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Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral study by

Paula Downie

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee
Dr. Susan Parlier, Committee Chairperson, Social Work Faculty
Dr. Debora Rice, Committee Member, Social Work Faculty
Dr. Kristin Richards, University Reviewer, Social Work Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2020

Abstract

Perceptions of Organizational Support Among Social Workers Exposed to Vicarious Trauma

by

Paula D. Downie

MSW, Florida State University, 2003

BS, Troy University, 1987

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Social Work

Walden University

August 2020

Abstract

Repeated exposure to clients' trauma has led to secondary or vicarious emotional distress for social workers, which has negatively impacted their professional and personal lives. The purpose of this qualitative action research study was to explore social workers' perceptions of organizational support of social workers with symptoms of vicarious trauma. Ecological systems theory provided the framework for the study. The sample consisted of 6 clinical licensed social workers who participated in 2 focus group sessions, one with 4 participants and one with 2 participants. Data were inductively coded and analyzed to identify patterns and themes. Findings indicated that social workers had a negative perception of organizational support related to social workers exhibiting secondary/vicarious trauma. Findings also indicated a disparity between organizational verbiage of support for social workers with symptoms of secondary or vicarious trauma. Participants reported feeling less valuable to employers than the clients they serve. Findings may benefit social workers, clients, and organizations by promoting an enhanced culture of caring and support.

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Dedication

I dedicate this paper to my late brother, Kendrick Downie, who through the pain of his untimely death has impressed upon me the need to live life doing what you love best.

Acknowledgments

I provide acknowledgment to God in all things. To my parents, Betty and Paul, thank you for your encouragement. I also thank my sisters, Deborah, LaDonna, and Tabitha, for their love and support during my endeavor. To my daughter, Whitney, thank you for treating me like a 5-year-old and demanding I do my homework even when I did not feel up to it. I thank Salintha, my goddaughter, for pushing me to write, write, write. I would also like to thank the staff of Walden University as they came to my aide to help in the advancement of my research skills. I especially thank Dr. Susan Parlier for her guidance, support, and understanding as I suffered through some challenging times during my journey toward the completion of my first action research study. This is not a journey a person can complete alone. I have learned that having a team who is willing to endure the journey with you is absolutely fantastic. To each of you, I say thank you for being on my team.

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Section 1: Foundation of the Study and Literature Review

The function of a social worker is to assist vulnerable populations with the desired goal of improvement in the quality of life of individuals, groups, and communities (Wilson, 2016). Social workers provide empathy and care for clients while assisting with interventions designed to improve outcomes and attain goals for the chosen population (Wilson, 2016). The ability to provide genuine concern and empathy for others is a positive trait that is characteristic of the profession of social work (Michalopoulos & Aparicio, 2012; Wilson, 2016).

Social workers perform in a variety of settings in which trauma is a key element that requires intervention or treatment. Social workers provide trauma-related services in therapeutic settings that may involve children or adults (Bell, Kulkarni, & Dalton, 2003; Wilson, 2016). Social work practitioners serve in the capacity of mental health providers and therapists, hospice social workers, rape counselors, child welfare workers, and other capacities in which trauma victims require some form of trauma-informed care. Individuals who are exposed to significant trauma may exhibit a cluster of symptoms that make up the diagnosis of post-traumatic stress disorder (PTSD; Baum, 2016). Social work clinicians who provide care to this population are at risk of developing many of the symptoms of PTSD exhibited by their clients (Newell & MacNeil, 2010; Pack, 2013). Symptoms of PTSD manifest with symptoms that disrupt cognitive, emotional, and psychological functions of individuals (Knight, 2013). Clinicians experience indirect trauma exposure when they are overly emphatic and engaged in the distress of the client during therapy or intervention (Finklestein, Stein, Greene, Bronstein, & Solomon, 2015).

Symptoms of vicarious trauma lead to a variety of problems for social workers who are unable to utilize adequate self-care strategies. Some social workers exhibiting signs of vicarious trauma have mental and physical health symptoms, feel stress, and have feelings of inadequacy or dissatisfaction related to employment (Pross, 2006, 2014). Symptoms of vicarious trauma lead to a phenomenon referred to as burnout, which results in the clinician becoming unable to perform appropriate care for clients (Lizano, 2015; Newell & MacNeil, 2010). Social workers are more likely to exhibit symptoms of vicarious trauma when there is ineffective organizational support (Knight, 2013; Wilson, 2016).

Vicarious trauma impacts entry-level as well as senior-level social workers within any organizational or work setting (Bell et al., 2003; Pross, 2006; Wilson, 2016). Social workers impacted by vicarious trauma seek to decrease symptoms of vicarious trauma so they can enhance the ability to continue to meet the emotional and psychological demands of their clients (Newell & MacNeil, 2010). Newell and MacNeil (2010) stated that "factors which contribute to professional burnout of social workers can occur at the individual, organizational, or client levels or in a combination thereof" (p. 59). This statement illustrates the significance of the need for a holistic approach to preventing and decreasing vicarious trauma within professional social work. Social work clinicians' benefit from learning self-care techniques to prevent and reduce the risk of vicarious trauma (Bogo, Paterson, Tufford, & King, 2011). Social workers who receive support from within the employment organization are more likely to engage in and benefit from self-care strategies (Knight, 2013). Cox and Steiner (2013) discussed the National

Association of Social Work (NASW) *Code of Ethics* (2017), which promotes self-care of social workers, stating that self-care is thought to amplify the likelihood of ongoing commitment of social workers to the client as an organization. Also, the *Code of Ethics* (NASW, 2017) promotes social workers taking responsibility for self-care as an ethical consideration of the provision of care for clients as well as self.

Vicarious trauma is a problem or concern within the social work community because of the potential to cause adverse results for social workers and clients. The concern for the social work community includes emotional, physical, and psychological impediments to employment stability that lead to an inability to provide adequate interventions and care to clients (Bell et al., 2003; Butler, Carello, & Maguin, 2017). The obstacles to employment stability manifest in entry-level as well senior-level social workers. The ability of social workers to learn strategies to decrease vicarious stress in the workplace is important in the reduction of obstacles and in support of workplace satisfaction (Knight, 2013).

Problem Statement

In the last few decades, social workers have provided services including mental health services to clients exposed to varying forms of trauma (Bell et al., 2003; Wilson, 2016). Mental health social workers are among the psychiatric service providers who provide trauma counseling to individuals who are survivors of trauma. These service providers have emotional distress related to vicarious trauma from the provision of service with clients diagnosed with PTSD (Bell et al., 203; Wilson, 2016).

