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VICARIOUS TRAUMA AND IMPLICATIONS FOR SOCIAL WORK STUDENTS

Maria Watts

Meosha McAfee
California State University - San Bernardino

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VICARIOUS TRAUMA AND IMPLICATIONS

FOR SOCIAL WORK STUDENTS

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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

Maria Watts and Meosha McAfee

May 2021

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May 2021

Approved by:

Armando Barragán, Faculty Research Supervisor, Social Work

Armando Barragán, MSW Research Coordinator

ABSTRACT

Social Work students may experience vicarious trauma at some point in their lifetime. Throughout the course of social work students' internship experiences and outside employment, the management of trauma exposure is a concern within the field of social work. There are very few studies that have been developed in providing a specific rate of vicarious trauma among social workers and have provided quantitative research on the subject. This research study asks: What intervention strategies do social work students implement to address their vicarious trauma? This research conducted a descriptive study that used a quantitative measure to obtain the findings for vicarious trauma interventions utilized among social work students. Using statistical methods, results from a Repeated Measures ANOVA showed greatest significance with recreational self-care intervention strategy, Wilk's Lambda = .29, F (4, 74) = 45.60, p = .00. Results from an independent samples t-test showed a significant difference in scores between BASW (M = 37.9, SD = 8.5) students and MSW students (M = 44.7, SD = 8.1; t (76) = -2.7, p = .008, two-tailed). The findings of this study contribute to social work practice by revealing the recreational self-care strategy as a useful vicarious trauma intervention tool, which has not been revealed in previous literature. The CSDT (Constructivist Self-Development Theory) Model helped aid in preventive and intervention measures of vicarious trauma among

social work students. The sample was obtained from University BASW students

and MSW students.

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CHAPTER ONE

INTRODUCTION

Problem Formulation

Skilled service providers who work in the helping profession have great potential for being exposed to hearing and/or witnessing the traumatic experiences of the clients they serve. This potential exposure can lead to the experience of vicarious trauma (Aparicio et al., 2013). Vicarious trauma occurs when the traumatic experience of an individual negatively impacts the cognitive schemas of another individual through chronic exposure of said trauma (Aparicio et al., 2013). As a result, harmful changes in one's perception takes place in their faith, identity, worldview, and mental health. It was only in 1990 when research on vicarious trauma first became known in literature and its long-term effects were discovered (Aparicio et. al., 2013).

Social workers are among service providers who have a high susceptibility to experience vicarious trauma. It is important to examine vicarious trauma in social work and remedies that can best address this issue. The prevalence of this issue has barely been highlighted in research. However within the past two decades, social workers were measured for levels of vicarious trauma (Bride, 2007). Results showed that 70.2 percent of social workers experienced a minimum of one traumatic symptom of vicarious trauma and 55 percent experienced a minimum of one core traumatic symptom of vicarious trauma

(Bride, 2007). These findings exemplify the need to look further into how vicarious trauma affects social workers and it is imperative that social workers know how to protect themselves from work-related psychological distress.

On a micro level, vicarious trauma jeopardizes the mental health and wellbeing of social workers. Research describes that mental health professionals can develop an unhealthy psychological state and experience common symptoms of trauma from the effects of vicarious trauma (Boulanger, 2018). On a macro level, vicarious trauma impedes on social work practice when it hinders a social worker from being fully present to invest in their client due to dissociative behaviors of disengagement and depersonalization (Bliss, 2014; Boulanger, 2018). According to the NASW Code of Ethics, social workers are expected to commit to their clients (NASW, n.d.). Question is, how committed can social workers be to their clients if they are in a state of trauma? Research shows that people can respond to trauma by dissociating themselves from the disturbing event(s) (Angus-Leppan & Isobel, 2018). If this happens when social workers experience vicarious trauma, it is likely that disengagement from the client will occur as a result. This directly harms the client from receiving help and it harms the credibility of therapeutic practice as a whole. In particular, social work students are immersed in work that exposes them to trauma through internship experiences and likely through personal employment, which raises concern for how well equipped they are in managing the effects of trauma exposure.

Social work preparedness and education of vicarious trauma is considered when determining the systems that influence social work practice. After results from a study revealed a moderate level of vicarious trauma in social workers, researchers suggested that social work education should incorporate special prevention and intervention vicarious trauma training (Aparicio et. al., 2013). Additionally, supervisory roles should help identify vicarious trauma in social workers and increase their support in addressing it (Aparicio et. al., 2013). Research indicates that prevention and interventions of vicarious trauma should be a part of standardized social work education and supervisory practices (Aparicio et. al., 2013). Therefore, social work students may not be equipped to address or even recognize vicarious trauma.

