot...”(Personal Interview #6, March 2020).

Lastly, the importance of actively participating in self-care and setting boundaries was brought up by participants. Self-care was defined as partaking in past times and practicing hobbies the participant finds enjoyable. Boundaries were described as having the ability to leave work and not allow the stress of it fester in the participants mind while at home. The participants shared the following about self-care and boundaries:

“I try to engage in a lot of self-care, I am big with self-care with my clients, so I try to do it too. Like going for a spa day, getting my nails done, doing positive affirmations, things that are positive in my cubicle and home that are very positive, I try to be positive. I can be negative at times, but positive self-talk has really helped me” (Personal Interview #2, January 2020).

“I've definitely gotten a lot better in regard to self-care like meditating and trying to practice mindfulness. It's really difficult for us because we're always like go go go, so it's really like being and forcing myself to be present and then other than that I do a lot of hiking” (Personal Interview #6, March 2020).

“That's why self-care is really important in our profession and then just setting those limits and those boundaries for you, too. I think it's it's very difficult in our field to leave work at work because you're dealing with other people's minds and emotions and you are there to support and guide that but it's also a very important skill to adapt is to know that you function within a certain capacity in other people's lives and you, you need to be able to separate yourself from that....You need to set those limits you need to have those boundaries, otherwise, you're gonna get yourself to a point where you're going to feel either burnt out or you're going to be more open to those traumas and picking up other people's experiences”(Personal Interview #3, February 2020).

According to participants' responses it is clear there is a gap in education and agency support with vicarious trauma. The findings also indicate that there

are significant differences between burnout, self-care, and VT. The interview datum also supports that experience in the field of social work does not depend on severity of VT. Additionally, the importance of protective factors such as clinician's mental health, self-care, social support/ support system, self-awareness, and setting boundaries are crucial in preventing and combating symptoms of VT.

CHAPTER FIVE

DISCUSSION

Introduction

This study aimed to identify any differences between the effects of VT on new and experienced social workers. The chapter will provide a discussion of the results in the study and examine significant data found outside of the initial test that was run. Also found in this chapter is common themes seen throughout the interviews and how these themes impact the results of the study. This chapter will also present limitations of the study and provide recommendations for future research and social practice.

Discussion

The purpose of the research was to understand impacts of vicarious trauma on new and experienced social workers. This study utilized an independent samples t-test to garner results when analyzing the results of this study, but it is clear that the hypothesis is not supported by the initial research. Utilizing other methods and splitting the data in half between high and low showed significance in the area of ethnicity. The majority of survey participants identified as Caucasian or Latino/ Hispanic and Caucasian displayed a higher risk of struggling with impacts of VT.

This information was supported by the qualitative datum found in participant interviews. Out of the 8 interviews conducted 3 identified as Caucasian and displayed stronger emotional reactions during the interview compared to the rest of the interview participants. One of these participants stated they are currently dealing with symptoms of VT and the other 2 participants became physically emotional and teared up while being interviewed. Prior to the interview participants were given a debriefing statement and informed consent. Participants were also given resources in case the subject matter brought upon any negative emotions and were reminded at the end of the interview.

In addition, the interview datum did not support the initial research question as all interview participants felt that vicarious trauma can occur at any level of experience . Some participants felt that VT can affect new or experienced social workers and others stated that experiencing VT depends on many things like education, agency support, and clinicians own personal protective factors.

The majority of participants shared that there was a lack of education on VT while they obtained their MSW degree. Also, most participants felt that their agency did not do enough to support them in supervision and did not provide training even though they had high caseloads. Past research has found consistent supervision with supervisors who create a welcoming environment and are genuine help decrease the impacts of VT on social workers (Quinn, Ji, & Nackerud, 2019). Participants also shared a common consensus that the

majority of clinicians in the field will deal with VT at some point in their career. Due to this, participants highlighted the importance of self-care, setting boundaries, and seeking mental health services for themselves. Research by Gil and Weinberg (2015) stated that the capacity for therapists to manage issues brought upon by stress heavily depends on their personal coping strategies and protective factors. The themes garnered by researchers through interviews are additional aspects that should be considered when examining VT.