Mental health agency providers have training in evidence-based therapies such as prolonged exposure and cognitive processing therapy; therefore, providers experience repeated secondhand encounters of a traumatic event (Garcia et al., 2015; Pack, 2014; Pross, 2006). This retelling of the trauma narrative affects social work practitioners (Garcia et al., 2015). Practitioners who are overly exposed to indirect trauma experience physical, emotional, and mental health symptoms that impact their personal and professional lives (Bell et al., 2003; Bober & Regehr, 2006; Butler et al., 2017; Cieslak et al., 2013). Exposure to vicarious trauma causes social workers to experience many of the same symptoms experienced by patients, including sleep disturbance, nightmares, avoidance, and reexperiencing trauma events (Bell et al., 2003; Bercier & Maynard, 2015).

The results of vicarious trauma impact social workers causing negative personal and professional outcomes. Social workers who have support from employer organizations and supervisors, and who initiate strategies of self-care, are more likely to have decreased levels of vicarious trauma (Knight, 2013). The problem addressed in this study is social workers' perceptions of organizational support related to secondary and vicarious trauma. I examined the social workers' perceptions of organizational support related to prevention and minimization of secondary and vicarious trauma within their area of trauma work.

Purpose Statement

This study's purpose was to examine the perceptions social workers have of organizational support related to prevention and minimization of secondary and vicarious

trauma. Organizations provide positive impacts to decrease and prevent vicarious trauma when there is a culture of support for employees (Bride, 2007; Wilson, 2016). On the other hand, lack of organizational support impedes efforts to strategize for positive outcomes in combating vicarious trauma. It is crucial for social workers, social work supervisors, and administrators to understand the roles and expectations of organizations related to the provision of interventions and support of employees with symptoms of vicarious trauma. This study was intended to impress upon organizations the need for improved foundations that limit vicarious stress and social worker burnout, thereby encouraging a stabilized workforce and enhanced client services. The findings of this research may encourage organizations to implement objectives to create a culture that enhances and welcomes self-care among those social workers at risk of having symptoms of vicarious trauma stressors. Additionally, social workers may recognize the value of self-care as trauma-informed practitioners. The research question was the following: What are social workers' perceptions of organizational support in preventing or minimizing symptoms of secondary or vicarious trauma?

Nature of the Doctoral Project

This study addressed social workers' perceptions of the performance and helpfulness of organizations related to employee support in response of secondary and vicarious trauma. The approach used in this study was qualitative with an action research design. I used focus groups to gather data by following a semistructured interview guide. The ecological systems theory was used to gain a holistic view of the perceptions of social workers related to organizational support.

Sample

The sample was intended to consist of eight to 12 social workers. Participants voluntarily chose to participate in one of two focus groups. If there were eight to10 social workers in the first group, the second focus group would not be needed. Social workers who perform trauma-based services with clients were identified by traditional mailing and emailing invitations to local agencies. Telephone contact with agency leaders was conducted as needed so that a verbal invitation could be extended to clinical social workers. Additionally, flyers were made available to employers with information related to the purpose and timing of the focus group.

To be eligible for participation, participants must have had a graduate-level education and a clinical social work license. All participants must have had a license to practice in Alabama as advanced practitioners and must have been in good standing with the Alabama Social Work Board. Licensure was a factor in this study because it reflected participants' eligibility to be employed at an advanced social work level.

Recruitment

The objective was to recruit social workers who provide trauma services, including individual and group therapy, to trauma survivors. The recruitment process was intended to enlist between eight and 12 social workers who met the criteria for this study. If there was an insufficient number of participants in the first focus group, a second focus group would be developed. If there was at least 8 participants in the first focus group, the second focus group would not be developed. Social workers of local agencies of Southeast Alabama that employ social workers and provide trauma services to

individuals exposed to trauma were asked to participate via traditional and email invitation. Mental health agencies that employ licensed social workers and are within the general area of Southeast Alabama received an invitation. The method of sampling was purposive. Purposive sampling occurs because of a particular attribute of a specific group (Stringer, 2014). The group was social workers, and the attributes were having a license and providing services to clients who experienced trauma.

Focus Group

Data were gathered from participants via the use of a focus group. There was concern that proximity to and distance to the meeting place would be an issue for some participants. The optimal number of participants for the focus group was between eight and 12 participants; however, the group may function with as few as 4 participants if there was not sufficient participation. To express appreciation to participants, I provided each person with a goody bag containing a stress ball and information on self-care. The cost of each bag was about $3.00.

Consent forms were provided to participants addressing confidentiality, questions about the study, and my role as the researcher. Participants were allowed to ask questions and were provided clarifications at any time. Participants were also informed on how to opt out of the study at any time.

An audiotaped recording was used to ensure that data were gathered and transcribed accurately. An inductive approach to coding was used to identify themes. Each participant provided demographic information and information related to the length

of employment and agency type. A conversational tone was used to ask questions and engage participants to obtain relevant data.

Significance of the Study

This research was significant to the practice of professional social work for several reasons. First, studies suggested that when social workers feel supported by their organization, they are less likely to exhibit signs of burnout (Pross, 2006). Social workers who have symptoms of vicarious trauma are believed to be less likely to perform effectively with clients or maintain a personal sense of well-being (Graham, Shier, & Nicholas, 2016; Lizano, 2015; Pross, 2006). Minimization and prevention of vicarious trauma enables a stable workforce for the organization and provides a sense of continuity and client well-being due to decreased episodes of compassion fatigue and burnout attributed to employee vicarious trauma (Bogo et al., 2011).

A second reason this research was significant was the study may increase organizational awareness regarding the perceptions and needs of social workers related to vicarious trauma. I examined the perceptions of social workers regarding organizations' programs and policies related to the issues of burnout and self-care. Social work organizations and schools will be able to find benefit in developing strategies for self-care and developing trauma-informed social workers (Bober & Regehr, 2006; Carello & Butler, 2015; Pross, 2006).

The purpose of the current study was to examine social workers' perceptions of organizations' support in the prevention and minimization of vicarious trauma. The results of this study may promote increased effectiveness of services as an advantage to

social workers, organizations, and clients. Findings may also be used to adjust the culture within social work organizations to increase support and encouragement to social workers with symptoms of vicarious trauma as an organizational and social work practice approach.