Purpose of the Study

The purpose of the study is to examine the intervention strategies that BASW and MSW students use to address vicarious trauma. As a student of social work, vicarious trauma is a problem area that is significant, and close attention is needed in addressing this issue. The career of a social worker is to increase human well-being and aid in meeting the basic needs of all people, with specific focus on the necessities and empowerment of people who are vulnerable, oppressed, and living in poverty (Worker, 2008). The day-to-day contact of a social worker to people, who are vulnerable, oppressed, or living in poverty can eventually take a toll due to the exposure of the traumatic

experiences. This particular impact can be new to student social workers, and could cause unexpected psychological reactions to occur during the course of studying social work practices and participation within intern fieldwork. Some of the psychological reactions that could occur as a social work student are panic attacks, shortness of breath, emotional responses during unexpected moments, impaired judgment, low motivation, and burnout from the work (Adams et al., 2006). The hope of this research is to gain insight of intervention methods that are found to be supportive to social work interns in addressing vicarious trauma.

The research method chosen for this study was a quantitative design for the purpose of receiving responses that could be measured and categorized on the benefit that social worker interns could apply such findings to their practice. Quantifiable results provide concise, organized, and straightforward information that can be useful for implementation. Additionally, the measurable factor of quantified data allows for interventions to be rated on a scale from strongly agree to not strongly disagree, which as a result can provide clarity for result indications and generalizability. Surveys were administered through email as a way to reach the target population. Convenience sampling was utilized to confidently gain study participants.

Significance of the Project for Social Work Practice

Social workers have a significant risk of experiencing vicarious trauma in social work practice due to a high probability of trauma exposure. Vicarious

trauma has only been studied in the last 30 years, however, recent research indicated the need to improve social work training and preparedness to incorporate education on prevention and intervention of vicarious trauma (Aparicio et. al., 2013). Apparently, there has not been much effort in updating social work education across the board to prepare future social workers for vicarious trauma. This study contributed to social work practice by bringing attention to this important matter, encouraging future research in vicarious trauma, providing greater insight of vicarious trauma interventions, and inspiring social work programs to implement vicarious trauma education.

As education on vicarious trauma expands, it may, perhaps, influence educational and professional policy change on a mezzo level in social work, law enforcement, investigative government sectors, health care, and in any other discipline with high exposure to trauma (2U, Inc., 2020). The generalist intervention process that informs this study is the evaluation phase. The evaluation phase assesses the policies, programs, and interventions within an organization (Grinnell & Unrau, 2018). Additionally, the evaluation phase also monitors the progress and results of goal achievement while deciphering if goal adjustments are needed (Hull & Kirst-Ashman, 2006). Our question derived from an evaluative standpoint, which analyzes and rates vicarious trauma interventions used by social work students as a means to evaluate intervention effectiveness.

The motive for this study came about upon discovering the lack of awareness and education on vicarious trauma that exists in social work education programs. Social work students need to have awareness of this issue in order to assuredly address it if and when it arises. The awareness of this issue will hopefully encourage the child welfare system to acknowledge the concern, so that alternative and preventive actions can develop, for seriously, addressing the self-care implementation of social workers. The awareness of this issue will also enhance social work knowledge. The results of this study provide insight and encourage implementation of useful interventions for vicarious trauma, which enriches the practice and education of social work students.

More research on vicarious trauma in social work is still needed to understand how vicarious trauma is managed by current and incoming social workers. Further research on effective measures that combat vicarious trauma could help improve the quality of social work practice as well as social workers' wellbeing. Social work students are the next leaders and advocates to join in on the effort of common welfare and it is imperative that their skill set includes prevention and management of vicarious trauma. This research study addresses the following: What intervention strategies do social work students use to address their vicarious trauma?

CHAPTER TWO

LITERATURE REVIEW

Introduction

Vicarious trauma specifically describes the experience of therapists who

have negatively altered a worldview due to indirect exposure to trauma from

clients (Cieslak, 2013). This section will address the prevalence of trauma and

vicarious trauma, the impact of vicarious trauma, vicarious trauma prevention,

and theories guiding conceptualization.

Prevalence of Trauma and Vicarious Trauma

Cusack, Frueh, and Hiers (2003) found that nearly 90 percent of

individuals seeking public psychological support services had experienced

trauma. Additionally, research revealed that 51 percent of adult females and 61

percent of adult males in America noted to have experienced a minimum of one

traumatic event in their lives (SAMHSA, n.d.). Posttraumatic Stress Disorder

(PTSD) is an identified mental health diagnosis resulting from complications in

mood, thoughts, and behavioral functioning after experiencing trauma(s)

(American Psychiatric Association, 2013). Statistics from 2001 to 2003 show that

PTSD affected 3.6 percent of American adults, where the prevalence for females

was 3.4 percent higher than for males (NIMH, 2017). Furthermore, data of

vicarious trauma among mental health providers range from 15.2 percent to 39

percent, where social workers had 15.2 percent and child protective services

providers had 34 percent (Bride, 2007; Bride et. al., 2007; Cieslak et. al., 2013; Smith Hatcher et. al., 2011).