Limitations

Researchers have identified several limitations for the study. The first was the lack of diversity in the gender and ethnicity of participants. Sixty-two survey participants identified as female while 1 participant chose to not disclose. In addition, all 8 of the interview participants identified as female. Although the social work field is mostly made up of women it would be helpful to recruit social workers who identify as male or another gender to also obtain their viewpoint in the topic of vicarious trauma. Another issue of diversity was ethnicity. The majority of survey participants identified as either Caucasian or Latino/ Hispanic. Caucasian participants made up 65.1% of the sample, while Latino/ Hispanic made up 25.4% of the sample. As for interview participants 3 identified as Caucasian and 5 as Latino/Hispanic. Future research should strive in finding participants from different ethnic groups to investigate if aspects of culture have any significant findings on impacts of VT. In addition, future research can

increase the number of participants to garner a more diverse and representative study population.

The next limitation was the modified version of the Questionnaire of Secondary Traumatization (FST) that was administered to participants. The FST has 31 different items while researchers for this study only surveyed for 18 of the items. Future researchers can potentially have participants take the questionnaire in its entirety to achieve a more thorough understanding of VT. The researchers of the study also feel that the demographic section of the survey could have been expanded to add additional items such as religion, marital status, and sexual orientation. These items could help future researchers explore if such demographics impact participants' views on vicarious trauma.

Another limitation was the time constraints imposed on the researchers to conduct different aspects of the research. Since the research is a Master's Research Project student researchers were given specific deadlines to submit different sections of the project. The time constraints impacted the number of participants garnered for both surveys and interviews. Therefore, future research can include a longer period to conduct research and this will potentially allow for researchers to achieve a larger and more diverse population sample.

The final limitation for researchers was the stay at home order given to all Californians due the world wide pandemic caused by Covid-19 also known as Coronavirus. The stay at home order which asks citizens to practice social distancing to minimize the transmission of the virus impacted the number of

interviews, and both researchers were forced to prematurely end internships impacting the snowball ball sampling method used to gain participants. In order to practice social distancing and abide by the stay at home order researchers had to virtually work together with one another and their research adviser to complete this research.

Recommendations

Research

When examining the interviews and themes that were found it can be seen that these themes can and should drive future research on the topic. First, the total number of participants was not large enough to garner significance when examining the data. It is recommended that if the research is repeated there should be a greater number of participants in both aspects of the study to determine the significance of VT impacts on social workers. Secondly, the diversity of the population that participated in research was primarily Caucasian and Hispanic participants. This limited the impact of research for social workers who are a part of different ethnic population. It would be beneficial for future research to cast a wider net of participants that come from various backgrounds to determine if ethnicity has an effect on how social workers understand and cope with VT. Thirdly, it is recommended by researchers that upon further research utilizing an entire questionnaire rather than a modified one in the hopes to garner different results. Finally, utilizing focus groups to gather data and

themes from social workers could prove beneficial to further the understanding of VT.

Social Work Practice

When examining social work practice recommendations can be made to further support social workers undergoing the impacts of VT on both their personal and working lives. One recommendation is a need for more agency support. It is clear from past research as well as this research that social workers do not feel they are receiving enough support from their agencies. This support can be seen in various forms such as supervision, offering mental health days, on site therapists who work with professionals who suffer with VT, offering self-care training, and interagency meetings dedicated to understanding the multiple impacts that social workers face with VT. When VT occurs, it is expected that the social worker affected by VT will handle the healing all on their own, when in a sense the organization should be held accountable for providing help with this work and mental health related issues (Ashley-Binge & Cousins 2019). It is understood by the researchers that changes such as these take time within an agency, but it is also important to offer solutions and options for agencies to implement in the future of their employees.