Contribution to Social Work Practice

The study contributed to the social work knowledge base by providing information for practitioners in preparation for the challenge of vicarious trauma as entry-level social workers. Supervision of entry-level social workers is beneficial in helping them develop knowledge and skills to understand the complexity of how vicarious trauma manifests (Berger & Quiros, 2016). This study may also contribute to the ability of social work organizations to recognize the need for support and establish rules and policies regarding social work self-care.

Implications for Change

This research project may lend itself to positive social work change by identifying needs of clinical social work practitioners who are exposed to vicarious trauma and engage with social work organizations. This research has the potential to promote growth from within by providing an examination of the social workers' needs for self-care, by enhancing the trauma-informed care of clients, and by fostering workforce stability by decreasing burnout related to vicarious trauma. Furthermore, this project may provide inexperienced social workers with a means to assess what is needed as they move into the profession of social work.

Theoretical Framework

The theoretical framework for this action research study was ecological systems theory. Ecological systems theory was pioneered by Bronfenbrenner (as cited in Pack, 2013) and explores how changes to the system or subsystem cause change. The ecological systems theory was used in this study to support the examination of the various levels of development between the individual and organization related to vicarious trauma. The ecological systems framework provided a holistic perspective of the structural approach required for an understanding of vicarious trauma within organizational social work settings. Pack (2013) noted that the ecological systems theory explains how individual, social, and organizational systems are relevant to preventing and decreasing vicarious trauma symptoms from a human development perspective. Pack (2013) also noted that there are four levels or microsystems that influence each other to resolve issues of vicarious trauma:

- Micro-level relates to the individual.
- Mezzo level relates to resources including the need for clinical supervision.
- Exo level relates to the organization.
- Macro level relates to professional development and education.

The ecological systems approach promotes self-care by helping the social worker identify personal needs and use available resources. The ecological systems approach also encourages organizational support and development of strategies for professional development and education. The ecological systems theory was used to address issues related to social workers becoming trauma informed. Collaboration is required among the

systems (personal, environmental, agency, and education) for social workers to feel empowered and to create a trauma-informed environment (Quiros & Berger, 2015). Creating trauma-informed climates means social workers feel physically safe, trust the organizations, and communicate in open and mindful ways. The ecological systems perspective is helpful in the development of trauma-informed social workers because it allows for a holistic approach (Crosby, 2015). The ecological systems perspective collaboratively engages each of the systems related to individuals, organizations, resources, and education to develop a platform for social workers to become trauma informed and, in doing so, prevents and decreases instances of vicarious trauma (Crosby, 2015). A holistic approach toward reducing secondary and vicarious trauma symptoms helps to minimize the effects on clients, social workers, and the organization (Crosby, 2015).

Values and Ethics

The preamble to the *Code of Ethics* for the NASW (2017) refers to the responsibility of social workers to "enhance human well-being and help meet the basic human needs of all people" (para 2). These values promote an ethical approach that creates a variety of ethical standards. These professional standards are relevant because they offer guidance on the performance of ethical duties. The *Code of Ethics* (NASW, 2017) promotes ethical standards that social work practitioners are encouraged to follow in the performance of their duties. These core values of social work service are the key elements in the profession of social work. Values such as competence are key in achieving success within the profession of social work.

Competence

Social workers who work with trauma victims are at risk of vicariously experiencing trauma that can have lasting impacts on emotional and psychological well-being as well as cognitive and behavioral outcomes (Crosby, 2015; Wilson, 2016). Social workers who are unable to alleviate the symptoms of burnout caused by vicarious trauma will begin to see the effects within their personal and professional lives (Crosby, 2015; Wilson, 2016). Secondary and vicarious trauma impairs social work practitioners in the performance of their duties (Crosby, 2015; Wilson, 2016). This impairment negatively impacts organizational stability, client well-being, and the personal and professional lives of social workers, clients, and agency members (Graham et al., 2016; Pross, 2006).

It appears necessary that social workers take action to implement self-care strategies when serving trauma patients. Proactive self-care helps in the prevention of vicarious trauma (Lee & Miller, 2013). Self-care encompasses personal and professional well-being of social workers and is more effective when there is organizational support that is committed proactively (Crosby, 2015; Lee & Miller, 2013).

The NASW (2017) *Code of Ethics* implies that self-care is important to social work service to self, organizations, and clients. Section 1.04 of the *Code of Ethics* refers to social workers being able to provide competent services to the client based on several factors including education, licensure, and other areas of professional experience (NASW, 2017). Standards 2.09 and 4.05 of the *Code of Ethics* reference impairment of social workers that impact the social worker's ability to treat clients (NASW, 2017). These standards also allude to the need for social workers to be competent in the

provision of services to clients. Vicarious trauma can impair social workers from functioning as professionals in meeting the needs of vulnerable trauma populations. The ethical standards related to impairment and competence are in line with the ethical standards of social work practice regarding this research area (Knight, 2015; Wilson, 2016). The ethical standards related to impairment and competence encourage social workers to minimize situations that cause impairment of abilities and to increase likelihood of competence due to minimized impairment (Bell et al., 2003).

Evaluation and Research

I adhered to the ethical standards of the *Code of Ethics* (NASW, 2017) as they related to social work and research. Although social workers are encouraged to further the empirical profession of social work, there are guidelines promoted by the NASW (2017) relevant to how to ethically do so. These guiding principles are included throughout the current study detailing standards and principles based on the social work value system (see NASW, 2017).

Section 5.02 of the *Code of Ethics* promotes social worker participation in contributing and developing research projects to further the growth of the social work profession as an evidence-based vocation (NASW, 2017). This section further addresses the code of conduct for social workers who engage with human subjects as well as issues of competence and integrity related to social work research. This section encourages and supports the ethical behavior of social workers in the field of research (NASW, 2017).

As part of the research process, social workers educate participants on their rights related to informed consent and voluntary participation without coercion (NASW, 2017).

Informed consent also dictates that social work researchers make participants aware of risks as well as benefits to taking part in a study. I took steps to ensure that participants had an opportunity to ask questions, and I provided clarification as needed. Steps included providing participants with consent forms and confidentiality agreements that outlined the risks and benefits of the study.

I discussed ethical responsibilities related to confidentiality with the participants (see NASW, 2017). I adhered to guidelines of the Walden University (n.d.) Internal Review Board (IRB) related to instructions for approval to work with human subjects. All audio recordings and transcribed data will be stored in a locked compartment. Computer analyses will be password protected. Access to any computer analysis will be limited to me, the committee chair, and the committee members.