The Impact of Vicarious Trauma

Both trauma and vicarious trauma negatively impacts the world view of individuals and can modify one's thought processes in the areas of security, confidence in others, intimacy, and power (Angus-Leppan & Isobel, 2018; Aparicio et al., 2013). Trauma affects the size and functioning of various areas of the brain (Schore, 2002), which translates to having a hypervigilance of perceived threats, decline in self-awareness, and emotional management challenges (Angus-Leppan & Isobel, 2018). The results of vicarious trauma can leave individuals in a highly affected state that can lead one to relive traumatic contents or suppress and avoid traumatic contents (Regehr et. al., 2004). The effects of vicarious trauma on mental health providers are higher risk of professional effectiveness due to negative psychological consequences of vicarious trauma (Boulanger, 2018). An existing history of personal trauma and personality traits of obsessiveness and self-sacrifice are factors to consider when assessing vicarious trauma (Angus-Leppan & Isobel, 2018; Aparicio et. al., 2013).

Conditions Related to Vicarious Trauma

There are many conditions that relate to vicarious trauma and even share similar effects, one of which is PTSD. PTSD is the symptomatic response and adaptive behavior that occurs after experiencing one or more traumatic events

(American Psychiatric Association, 2013). The symptoms of PTSD mirrors one or more symptoms of vicarious trauma and another related condition, compassion fatigue (Cieslak et. al., 2013), which includes distancing self from trauma-related stimuli, repetitive and pervasive thoughts of traumatic events, harmful shifts in thought processes and mood, and evident behavioral changes (American Psychiatric Association, 2013; Cieslak et. al., 2013). Secondary Traumatic Stress is a term that shares the description of and is a seemingly interchangeable term of vicarious trauma, which encompasses the response of trauma through secondary exposure from clients that result in symptoms similar to PTSD (Cieslak et. al., 2013).

Lastly, burnout is also associated with vicarious trauma, however, burnout represents the accumulation of stress from working in a demanding or difficult environment, whereas vicarious trauma signifies a direct disturbance in psychological cognition due to indirect trauma exposure within a client-provider relationship (Trippany et. al., 2004). Signs of burnout are depression, tension, lack of tenderness towards others, and frustration (Katsounari & Solomonidou, 2020). Factors of burnout include: high levels of emotional exhaustion, depersonalization, and reduced personal accomplishment (Katsounari & Solomonidou, 2020).

Prevention of Vicarious Trauma

According to Angus-Leppan and Isobel (2018), a way for mental health providers to prevent vicarious trauma is by practicing self-awareness of

interactions with clients, observing shifts in behavior across all settings, and noticing any physiological changes in the body that occur. Additionally, researchers recommend that trauma-informed protocols should be practiced through the organizational management of mental health providers (Sansbury et al., 2015; Trippany et. al., 2004). Furthermore, Trippany et. al. (2004) recommends evidenced-based solutions that can help prevent and/or reduce the effects of vicarious trauma. The first suggestion is that mental health providers should have manageable caseloads that are considerate of high trauma exposure. Secondly, peer supervision groups should be implemented to allow for mutual exchange of support between providers. Thirdly, mental support providers should receive special training on "traumatology" along with professional development opportunities, and a disclosure of potential consequences that can result from working for the company, agency, or organization. Lastly, a deeper connection to meaning and spirituality as well as maintaining adequate self-care is proposed and found to be beneficial (Trippany et. al., 2004).

<center>Theories Guiding Conceptualization</center>

The work of McCann et. al. (1998) approached vicarious trauma with the theoretical framework of CSDT, of which they developed. CSDT has since been used by a few other researchers to guide their study of vicarious trauma (Trippany et. al., 2004). A component of CSDT explains that individuals create mental schemas of life experiences, which are psychological needs exhibited

<center>10</center>

through cognition (McCann & Pearlman, 1990). Schemas aid in the comprehension of one's experiences (Trippany et. al., 2004). Mental schemas continue to change as an individual interprets experiences throughout life and sometimes change negatively through the adoption of self-created harmful paradigms due to trauma exposure (McCann & Pearlman, 1990; Trippany et. al., 2004). This process is what CSDT acknowledges to be a natural and adaptive human quality. Additionally, CSDT describes the areas of thinking where psychological disturbances can occur.

In 2014, researcher Margaret Pack introduced a model that connects theory to therapeutic practice in research that explored coping methods of vicarious trauma. Pack identified a multidimensional three-leveled model that conceptualized the remedial steps in finding alleviation of and homeostasis from vicarious trauma. The first level of the model is to apply appropriate theories to clients, the second is to merge theory and practice through useful tools, and the last level is about (1) management and therapeutic role cohesiveness, (2) grounding to self, and (3) connecting to spirituality.

CSDT is the foundational theory used for this study. CSDT emerged from vicarious trauma research and therefore, seemed most suitable for continued study of vicarious trauma. Also, the use of CSDT in Trippany et. al.'s (2004) work led to the development of preventative measures of vicarious trauma that were also backed by evident research findings. Recommendations of prevention similar to other findings include: positive spiritual practices, self-care,

collaboration with colleagues, professional development, training, and company management support (Trippany et. al., 2004). Pack's model also validates the preventive measures of Trippany et. al. (2014), which further compliments the validity of CSDT.