Policy

One recommendation that pertains to policy is the incorporation of VT in the classroom setting prior to social workers working in the field. It became clear from the interviews that the participants had never heard of VT when in school or

learned about the topic at all. It would greatly benefit future social workers to learn about VT as a way to better prepare future social workers when working with their clients. Along with education in the classroom setting it would be beneficial for agencies to provide education for incoming workers regarding job roles, the impacts of their job, and ways to combat against VT if needed. A final recommendation in regard to policy would be along the lines of webinars or conferences provided to social workers of all levels of experience or training. Providing these webinars and conferences can be very beneficial in terms of job preparedness, social workers mental health, and agency preparedness. The text is on the next line below. This is the text for the test chapter. This is the text for

Conclusion

This study revealed experience in the social work field does not correlate with the impacts of VT. However, the research has shown that social workers are susceptible to VT at any point in their career, which shows the importance of educating them on VT before social workers go into the field. Social workers are seen as care providers however there is a gap in educating them in order to find proper outlets to help themselves. Vicarious trauma is a topic that needs to be more commonly talked about in the field along other popular topics like self-care, and burnout. In order to bring that awareness, social work programs need to make VT an important part of the curriculum and agencies need to support social

workers through training, and supervision. The more awareness brought to VT will empower social workers to identify impacts and struggles before they worsen.

APPENDIX A
INFORMED CONSENT

INFORMED CONSENT

The study in which you are asked to participate is designed to examine the impacts of Vicarious Trauma among new and experienced social workers who are currently working in the field. The study will consist of two phases: surveys and interviews participants will have a choice of participating in either phases or one. The study is being conducted by Raelynn Berrios and Monique Zarate, graduate students, under the supervision of Dr. Herbert Shon, Assistant Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board Social Work Sub-Committee at California State University, San Bernardino.

PURPOSE: The purpose of the study is to examine the impacts of Vicarious Trauma on social workers.

DESCRIPTION: Participants will be asked a few questions about their personal experience with vicarious trauma, coping skills in managing VT, agency support in VT, and demographics.

PARTICIPATION: Your participation in the study is totally voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

CONFIDENTIALITY: Your responses will remain confidential and data will be reported in group form only.

DURATION: It will take 5 to 10 minutes to complete the survey and 45 to 60 minutes for an interview.

RISKS: Although not anticipated, there may be some discomfort in answering some of the questions. You are not required to answer and can skip the question or end your participation. If this research brings upon some discomfort reach out to SAMHSA's National Helpline – 1-800-662-HELP (4357).

BENEFITS: There will not be any direct benefits to the participants.

CONTACT: If you have any questions about this study, please feel free to contact Dr. Shon at (909) 537-5532.

RESULTS: Results of the study can be obtained from the Pfau Library ScholarWorks database (<http://scholarworks.lib.csusb.edu/>) at California State University, San Bernardino after July 2020.

.....
I agree to have this interview be audio recorded: ____ YES ____ NO

I understand that I must be 18 years of age or older to participate in your study, have read and understand the consent document and agree to participate in your study.

_____ Place and X mark here

_____ Date

APPENDIX B
INTERVIEW GUIDE

Interview guide

1. How do you define vicarious trauma?
2. Do you feel this is a topic that has been discussed at school while you were a student or at your place of work?
3. Have you ever experienced impacts or symptoms of vicarious trauma?
4. Do you feel you have enough support from your agency to manage potential vicarious trauma? Such as training, consultation, or supervision?
5. Do you have support out of work to help minimize the impacts or symptoms of vicarious trauma?
6. What are some protective factors you can identify with in yourself that help you decrease such symptoms?
7. Have you ever thought about seeking therapy for your own mental health?
8. Do you feel years of experience in the field of social work depends on the severity of symptoms on vicarious trauma?
9. Do you feel direct exposure to client trauma can potentially impacts social work professionals?
10. What do you feel is best to combat/prevent vicarious trauma on a personal and professional level?
11. Do you feel your agency can support you more in combating/preventing vicarious trauma?