The NASW (2017) *Code of Ethics* is intended as a guide for professional social workers. The *Code of Ethics* is designed to help promote ethical behavior within the social work profession by outlining potential ethical considerations social workers may face within practice. Complying with the ethical guidelines related to confidentiality, dignity, worth of the individual, and the right to self-determination as well as other ethical standards related to research and patient care will minimize the risk of undesirable ethical and legal incidents during the research project (NASW, 2017).

Literature Review

The literature review process included utilizing the Walden Library databases and Google Scholar with a link to Walden University. Through these databases, keywords of *vicarious trauma*, *social work* and *vicarious trauma*, *social work* and *organizational*

support, *social work* and *self-care*, *secondary trauma*, *indirect trauma*, *compassion fatigue*, and *burnout* were used to search for articles related to vicarious trauma. The use of databases yielded results through ResearchGate, ProQuest, and the National Institute of Health. The use of online resources was valuable in gaining access to information that provided insight into the perception of organizational support in the prevention and minimization of vicarious trauma.

Some practitioners have triggers for vicarious trauma from professional or personal life events. These events triggered by vicarious trauma in the workplace lead to compassion fatigue or burnout unless there is an intervention (Ray, Wong, White, & Heaslip, 2013). Trauma-informed social workers receive education related to trauma, which helps provide quality care and inform staff of how to avoid retraumatization of clients or to take on the trauma for themselves (Ray et al., 2013).

Organizational support of clinical supervisors of social workers is more likely to yield social workers who are better able to practice trauma-informed care to clients and have a stronger capacity to practice self-care to prevent or decrease issues of burnout related to vicarious trauma (Berger & Quiros, 2016). The literature has provided evidence of the relationship between vicarious trauma and social worker more regarding the impact at the individual or client level (Baum, 2016; Ben-Porat & Itzhaky, 2015). However, I did not find research on social workers' perceptions of whether organizations provide sufficient support of strategies to decrease vicarious trauma. "Organizational support appears to lessen the impact of indirect trauma" for social workers (Knight, 2013, p. 230). Based on my literature review, there seems to be a gap in how the organizational

structure relates to vicarious trauma of social workers who are impacted by indirect trauma (Bell et al., 2003; Knight, 2015; Pross, 2006). The purpose of the current study was to explore social workers' perceptions of organizational support for social workers who are routinely exposed to vicarious or secondary trauma.

Vicarious Trauma

Social workers or mental health service providers who are exhibiting symptoms of vicarious trauma may show "emotional exhaustion, have cynical attitudes towards patients, and have a reduced sense of personal achievement" (Salyers, Flanagan, Firmin, & Rollins, 2015, p. 204). These symptoms have a negative outcome for the social work clinician, patient, and organization. Prolonged experiences of vicarious trauma result in the social worker leaving employment, which has a lasting effect on the client as well as the organization, especially in cases in which there is rapport established and progress made with the client (Graham et al., 2016).

Trauma. Trauma is an event or experience that occurs in an individual's life that causes fear of death or harm to that person or someone close to the individual (Kawam & Martinez, 2016). Traumatic events, whether from sexual trauma, natural disasters, war, domestic violence, or any of the numerous events that precipitate the onset of trauma, cause a shift in the cognitive schema of the individual (Michalopoulos & Aparicio, 2012). These shifts influence the way individuals see the world and trigger stressors that result in physical and emotional manifestations of the stress. The materialization of these physical and emotional stressors meets the criteria for the diagnosis of PTSD (Schuler, Bessaha, & Moon, 2016).

Secondary trauma. Social workers provide therapy or therapeutic interventions to help individuals with unresolved issues related to their trauma. Many people view secondary trauma and vicarious trauma as interchangeable; however, there is a difference in the meaning of the terms. Secondary trauma results as caretakers provide day-to-day health care for a trauma survivor (Wagaman, Greiger, Shockley, & Segal, 2015). Caretakers may develop a secondary form of PTSD or distress related to the secondary exposure to trauma survivors while providing caretaker responsibilities (Baum, 2016). Secondary trauma results from the secondhand exposure to trauma and may impact not only caretakers but also professional providers (Wagaman et al., 15). Although there is a clear distinction between secondary and vicarious trauma, both terms are used to explore the symptoms of trauma exposure by social workers. There is some indication that the type of organization a social worker is employed in will impact whether they have vicarious trauma symptoms. Schuler et al. (2016) completed a study related to secondary trauma stressors that suggested that social workers in private sector employment have fewer vicarious and secondary trauma stressors than those in larger organizations. This study suggests that social workers in smaller settings are more likely to receive support and experience self-care compared to those in larger organizations.

Vicarious trauma. Vicarious trauma is a phenomenon that occurs when mental health service providers engage empathetically with trauma disclosures and provide therapeutic techniques to trauma survivors (Finklestein et al., 2015; Pack, 2014; Pross, 2006). Effects of vicarious trauma impact social workers' emotions, thoughts, feelings, and behaviors. Symptoms of vicarious trauma include sleep disruption, nightmares,

anxiety, irritability, fatigue, flashbacks and intrusive thoughts, hyperarousal, disassociation, and numbing (Pross, 2006). Burnout and compassion fatigues are adverse results of secondary trauma and vicarious trauma (Baum, 2016; Cox & Steiner, 2013; Hernandez-Wolfe, Killian, Engstrom, & Gangsei, 2015; Newell & MacNeil, 2010; Pross, 2006).

The manifestation of symptoms of vicarious trauma can lead to burnout in social workers (Carello & Butler, 2015). Studies suggested that the increase in traumatic events necessitates mental health intervention (Newell et al. 2016; Pross, 2006; Wilson, 2016). An estimated 51% of women have experienced some form of sexual trauma in their life, and within the military culture the rate of sexual trauma exposure is 78% (Hall, Sedlacek, Berenbach, & Dieckmann, 2007). In addition to sexual trauma, other events necessitate trauma-informed care for patients. Events such as natural disasters, military-related events, domestic violence, and child abuse require assistance from trauma-informed providers.

Recent studies have suggested that between 66% and 94% of college students have had some form of trauma (Carello & Butler, 2015). According to Michalopoulos and Aparicio (2012), 50-70% of the general population in the United States has had exposure to trauma and up to 42% meet the diagnostic criteria for PTSD.