Summary

This study explores vicarious trauma interventions among social work students. The trauma experienced during the educational studies as a social work student is serious, yet could go unnoticed due to the lack of training and knowledge of vicarious trauma (Trippany et. al., 2004). The field of social work has come to a place where the implementation of interventions needs greater attention. Nevertheless, there are still many areas within the professional organization of social work who lack the capacity in addressing this problem (Trippany et. al., 2004). Different areas of the impact, prevalence of, and conditions in vicarious trauma have been identified in the literature. Based on the literature review, it is evident that there are many factors of stress in the nature of social work practice that cause social workers to experience conditions related to vicarious trauma, such as, burnout and PTSD (American Psychiatric Association, 2013; Trippany et. al., 2004). There is a need for current research on vicarious trauma to be documented, but data from 2007 to 2013 showed that vicarious trauma affected 15 percent to 34 percent of mental health professionals (Bride, 2007; Bride et. al., 2007; Cieslak et. al., 2013; Smith Hatcher et. al., 2011). The

CSDT Model can help aid in validating preventative and intervention measures of

vicarious trauma among social work students (Trippany et. al., 2004).

CHAPTER THREE

METHODS

Introduction

This research project discussed the interventions derived by vicarious trauma regarding social work students. This chapter provides the details of how the study was carried out. The segments of this chapter explain a designed overview of the specific purpose for this study. A description of the data sample was outlined and a justification for the sample selection was provided. The collection of data and instruments was explained through a quantitative measure. A procedure of study processes was illustrated, of which includes the solicitation of study participants. A description of confidentiality was addressed regarding the protection of human subjects. A quantitative approach led this study and research results were acquired through data analysis. Ethical conduct of participant rights and protection were discussed. Lastly, data analysis measures and tools were defined.

Study Design

This descriptive study used quantitative measures to obtain findings. A cross sectional survey was implemented as the observation. It is known that vicarious trauma is a probable condition that can affect social workers, but it is unknown to what extent social work students are affected by vicarious trauma as well as the interventions they use to combat it. A descriptive approach was

chosen because it allows the deeper workings of vicarious trauma in social work students to be revealed. Social work students' response to vicarious trauma in the social work setting is not represented in research. The strengths of using a descriptive design is that the results of this study will add to the growing body of literature on vicarious trauma, and as a result, could inspire further research. A limitation of conducting a quantitative survey is that participants are left to interpret questions on their own, which therefore, leaves room for misinterpretations. Another limitation of using a quantitative survey is that participant feedback is restricted under the survey prompt, with no option to add additional information. The quantitative survey format may not encompass and represent all possible intervention strategies of vicarious trauma that student participants utilize.

Sampling

The sample data was obtained from University BASW students and MSW students. The total number of participants were 165, including 34 BASW student participants and 131 MSW student participants. This sample selection was chosen because the study focus is relevant to the participants' educational track, as they were all immersed in the field of social work. Researchers sought to source participants from a social work program that is known to successfully prepare and equip social work students in competency (About Social Work, 2018). Participants were from the Southern California demographic due to the factors of research time constraints and participant accessibility. Participants

were from a diverse range of ages, ethnicities, and socioeconomic status. There were more female participants represented than male participants, which reflected the nature of gender representation found in the U.S. social work field (The Census Bureau, n.d.).

<u>Data Collection and Instruments</u>

The instrument used to collect data was an adapted version of Dorociak's (2015) original 52 item *Personal and Professional Self-Care Scale,* as well as a 1 item screener question developed by study researchers. The survey in this study included 19 questions and addressed six categories of self-care. The six categories of the adapted survey consisted of personal and professional dimensions of social, psychological, work-life balance, developmental, physical, and recreational self-care. Nevertheless, five categories were ultimately used due to relinquishing the developmental intervention. The 18 intervention questions contained the following domains: seven psychological, three social, three physical, two recreational, and three work-life balance. The following are a few examples of the self-care domain interventions: I monitor my feelings and reactions to clients (Psychological); I take part in work-related social and community events (Social); I see a doctor or other medical professional when I have health concerns (Physical); I spend time with people whose company I enjoy (Recreational); I seek consultation or supervision when professionally challenged (Developmental); and I take regular vacations (Work-life Balance).

Of the five categories, the other category assessed was vicarious trauma. Furthermore, the level of vicarious trauma experienced from a social work setting was also assessed. Dorociak (2015) verified construct validity by examining the convergent and discriminant validity of the *Personal and Professional Self-Care Scale*. The validity was measured against the relationship between self-care and the five categorized dimensions. In general, validity was determined as sufficient. Dorociak (2015) imprecisely described reliability of the survey. The reliability for the survey resulted in good consistency, where a one-month test-retest reliability was reported as (a = .87), which the Cronbach's alpha was ranging from r = .79 to .89 (Dorociak, 2015).