APPENDIX C
SURVEY

Age: _____

Gender:

- Male (1)
- Female (2)
- Transgender (3)
- Prefer not to disclose (4)

Ethnicity:

- Hispanic/Latino (1)
- African American (2)
- Native American (3)
- Asian/Pacific Islander (4)
- Caucasian (5)
- Other (6)

Number of years of experience working in the social work field? _____

Field of practice: _____

Licensed:

- Yes (1)
- No (2)

Q1 I ruminated on what happened to the client.

- Never (1)
- Rarely (2)
- Occasionally (3)
- Often (4)
- Very Often (5)

Q2 Due to my job stress I drank more alcohol or took more drugs.

- Never (1)
- Rarely (2)
- Occasionally (3)
- Often (4)
- Very Often (5)

Q3 I unwillfully thought about what happened to the client.

- Never (1)
- Rarely (2)
- Occasionally (3)
- Often (4)
- Very Often (5)

Q4 I had intrusive images or sensations that are connected to what I was told.

- Never (1)
- Rarely (2)
- Occasionally (3)
- Often (4)
- Very Often (5)

Q5 When I was reminded of my clients' experience I felt distressed.

- Never (1)
- Rarely (2)
- Occasionally (3)
- Often (4)
- Very Often (5)

Q6 I took additional precautions for my personal safety.

- Never (1)
- Rarely (2)
- Occasionally (3)
- Often (4)
- Very Often (5)

Q7 I felt threatened or followed.

- Never (1)
- Rarely (2)
- Occasionally (3)
- Often (4)
- Very Often (5)

Q8 I was afflicted by thoughts or visual imaginations of assaults against me or people I love.

- Never (1)
- Rarely (2)
- Occasionally (3)
- Often (4)
- Very Often (5)

Q9 I had disturbing dreams that are connected to what I was told.

- Never (1)
- Rarely (2)
- Occasionally (3)
- Often (4)
- Very Often (5)

Q13 I dreamt of what happened to my client as if it were happening to me.

- Never (1)
- Rarely (2)
- Occasionally (3)
- Often (4)
- Very Often (5)

Q14 I tried not to think of my clients' experience.

- Never (1)
- Rarely (2)
- Occasionally (3)
- Often (4)
- Very Often (5)

Q15 I avoided objects, places or activities that reminded me of my clients' experience.

- Never (1)
- Rarely (2)
- Occasionally (3)
- Often (4)
- Very Often (5)

Q16 I was less interested in activities that I normally enjoy a lot.

- Never (1)
- Rarely (2)
- Occasionally (3)
- Often (4)
- Very Often (5)

Q17 I withdrew from other people or was less active than normally.

- Never (1)
- Rarely (2)
- Occasionally (3)
- Often (4)
- Very Often (5)

Q18 I experienced myself as being depressed.

- Never (1)
- Rarely (2)
- Occasionally (3)
- Often (4)
- Very Often (5)

Q19 I had trouble concentrating.

- Never (1)
- Rarely (2)
- Occasionally (3)
- Often (4)
- Very Often (5)

Q20 My health was impaired, i.e., by headaches, nausea, infections.

- Never (1)
- Rarely (2)
- Occasionally (3)
- Often (4)
- Very Often (5)

Q21 I had trouble falling asleep or woke up more often than I do normally.

- Never (1)
- Rarely (2)
- Occasionally (3)
- Often (4)
- Very Often (5)

Q37 If you are interested in being interviewed for this research feel free to contact us at vtresearch20@gmail.com. Thank you!

Modified version of the Questionnaire of Secondary Traumatization (FST)
(Weitkamp, Daniels, & Klasen, 2014)

APPENDIX D
DEBRIEFING STATEMENT

Study of Vicarious Trauma Among Social Workers: The Impact of Client Trauma

Debriefing Statement

The study you have just completed is designed to evaluate how new and experienced social workers deal with the impacts of vicarious trauma (“VT”). Because social workers may find self-care difficult to practice due to lack of agency support, large caseloads, and perhaps not understanding the overall impact of VT, they may be at higher risk for VT.