Michalopoulous and Aparicio (2012) suggested there is no exact data on the number of social workers who have reported vicarious trauma. However, Bride (2007) reported a significant correlation between the number of individuals who receive treatment and the potential for vicarious trauma among the providers. Bride suggested

that the rate of exposure of the general population is representative of the number of social workers or mental health practitioners exposed to vicarious trauma.

There is evidence that personal and workplace incidence of secondary stress impacts each setting. Two longitudinal studies indicated that human service professionals' employment is impacted more by workplace vicarious trauma than by secondary personal trauma (Shoji et al., 2015). These studies indicated relationships between personal experiences but did not provide definitive evidence that personal trauma leads to workplace trauma (Caringi et al., 2017; Shoji et al., 2015). There was an indication that trauma related to the workplace is more likely to lead to burnout and employment issues (Baum, 2016; Bogo et al., 2011; Defraia, 2013; Morse Salyers, Rollins, Monroe-DeVita & Pfahler, 2012). Pack (2013) stated that vicarious trauma events impact individuals based on several factors including previous personal experiences, personality types, and other areas of life. Caringi et al. (2017) reported a qualitative finding that personal elements in lives of individuals contribute to secondary trauma in the workplace, and personal factors may also serve as a buffer to secondary trauma and vicarious trauma.

Michalopoulos and Aparicio (2012) completed a study that included 160 social workers and found that social workers with master's degrees and more experience were less likely to experience or had less severe symptoms of vicarious trauma. Cox and Steiner (2013) suggested that the more self-care performed by social workers with symptoms of vicarious trauma, the less severe the symptoms. Other studies suggested the

greater the support from organizations, the more likely social workers will seek self-care techniques that are conducive to their well-being (Bell et al., 2003; Butler et al., 2017).

There is a gap in research related to the number of social workers exposed to vicarious trauma (Bell et al., 2003; Knight, 2015; Pross, 2006). The number of social workers exposed to vicarious trauma in the current study showed the need for increased organizational support of these staff. According to the NASW (as cited in Bercier & Maynard, 2015), social workers are the nation's largest group of mental health providers. Social workers employed as trauma providers tend to work in hospitals, social service agencies, community mental health facilities, and criminal justice agencies where there is an elevated risk of secondary and vicarious trauma (Bercier & Maynard, 2015).

Compassion fatigue. Social workers experience symptoms of compassion fatigue from becoming overly engaged and empathic with their clients (Newell, Nelson-Gardell, & MacNeil, 2016). Figley (as cited in Adams, Boscarino, & Figley, 2006) stated that compassion fatigue occurs when the caregivers of a trauma victim respond to secondary trauma by responding in a reduced empathic capacity. Symptoms of compassion fatigue follow general symptoms of PTSD, such as anger, sadness, distress, and a change in cognitive schemas related to trust, intimacy, power, and safety (Bercier & Maynard, 2015). Repeated occurrences of compassion fatigue lead to issues of burnout when there are no efforts toward resolution (Newell & Nelson-Gardell, 2014).

Burnout. Burnout manifests as emotional exhaustion, depersonalization, and reduced personal accomplishment (Morse et al., 2012). Burnout was first identified in the early 1970s across a variety of occupations and was thought to be especially common

among mental health professionals (Ben-Porat & Itzhaky, 2015; Cox & Steiner, 2013; Michalopoulos & Aparicio, 2012; Pack, 2014). Burnout is an adverse psychological effect that occurs due to prolonged workplace stressors including those related to vicarious trauma (Michalopoulos & Aparicio, 2012; Morse et al., 2012; Newell et al., 2016).

Burnout consists of job stress and organizational factors. Several studies have indicated that practitioners working in private practice have less burnout than those who work under the umbrella of an organization (Thompson, Amatea, & Thompson, 2014). Additional organizational stress seems to cause additional negative impact in conjunction with distress caused by vicarious trauma (Knight, 2015). Burnout resulting from vicarious trauma is a problem for social workers and social and human service organizations because it adversely impacts the ability of the social worker to provide quality care for the patient and provide stable staffing for the organization (Newell et al., 2016).

Strategies for Reducing Secondary and Vicarious Trauma

Strategies to combat secondary and vicarious trauma include those efforts to provide empowerment and support to trauma social workers. Ultimately, the strategies for the prevention and reduction of secondary and vicarious trauma corresponds with all levels of the social worker’s life, including the client, the individual, and organizational levels (Newell & MacNeil, 2010). Social workers need to understand and be mindful of work-related stressors and potential to cause vicarious trauma that will lead to burnout (Newell & MacNeil, 2010). It is helpful for social workers to identify personal trauma

and resolve issues to decrease instances of counter-transference of personal traumas with that of clients (Kanno & Giddings, 2017; Knight, 2015; Wilson, 2016).

A strategy for the prevention of vicarious trauma also includes social workers establishing boundaries with clients (Kanno & Giddings, 2017). While social workers employ empathy with clients, there are risks associated with being overly emphatic. The use of peer support groups and consultation or supervision is an effective strategy (Bercier & Maynard, 2015; Kanno & Giddings, 2017). Personal spiritual beliefs also offer solace to some social workers by providing an avenue to allow for reflection and to gain perspective related to processing feelings and thoughts related to vicarious trauma (Dombo & Gray, 2013; Pack, 2014). Support from spiritual advisors will serve to help social workers repair any schisms due to loss of prior beliefs due to vicarious trauma.

Additional strategies for social workers to consider include therapy as a source of support and how to process trauma. Employee assistance programs provided a source of support as do other therapy-based programs to help social workers process thoughts, feelings, and behaviors (Bell, Kulkarni, & Dalton, 2003; Defraia, 2013; Gilham, 2014). Social workers assist with self-care by understanding the process of burnout, maintaining support networks, using relaxation techniques, being active, exercising, engaging in leisure activities, establishing boundaries between work and home life and learning appropriate skills to cope with adverse or stressful situations (Bober & Regehr, 2006; Gilham, 2014). Stebnicki (2007) suggests that it is critical that social workers have education regarding signs of vicarious trauma and that resources are available and identified for use in support of interventions for social workers.

The ecological theory suggests that self-care interventions occur at the following levels:

- The micro-level in which the social worker performs self-care
- The macro level in which the interventions relate to environmental factors such as procedures that contributes to vicarious trauma
- The mezzo level which relates to programs that come from professional development; and,
- The exo level which relates to the organization and the culture within that organization (Dombo & Gray, 2013; Pack, 2013).