The independent variable is student enrollment program status and the dependent variable is the use of self-care strategies. The dependent variable is the responses of vicarious trauma among the BASW and MSW students. The dependent variable is measured by 18 scale questions regarding interventions of vicarious trauma utilized. The level of measurement for the dependent variable is interval/ratio and was measured by participants answering from a 5 level response. Numerical values that were assigned to each response value were listed as follows: Strongly Agree (1), Agree (2), Neutral (3), Disagree (4), Strongly Disagree (5). The level of measurement for the independent variable was nominal dichotomous and measured by 2 response values. Numerical values assigned to each response value was listed as follows: yes (1) and no (2). The demographic information of the students were collected.

Procedures

       Data was collected through administration of the survey electronically,
created via Qualtrics. With consent from University MSW and BSW programs,
the survey was sent out via BCC email to students enrolled in both programs.
Participation in the survey was clearly stated as voluntary. The names of
participants were not indicated on the surveys. Survey submissions were
received anonymously via Qualtrics. The purpose of the study, risks, and benefits
of participating were disclosed.

Protection of Human Subjects

       A complete and clear informed consent was provided in detail with an
understanding of the students' involvement, the purpose of the study, how long
the survey would approximately take, and a disclosure of personal information
(Grinnell Jr. & Unrau, 2018). The social work students were given the option of
participation or non-participation of the survey. The confidentiality of each student
was protected by non-marking requests, and no information of identity was
requested, such as names, addresses, contact information, etc. Instead,
participants were asked to use the "X" symbol to represent their names indicated
on the survey. A debriefing statement was provided. Researchers of this study
were the only individuals that had access to the SPSS database used to examine
data. Secure sign-in and log-out systems are in place on computers used to
access the SPSS database in order to protect confidential information. Once the
data was collected and no longer needed, the electronic stored information was

destroyed. The survey was anonymous and personal information was not requested.

<u>Data Analysis</u>

The independent variable would be the student enrollment program status and the dependent variable is the use of their self-care strategies. In the study, a quantitative analysis involved a statistical testing, which was generated using a t-test for Independent Samples through SPSS software. Other variables used for descriptive analyses included participant demographic information of gender, age, social work program level, household income, and ethnicity. Furthermore, the categories of personal and professional interventions were used for descriptive analyses.

The data analysis utilized descriptive statistics to generalize the findings from the sample to the population from which it was drawn. Inferential statistics evaluated the relationship between the tested variables using the t-test for Independent Samples and Repeated Measures One-Way ANOVA as needed to determine the level of usefulness of the vicarious trauma interventions for the group of BASW and MSW social worker students.

<u>Summary</u>

This study described the intervention strategies of vicarious trauma among social work students by means of quantitative data collection. University social work students were sought after as study participants because the study is relevant to University social work interns. It is intriguing to understand how

vicarious trauma affects students of social work and how they receive support in overcoming vicarious trauma. Social work students represent mental health practitioners that are likely to have worked, or currently work, with people who have experienced trauma. Education of vicarious trauma is provided through the study, which will enhance social work knowledge. The results of this study could support understanding of vicarious trauma and promote implementation of useful interventions for vicarious trauma. In-person participant samples were obtained from BASW and MSW students, which was gathered from a checklist and measures scale. Both surveys were anonymous and no personal information was gathered. A detailed and clear informed consent and debriefing statement was provided for the students' understanding of why they were involved and for the purpose of the study regarding their involvement. This study is founded upon scholar articles and literature reviews, which is prone to bias.

CHAPTER FOUR

RESULTS

Data Results

Descriptive statistics were conducted to determine the demographic profile of respondents. There were BASW 20.6 percent and MSW 79.4 percent. In terms of gender, 7.9 percent were male and 92.1 percent female. In terms of ethnicity, 58.8 percent of respondents were Latino or Hispanic and 19.4 percent were Caucasian. Additionally, there were both 9.1 percent African American and Two or More of another ethnicity, and 3.6 percent were an ethnicity of Other/Unknown. The average household income was 45.5 percent under $40,000, 30.3 percent within $40,001 - $80,000, and 24.2 percent within $80,001 and above. From the total participants, 63.9 percent responded "yes" to experiencing vicarious trauma and 36.1 percent social work students reported not having experienced vicarious trauma.

A Repeated Measures ANOVA was completed for respondents who said "yes" to experiencing vicarious trauma, as this study was interested in identifying what intervention strategies the social work students used to address vicarious trauma. Specifically, scores on the *Personal and Professional Self-Care Scale were compared* between the five intervention strategies, which are psychological self-care, social self-care, physical self-care, recreational self-care, and work-life

balance self-care. Testing revealed that recreational self-care was the most significantly used intervention strategy to address their vicarious trauma, Wilk's Lambda = .29, F (4, 74) = 45.60, p = .00. This was then followed by psychological self-care and social self-care. The least commonly used strategies were physical self-care and work-life balance self-care.