We asked you a series of questions to gain an understanding of the impacts of VT, your coping skills, ability to set personal and professional boundaries, and explored ways in which agencies can further support social workers in combating VT.

If participating in this study caused you any emotional discomfort, we would encourage you to contact a mental health professional for assistance. If you do not know where to access a mental health profession, you can call 211 for local resources, or 911 in case of an emergency from your telephone for assistance.

If you do not require immediately assistance, you may contact your primary care physician or usual healthcare source to ask for a referral to a mental health professional.

We thank you for your participation and for not discussing the contents of this study with others. If you have any questions about the study, please feel free to contact Monique Zarate at (909) 910-1111, Raelynn Berrios at (951) 235-1320 or Professor Herb Shon at (909) 537-5532. If you would like to obtain a copy of this study, please contact Professor Shon during or after Summer, 2020.

APPENDIX E
INSTITUTIONAL REVIEW BOARD APPROVAL



January 21, 2020

CSUSB INSTITUTIONAL REVIEW BOARD

Expedited Review

IRB-FY2020-117

Status: Approved

Raelynn BerriosHerbert Shon, Monique Zarate
CSBS - Social Work
California State University, San Bernardino
5500 University Parkway
San Bernardino, California 92407

Dear Raelynn BerriosHerbert Shon, Monique Zarate:

Your application to use human subjects, titled "Vicarious Trauma Among Social Workers: The Impact of Client Trauma " has been reviewed and approved by the Institutional Review Board (IRB). The informed consent document you submitted is the official version for your study and cannot be changed without prior IRB approval. A change in your informed consent (no matter how minor the change) requires resubmission of your protocol as amended using the IRB Cayuse system protocol change form.

Your application is approved for one year from January 21, 2020 through --.

Please note the Cayuse IRB system will notify you when your protocol is up for renewal and ensure you file it before your protocol study end date.

Your responsibilities as the researcher/investigator reporting to the IRB Committee include the following four requirements as mandated by the Code of Federal Regulations 45 CFR 46 listed below. Please note that the protocol change form and renewal form are located on the IRB website under the forms menu. Failure to notify the IRB of the above may result in disciplinary action. You are required to keep copies of the informed consent forms and data for at least three years.

You are required to notify the IRB of the following by submitting the appropriate form (modification, unanticipated/adverse event, renewal, study closure) through the online Cayuse IRB Submission System.

- 1. If you need to make any changes/modifications to your protocol submit a modification form as the IRB must review all changes before implementing in your study to ensure the degree of risk has not changed.**
- 2. If any unanticipated adverse events are experienced by subjects during your research study or project.**
- 3. If your study has not been completed submit a renewal to the IRB.**

4. If you are no longer conducting the study or project submit a study closure.

Please ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study.

The CSUSB IRB has not evaluated your proposal for scientific merit, except to weigh the risk to the human participants and the aspects of the proposal related to potential risk and benefit. This approval notice does not replace any departmental or additional approvals which may be required. If you have any questions regarding the IRB decision, please contact Michael Gillespie, the IRB Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at mgillesp@csusb.edu. Please include your application approval identification number (listed at the top) in all correspondence.

Best of luck with your research.

Sincerely,

Donna Garcia

Donna Garcia, Ph.D., IRB Chair
CSUSB Institutional Review Board

DG/MG

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ASSIGNED RESPONSIBILITIES

Researchers Raelynn Berrios and Monique Zarate evenly divided responsibilities for the purpose of this project. Berrios and Zarate prioritized time to work on writing, planning, and discussing the project. In addition, researchers were in constant communication throughout the time they worked on the project. Both researchers are satisfied with both their own work and each other's work. Researchers did not have any issue while working on the project together.