To reduce secondary and vicarious trauma, social workers need to be cognizant of self-care related to self-awareness, have manageable workloads, establish boundaries, ensure ongoing professional development and education, and maintain peer support (Bell, Kulkarni, & Dalton, 2003; Dombo & Blome, 2016). The need for organizational support is a necessity for the continued well-being of social work employers. The consequence of burnout from vicarious trauma can be costly for clients, social workers, and organizations (Gilham, 2014).

Organizational Support of Social Workers

Social workers provide support and empowerment to those who are vulnerable in an attempt to enhance the quality of their life. Personal and professional empowerment helps to motivate social workers to self-improve and impacts confidence and self-efficacy (Schuler, Bessaha, & Moon, 2016). Newell and MacNeil (2010) suggest that the best way to prevent vicarious trauma is through education and developing skills related to trauma

as well as recognition of signs of vicarious trauma and burnout. Organizations need to help social workers to become trauma-informed. Trauma-informed social workers understand the characteristics related to trauma and can deliver an approach to clients that are supportive and compassionate (Knight, 2015; Popescu et al., 2017). A review of the literature suggested that when organizations provide support to social workers, there is a decreased level of vicarious trauma (Bogo et al., 2011; Bride, 2007; Choi, 2011; Gilham, 2014; Wilson, 2016).

Strategies for organizational support. The definition of organizational support of social workers is "the general work environment and organizational structural aspects that support social workers' job performance" (Choi, 2011, p. 226). Organizational support is visible to social workers through social-political support, access to information, access to resources, and culture (Choi, 2011; Choi, 2017).

Quiros and Berger (2015) suggested there is a link to social workers being trauma-informed and an organization's sociopolitical support. Sociopolitical support is that which comes from social work peers, supervisors, and the organization (Quiros & Berger, 2015). Social workers' understanding of the culture and roles within their organization can help understand the values and competencies of the organization (Silverman, 2015). Understanding of the culture and environment of the organization is useful for social workers in conceptualizing expectations and developing practice standards and interventions based on the needs of the client, organization, and the employee. Particular norms and values embedded within organizations drive how those employed within the organization behave (Silverman, 2015). This understanding leads to

the recognition of strategies that will be beneficial to social workers in helping to alleviate vicarious trauma and enhancing organizational support by changing the negative cultural norms of the organization. Awareness of the organizational culture helped social workers to determine strategies for working with organizations to secure needed support. Knight (2013) suggested that "organizational support appears to lessen the impact of indirect trauma" (p. 230).

Literature reviews suggested that supervision actively played a vital part in creating an organizational culture in which social workers feel supported (Collins-Camargo & Royse, 2010; Wilson, 2016). Supervisors provide social workers with skills-based knowledge but also provide needed professional development which includes the responsibility of becoming trauma-informed and the importance of self-care. Supervisors who felt supported by organizations are more likely to provide support to front-line staff (Collins-Camargo & Royse, 2010; Wilson, 2016).

The literature seemed to suggest the following are the primary strategies organizations used in providing support for workers. When present, these strategies provided the perception of support to social workers. This perception of supports aids in efforts to decrease or prevent vicarious trauma issues:

- Create supportive environments in which social workers benefit from peer support and support from social work organizations
- Create a culture of cohesion and support from the senior level to entry-level social workers

· Provide education and resources that can lead to a sense of autonomy for social workers to make decisions related to self-care and self-responsibility

· Identify problems without assigning blame and offer support that disallows stigma; and,

· Allow social workers opportunities to participate in agency decision making, thereby allowing social workers access to strategic information (Choi, 2011; Defraia, 2013; Gilham, 2014; Morse et al., 2012; Stebnicki, 2007).

The implication for the social work profession. The literature seemed to suggest that organizational support is preferential for the well-being of social workers (Bell, Kulkarni, & Dalton, 2003; Bober & Regehr, 2006; Bogo et al., 2011; Choi, 2011; Choi, 2017; Defraia, 2013; Morse et al., 2012). The strategies listed above are based on a strength perspective. The strength perspective focuses on the ability and resources of the person to develop resilience in the process of self-care (Lee & Miller, 2013). Each of the strategies serves to allow for the support of social workers around vicarious trauma issues and also to empower the social worker. The researcher’s review of the literature indicated that when social workers perceived real support and understand the culture and role of the organization, they feel empowered.

Social workers who have an education-based and are trauma-informed will be better able to provide care to their clients and engage in self-care. A climate of support where organizations promote and take steps to enhance employees' trust minimized stress by assessing needs and providing feedback to employees will have less employee burnout (Gilham, 2014). Social workers who were self-aware of their stressors and arousal states

of secondary and vicarious trauma will be more likely to advocate for self-care and organizational support (Sansbury, Graves, & Scott, 2015). Organizations that provided support to social workers have the benefit of being cost-effective for the agency, improved client satisfaction, employee stability, and will be viewed as a positive community resource (Defraia, 2013).

Morse et al., (2012) identified a concern that mental health organizations have in the past paid little attention to the well-being of employees, but rather placed focus on the client instead. Gilham (2014) suggested the need for organizations to develop mechanisms to identify social workers who experienced symptoms of vicarious trauma, or burnout. Many social workers fail to self-report due to fear of blaming, stigma, or other concerns that become detrimental to their well-being (Gilham, 2014). The perception of poor organizational support will result in a negative social worker relationship with the organization.

This research provided a positive implication for trauma-based practitioners in the profession of social work. This research study examined the perceptions social workers have about organizations and the prevention efforts related to vicarious trauma of social workers. The research findings will be used to help organizations and social workers promote strategies to decrease vicarious trauma among social workers employed in trauma agencies. Additionally, social workers will recognize the value of self-care and the need for social workers to be trauma-informed practitioners. Social work organizations will benefit from trauma-informed employees who use self-care techniques to foster their well-being and sustain employment.

Summary

Social workers who perform trauma-related social work in the mental health field are likely to be exposed to vicarious trauma and will likely begin to experience symptoms of trauma reminiscent of the symptoms of their client. There are measures that social workers can take to help prevent or decrease the level of symptoms of vicarious trauma. Literature supports that organizations that do not provide adequate support to social workers are likely to experience a high rate of turnover due to burnout (Bercier & Maynard, 2015; Knight, 2013). Literature also supports the premise that social workers are more apt to have less severe symptoms of vicarious trauma when there is organizational support (Bride, 2007; Choi, 2011; Choi, 2017; Dombo & Blome, 2016; Wilson, 2016). While there is a plethora of research regarding burnout, compassion fatigue, and secondary trauma, literature seems to suggest a gap in research related to how social workers perceive support from organizations.