Additionally, an independent samples t-test was conducted to compare the self-care strategies between the enrollment program status of BASW and MSW students. There was a significant difference in scores for BASW students (M = 37.9, SD = 8.5) compared to MSW students (M = 44.7, SD = 8.1; t (76) = -2.7, p = .008, two-tailed). These results demonstrate that BASW students are more actively involved in self-care than MSW students.

CHAPTER FIVE

DISCUSSION

Introduction

The following chapter discusses the major findings from the quantitative survey responses obtained in this research study. Additionally, this chapter compares the findings of this study to previous literature on vicarious trauma interventions. Furthermore, limitations and strengths of the study, implications for social work practice, and recommendations for future research are illustrated in this chapter.

<u>Discussion</u>

The results of this study answered the research question: What intervention strategies do social worker students use to address their vicarious trauma? Recreational self-care was most significantly used, then psychological and social self-care. The literature on vicarious trauma suggests that various forms of self-care is one of the effective interventions used for vicarious trauma, however, research has not highlighted recreational self-care specifically. Self-care in the general sense was recommended in previous literature. This current study highlights that recreational and psychological self-care are the most used interventions for students with vicarious trauma. Previous research on helpful vicarious trauma interventions specify spiritual, psychological, and professional forms of self-care (Angus-Leppan & Isobel, 2018; Trippany et. al., 2004). The

results of this study are consistent with the findings in previous literature with the exception of recreational self-care. Some examples of recreational self-care interventions reported that the highest usage among other forms of self-care include spending time with good company and engaging in leisure activities. Examples of the second highest intervention, psychological self-care, include monitoring feelings and reactions to clients, making a conscious effort to appreciate positive things in life, limiting the number of high-risk clients, expressing feelings during stressful times with others, not taking the ups and downs of work too personally, and being mindful of triggers that increase professional stress.

<u>Limitations</u>

There are several limitations to this study. One limitation of this study is the use of a limited and convenience sampling that represents a small population within one small geographic region. This limited the ability to generalize the findings of the results. One of the five domain categories, developmental self-care, was omitted in the analysis due to it being only one intervention strategy represented in this category. The four other domain categories analyzed in this study had two or more intervention strategies represented. Furthermore, the spiritual self-care category was never represented in this study. This leaves unknown answers to whether or not developmental and spiritual self-care holds significance in statistical data.

Furthermore, a limitation to this study was an uneven representation of self-care categories represented. For example, psychological self-care had the highest representation of self-care interventions in the survey whereas recreational self-care had the least, aside from developmental, which was dropped earlier on from the study as stated previously. This uneven representation of self-care intervention categories may have prevented an accurate depiction of self-care vicarious trauma interventions used by social work students.

Additionally, another limitation of this study was the impact COVID-19 had on the data collection process and survey participation. The original procedures of data collection were planned for in-person contact, along with utilizing the snowball method. With the in-person contact, BASW and MSW students would have taken the survey and would have recommended a potential participant for further data collection (Arieli & Cohen, 2011). Due to COVID-19, additional participant recruitment for others to spread the word about getting other social work interns involved was impossible to fulfill. Instead, collecting data from BASW and MSW students was not accessible, and only contacted by way of online data communication through the School of Social Work. The study surveys were emailed to participants at the beginning of the pandemic, which was during a time of disruption, uncertainty, and significant life adjustments for countless people. Considering this, participation for this study may have been greater if it had not been during a global and historic pandemic. Furthermore, this study had

far less BASW participants (34) than MSW participants (131). Despite these challenges, there were enough participants to conduct this small-scale study.

Future Research

As stated in previous chapters, the purpose of this study was to examine the intervention strategies that BASW and MSW students use to address vicarious trauma. It is recommended that future research examines the effectiveness of the vicarious trauma self-care interventions used in this study. This would provide interesting insight for vicarious trauma research and would further inform the field of social work in vicarious trauma awareness and best intervention practices. This study was quantitative research, however, for future research recommendation would be to have quantitative and qualitative responses. With qualitative responses, open-ended questions could be asked for the purposes of increasing more intervention strategies of social work students. Additionally, follow up questions in future research are recommended for more widespread results. In future study the incorporations all seven domain categories of self-care from the *Personal and Professional Self-Care Scale* is recommended. Furthermore, expanding this study on a larger scale with an increased sample size that represents more geographic regions within California and potentially throughout the country is recommended for future research.

Conclusion

This chapter revealed the findings of the study and its connection to existing literature on vicarious trauma interventions. This descriptive study

illustrated the identifying intervention strategies social work students used to address vicarious trauma. By illustrating ways that social work students strategized interventions for addressing vicarious trauma, the study highlighted the significance of five different self-care domains used for interventions. Results reported that interventions most used by participants were spending time in desired company and engaging in leisure activities. There were several limitations to this study. Future research is highly recommended for further self-care intervention techniques. More vicarious trauma awareness is beneficial for social worker students in order for them to have better practices of prevention and intervention. A broader study, including all BASW and MSW students throughout California is suggested for future research, where this would allow a larger sample representation of ongoing studies for vicarious trauma interventions.