The research impacts the social work profession because it is believed that a supportive organization strengthens social workers in their role as trauma providers. The purpose of this research is to inform organizations of social workers’ perceptions of support related exposure to secondary and vicarious trauma. Additionally, organizations will be alerted to how social workers perceive their level of organizational support regarding social workers' ability to cope with professional secondary trauma symptoms and ultimately perform their jobs well.

The following section will provide insight into the plan for developing an action research project to examine the perception social workers have of their organizations’

level of support when they are exposed to vicarious trauma. To have a successful study, many steps will be taken including those related to ethical dilemmas, recruitment, and logistical issues. The researcher will need to address issues related to gathering data as well as the process of analyzing said data.

Section 2: Research Design and Data Collection

The purpose of this action research project was to examine how social workers perceive the level of support of their employer organization as it relates to attempts to prevent or minimize vicarious trauma. Vicarious trauma impacts trauma service providers when they are repeatedly exposed to trauma through secondary exposure in the process of providing aid to clients (Garcia et al., 2015; Pack, 2014; Pross, 2006). Exposure to vicarious trauma results in social work providers experiencing many of the same trauma symptoms as their clients, negatively impacting the social worker's ability to be productive (Bell et al., 2003; Butler et al., 2017). There is risk of secondary exposure to trauma whether or not the clinician has history of personal trauma (Butler et al., 2017). Knight (2013) indicated that social workers who have support from employers tend to initiate self-care strategies and in so doing have decreased vicarious trauma levels.

I conducted a qualitative action research study including clinically licensed social workers as participants. A focus group format was used to gather data. Qualitative research is exploratory research used to understand opinions and reasoning of participants while relying on the facilitator to gather participant data that has an emphasis on narrative data rather than numerical data (Royse, Thyer, & Padgett, 2010). Focus groups have been shown to be a key approach to gain insight into the thoughts, views, and experiences of particular groups of individuals who share essential characteristics (Jenkinson, Leahy, Scanlon, Powell, & Byrne, 2019).

Section 2 of this research study includes an explanation of the research design and methodology. Qualitative methodology was used to support of the intent of gaining

insight into the perspective of social workers. Ecological systems theory was used to view how trauma social workers perceive organizations' support of social workers exposed to vicarious trauma. Ethical implications related to the involvement of human subjects and information gathering are also presented in this section. In addition, I review the observation, description, and explanation processes of the action research project to demonstrate the significance of the study (see McNiff & Whitehead, 2010).

Research Design

I examined the perceptions of social workers related to the level of organizational support of social workers with symptoms of secondary and vicarious trauma. An action research design is used to answer questions to identified practice problems (McNiff & Whitehead, 2010). The nature of this project was based on action research, which was used to examine the perceptions social workers have about their organizations' level of support of secondary-trauma impacted social workers. The use of action research allows for development and expansion of ideas. Action research also enables the researcher and participant to reflect on or consider desired change in the idea or problem with the social system. An outcome of the current study may be an improved level of support and an enhanced perception of employers by social workers.

Research data were obtained through the use of focus groups. A focus group is a tool or technique in which the research facilitator moderates small groups to extract information and data (Linhorst, 2002; Jenkinson et al., 2019). This information is provided by participants based on their beliefs, attitudes, or motivations about a specific issue or problem (Linhorst, 2002).

The ecological systems theory was the conceptual framework that guided the research design. The ecological systems theory was a holistic approach to examine the social workers' beliefs based on multiple levels of being (see Kapoulitsas & Corcoran, 2015). The group design consisted of a purposive sample of between eight and 12 clinically licensed social workers invited to participate.

Nature of the Study

This project addressed the perceptions clinical social workers have of their organizations related to the level of support that is provided for social workers who have symptoms of secondary and vicarious trauma. A qualitative focus group was used to gather data. A focus group was used because it allowed for participation of social workers from a purposive sample and allowed them to report their thoughts, experiences, and beliefs. The theoretical framework for this study was the ecological systems theory. The ecological systems perspective addresses how systems and subsystems impact individuals and organizations (Pack, 2013). The rationale for the use of this theory in a focus group design was to examine the perceptions social workers have about the level of employer support related to vicarious trauma and self-care, and how this relates holistically involving various systems.

Key terms in this research study were *secondary trauma*, *vicarious trauma*, *compassion fatigue*, and *burnout*. Vicarious trauma and secondary trauma are often used interchangeably in research. For the current study, secondary trauma was defined as trauma that results from secondhand exposure. Typically, secondary trauma is attributed to caretakers who provide care for trauma victims (Baum, 2016); however, in the current

study, the term was associated with trauma care providers. The term vicarious trauma was used to identify repeat trauma episodes that health care providers have been exposed to while providing treatment interventions to trauma victims (Finklestein et al., 2015; Graham et al., 2016; Pack, 2014; Pross, 2006).

Social workers are exposed to secondary trauma when providing interventions to trauma survivors over an extended period of time. Although a social worker may not have direct exposure to the trauma, the repeated and prolonged secondary exposure to the trauma scenario will cause secondary or vicarious trauma symptoms (Pack, 2014). I sought to examine the social workers' perceptions of the level of support from organizations as it relates to the secondary and vicarious trauma.

Compassion fatigue is a phenomenon that occurs when social workers are overly engaged and empathic with trauma clients (Newell et al., 2016). The term burnout is used to describe the symptomatic outcome related to exposure to vicarious trauma without proper self-care, which has the potential to have a negative impact on the professional and personal life of social workers (Morse et al., 2012). Furthermore, compassion fatigue and burnout negatively impact service delivery. In a focus group discussion, it is necessary for the facilitator and participants to have an understanding of the key terms to encourage increased benefit and understanding in the interview process.