APPENDIX A

IRB APPLICATION APPROVAL

July 7, 2020

CSUSB INSTITUTIONAL REVIEW BOARD
Administrative/Exempt Review Determination
Status: Determined Exempt
IRB-FY2020-269

Maria Watts Armando Barragan Jr., Meosha McAfee
CSBS - Social Work
California State University, San Bernardino
5500 University Parkway
San Bernardino, California 92407

Dear Maria Watts Armando Barragan Jr., Meosha McAfee

Your application to use human subjects, titled "VICARIOUS TRAUMA AND
IMPLICATIONS FOR SOCIAL WORK STUDENTS" has been reviewed and
approved by the Chair of the Institutional Review Board (IRB) of CSU, San
Bernardino has determined your application meets the federal requirements for
exempt status under 45 CFR 46.104. The CSUSB IRB has not evaluated your
proposal for scientific merit, except to weigh the risk and benefits of the study to
ensure the protection of human participants. The exempt determination does
not replace any departmental or additional approvals which may be required.

You are required to notify the IRB of the following as mandated by the Office of
Human Research Protections (OHRP) federal regulations 45 CFR 46 and
CSUSB IRB policy. The forms (modification, renewal, unanticipated/adverse
event, study closure) are located in the Cayuse IRB System with instructions
provided on the IRB Applications, Forms, and Submission webpage. Failure to
notify the IRB of the following requirements may result in disciplinary action.

- Ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study.
- Submit a protocol modification (change) if any changes (no matter how minor) are proposed in your study for review and approval by the IRB before being implemented in your study.
- Notify the IRB within 5 days of any unanticipated or adverse events are experienced by subjects during your research.
- Submit a study closure through the Cayuse IRB submission system once your study has ended.

If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research 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 number IRB-FY2020-269 in all correspondence. Any complaints you receive from participants and/or others related to your research may be directed to Mr. Gillespie.
Best of luck with your research.

Sincerely,

Nicole Dabbs

Nicole Dabbs, Ph.D., IRB Chair
CSUSB Institutional Review Board

ND/MG

APPENDIX B

INFORMED CONSENT

INFORMED CONSENT

The study of which you are asked to participate in is designed to evaluate the use of vicarious trauma interventions implemented by University BASW and MSW social work students. Vicarious trauma is when one is negatively affected by exposure of hearing and/or witnessing the traumatic experiences of the clients they serve. The study is being conducted by Maria Watts and Meosha McAfee, graduate students, under the supervision of Dr. Armando Barragán, 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 at CSUSB.

PURPOSE: The purpose of the study is to examine intervention strategies that alleviate the effects of vicarious trauma among BASW and MSW students.

DESCRIPTION: Participants will be asked a few questions regarding the risk and/or exposure to vicarious trauma and the different strategies that help in coping with vicarious trauma.

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.

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.

BENEFITS: This study will enhance social work students' education in the knowledge of vicarious trauma. Additionally, findings from this study will contribute to our knowledge in this area of research.

CONTACT: If you have any questions about this study, please feel free to contact Dr. Barragán at (909) 537- 3501.

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 2021.

****

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 an X mark here   Date

APPENDIX C

SURVEY

To help us in the intervention research of vicarious trauma, please complete this survey and return it to Maria and/or Meosha.

Demographics

Please circle the option that applies to you:

1. What gender do you identify as?
   - A. Male
   - B. Female

2. What is your age?
   - A. 17 - 22
   - B. 23 - 28
   - C. 29 - 34
   - D. 35 - 40
   - E. 41 - 46
   - F. 47 - 52
   - G. 53 - 58
   - H. 59 - 64
   - I. 65 - 68
   - J. 69 - 74

3. Please specify your ethnicity.
   - A. Caucasian
   - B. African American
   - C. Latino or Hispanic
   - D. Asian
   - E. Native American
   - F. Native Hawaiian or Pacific Islander
   - G. Two or More
   - H. Other/Unknown

4. Are you a BASW student or MSW student?
   - A. BASW
   - B. MSW

5. What is your household income?
   - A. Under $20,000

B. $20,001 – $40,000
C. $40,001 – $60,000
D. $60,001 – $80,000
E. $80,001 – $100,000
F. $100,001 or over

Vicarious trauma occurs when a provider of therapeutic services experiences negative psychological effects from being exposed to their client's traumatic experiences, and as a result, experiences symptoms of trauma. A transformation in the self occurs. It is a special form of countertransference stimulated by exposure to a client's traumatic experience(s).

Signs and symptoms of vicarious trauma can include, but are not limited to:

- Sleep disturbances
- Nightmares
- Negative coping – smoking, drinking, acting out
- Panic symptoms – sweating, rapid heartbeat, difficulty breathing, dizziness
- Aches and pains
- Trouble concentrating
- Confusion/disorientation
- Perfectionism
- Racing thoughts
- Loss of interest in previously enjoyed activities
- Repetitive images of the trauma
- Helplessness and powerlessness
- Survivor guilt
- Oversensitivity
- Emotional unpredictability
- Fear
- Anxiety
- Depression
- Irritability and intolerance
- Distrust

Based on the above information of vicarious trauma, do you feel you've experienced this in any social work setting?
A. Yes
B. No

If you responded "yes", answer the following statements below (Dorociak, 2015). If you responded "no", please stop here, and turn in your survey.

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Vicarious Trauma Interventions:					
I monitor my feelings and reactions to clients.					
I find ways to enhance a sense of purpose in my life.					
I make a conscious effort to appreciate positive things in my life.					
I take part in work-related social and community events.					
I see a doctor or other medical professional when I have health concerns.					
I set limits on the number of high-risk clients I see.					
I spend time with people whose company I enjoy.					
I make time to engage in leisure activities regardless of my workload.					
I maintain a professional support system.					
I share my feelings with others during stressful times in my life.					
I spend time with family or friends.					
I make an effort to get enough sleep each night.					
I try not to take the ups and down of my work too personally.					
I participate in physical activity, such as stretching, aerobic activity or strength conditioning.					
I seek consultation or supervision when professionally challenged.					
I share my feelings with people close to me.					
I take regular vacations.					
I make adjustments to reduce my workload in the face of professional stressors.					
I take breaks throughout the workday.					
I am mindful of triggers that increase professional stress.					

APPENDIX D

DEBRIEFING STATEMENT

Debriefing Statement

Thank you for your participation in this research on vicarious trauma**.** Written, multiple-choice/scale questionnaires were used for BASW and MSW participants in this study. The goal of the questionnaire was: to gather information regarding vicarious trauma among social work students, to measure the intervention strategies utilized in addressing vicarious trauma, and to evaluate the degree of vicarious trauma among University BASW and MSW students.

Current research has found that 70 percent of social workers experienced a minimum of one traumatic symptoms of vicarious trauma and 55 percent experienced a minimum of one core traumatic symptoms of vicarious trauma (Bride, 2007). Your participation was important in helping researchers understand ways in protecting one from work-related psychological distress. Final results will be available from the investigators, Maria Watts and Meosha McAfee, by July 1, 2020. You may contact Maria at 006486359@coyote.csusb.edu, or Meosha at: 006706564@coyote.csusb.edu to receive an email copy of the final report. All results will be grouped together; therefore individual results are not available. Your participation, including your name and answers, will remain absolutely confidential, even if the report is published.

If you have any additional questions regarding this research, please contact Maria and/or Meosha.

If you would like to learn more about vicarious trauma, please see the references listed below.* If you feel that you need assistance with vicarious trauma or behavior-related feelings or experiences as a result of this study, please contact CSUSB Counseling and Psychological Services at (909) 537-5040.

APPENDIX E

HELP LIST AND LIST OF REFERRAL SERVICES

Help List and List of Referral Services

Community Crises Response Team

The Community Crisis Response Team is a community-based mobile crisis response program for those experiencing a psychiatric emergency.

East Valley Region
850 E Foothill Blvd
Rialto CA, 92376
Phone: 909-421-9233
Pager: 909-420-0560
24 hours a day 7/365 days a year

High Desert Region
Phone: 760-956-2345
Pager 760-734-8093
365 Days a Year

Morongo Basin Region
Morongo Basin Mental Health Services
55475 Santa Fe Trail
Yucca Valley, CA 92284 (Entrance on Inca Trail)
24 Hour Crisis Line: 760-365-6558
24 Hours a day/ 365 days a year

West Valley Region
909-458-9628
Pager: 909-535-1316
24 hours a day 7/365 days a year

Crisis Walk-In Clinics

CWIC High Desert TeleCare. Inc.
16460 Victor St.
Victorville, CA 92395
760-245-8837
24 hours a day/ 365 days a year

CWIC Morongo Basin
Morongo Basin Mental Health Services
55475 Santa Fe Trail
Yucca Valley, CA 92284 (Entrance on Inca Trail)
24 Hour Crisis Line: 760-365-6558

CWIC Rialto
850 E. Foothill Blvd.
Rialto, CA 92376
909-421-9495
Monday thru Friday
8am to 10pm
Saturdays 8am to 5pm
Holidays 8am to 5pm

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Assigned Responsibilities

Both research members collaborated together on all of the sections to fulfill the responsibilities of this research project. Each person was initially given responsibilities for completing various sections of chapter three. Maria was responsible for obtaining the survey measure, structuring the survey measure, formulating the research material for the IRB that showcases the request for permission to conduct this study from University professors, the sampling section, the procedures section and the IRB benefits, risks, and confidentiality section. Meosha was responsible for the chapter three introduction, the abstract, validity and reliability, the protection of human subjects section, informed consent, the debriefing statement, and formatting the survey and research paper. Maria was responsible for the methods, Meosha was responsible for the results, and both performed joint efforts in the discussion. Contributions in all other sections of this study were provided by both research members. Additionally, for the completion of all sections, both members were responsible for revising each section.