Methodology

The purpose of action research is to examine interactions and affect social change that impacts individuals, groups, and communities (Foth & Axup, 2010; Guest, Namey, Taylor, Eley, & McKenna, 2017). To examine thoughts, ideas, and beliefs of those

impacted by an event or phenomenon, data must be gathered. The focus group discussion was the method by which data were gathered from paticipants. The focus group is a qualitative research method in which a facilitator generates conversation through use of open-ended, semistructured questions aimed at a small group of participants to gain insight into thoughts, beliefs, and attitudes regarding a topic (Breen, 2006; Jamshed, 2014; Linhorst, 2002; Onwuegbuzie, Dickinson, Leech , & Zoran, 2009; Zupancic, Pahor, & Kogovsek, 2019). The tool used to collect data for the current study consisted of an interiew questionnaire designed to generate dialogue from group participants. The focus group consisted of eight to 12 clinically licensed social workers who had been or who were employed working with trauma victims.

The use of a focus group is more practical and appropriate than individual interviews because the focus group will generate ideas and prompt responses from participants (Breen, 2006; Zupancic et al., 2019). The synergy generated from the focus group members is helpful in generating group interaction while gathering data (Rabiee, 2004). This was an advantage of using a focus group in the current study. The limitation of the focus group is that it limits generation of group ideas and focuses on fewer issues (Jamshed, 2014). The focus group may also cause individuals to refrain from sharing true thoughts or group members becoming stuck on one point, which may inhibit the flow of the group. It is the role of the facilitator to provide encourgment and support and assist the movement of the group (Breen, 2006; Jamshed, 2014).

In addition to the use of the focus group, participants provided demographic information in a written format that was stored along with all acquired data for safe

keeping. The demographic information allowed me to have an awareness of group members' similar or dissimilar characteristics. Krueger (as cited in Rabiee, 2004) suggested that participants in a focus group should have some homogeneity and recommended that participants not be familiar with each other. I provided interview questions to gauge the attitudes, beliefs, thoughts, and experiences of the participants (see Appendix B).

Participants

A purposive sample was used in this study. Use of purposive sampling allowed for the development of themes as identified by social workers who had particular attributes of being clinically licensed social workers with vicarious trauma experience (see Stringer, 2014). The purposive sample included licensed social workers currently practicing in the State of Alabama in a setting that serves mental health consumers who have PTSD. I examined how social workers perceived the level of support of their employing organizations related to attempts to prevent or decrease their vicarious trauma. Participants were invited to take part in the study via email and traditional mailers.

A projected limitation included the proximity of the participants. The study took place in an area in which there was a limited number of licensed clinical social workers in the trauma field. Kruger and Casey (as cited in Rabiee, 2004) suggested that between six and 10 individuals in a focus group are adequate to provide strong perspectives while remaining on topic. Onwuegbuzie et al. (2009) suggested a viable focus group could consist of between six and 12 individuals. In the current study, eight to 12 participants were projected. Participants were limited to those who met the selection criteria of a

clinical social worker with experience in trauma services. This number of individuals allowed for varying perspectives without removal of focus from the desired topic. The group size also allowed for lack of participant response.

The participants were required to have a graduate-level education from an accredited educational institution and a valid clinical social work license. Participants were also required to have experience in working with trauma victims. I used the websites from the Alabama Board of Social Work Examiners (ABSWE) to provide mailers to clinically licensed practitioners within the geographic area of Dothan, Alabama where the focus group took place. These social work boards included the Alabama Social Work Board but may have also included residents of Florida and Georgia because they may hold a license in Alabama.

In addition to using the ABSWE websites to contact potential study participants, I invited participants via social networking. Local trauma agencies were considered but were not contacted directly. Participants were asked to accept the invitation via email, after which additional information including consent and confidentiality agreements would be emailed to them. Participants were sent a reminder email 3 days before the focus group event.

Instrumentation

Demographic information was gathered from each participant. The focus group interview consisted of 12 questions, and the interview protocol was semistructured. These questions addressed experiences, thoughts, and beliefs related to the perceptions each social worker had about vicarious trauma and organizational support. Data from the focus

group were gathered using two audio devices. The purpose of using two audio devices was to have a backup device in the event of a malfunction of one of the devices. The audio recording was transcribed, and I searched for patterns and trends from the participants' responses.

The facilitator educated participants on the purpose and use of the multiple audio devices as well as the questionnaire. I educated the participants on the role of the research facilitator. I also provided education on the terms of confidentiality and group etiquette. The participants were informed of how the data from the group would be stored, including written, digital, and audio data. Digital recordings are required to be password protected and audiotape recordings are stored under lock and key. Participants signed consent forms to consent to the audio recording of responses (refer to Appendix F).

Data Analysis

Data analysis of this research project was based on the themes derived from the transcript of the focus group. Data analysis is the process of sorting and classifying information that was gathered from research participants (Green et al., 2007). The data that was considered within this focus group was based on individual and group comments and interactions. Onwuegbuzie et al., (2009) stated that most action researchers use group interaction as the focal point for data analysis. Bree and Gallaher (2016) impressed upon researchers the need to assure that qualitative data has been deciphered accurately and suggest the use of multiple recording devices in this endeavor. Data used in the research must be reported in a manner that is both professional and unbiased and which supports rigor (Bree & Gallegher, 2016).

The transcript-based analysis was used to compare the patterns and themes of the data. A transcript-based analysis is a time-intensive method of analyzing data that was based on the transcribed audio recordings of the respondent to identify themes (Onwuegbuzie et al., 2000). The transcript-based analysis was further defined as the act or method of detecting, examining, and reporting patterns also referred to as themes within the reported data (Bree & Gallegher, 2016).

When deriving themes from group interviews, it is essential to take note of the extensiveness, intensity, and specificity of comments that are made by respondents (Breen, 2006; Guest et al., 2017). Paying attention to the responses of the group members helped the facilitator to detect items of importance to the respondents and facilitate patterns. These patterns were placed in appropriate categories during the coding process.

This study consisted of several data analysis stages. The first stage consisted of multiple reviews of the transcribed information and patterns of information that seemed to be of importance to the respondents, was noted. The researcher became immersed in the data, which required repeated review of audio and transcripts to detect information that appeared to be pertinent to the participants. The next step involved coding or examining the information that was detected during the process of repeated reviews of the transcript and audio tapes during the immersion process.

Codes are described as "descriptive labels that are applied to segments of the transcript" (Green et al., 2007). Coding is a way of making sense of dense information so that it makes sense to the researcher (Elliot, 2018). Coding was completed by hand by the singular researcher. Green et al., (2007) stated that many times delineating categories will

occur alongside the process of coding. Coding is not an end unto itself but has a purpose, therefore each point of data that leads to a new direction must be marked for consideration (Elliot, 2018). The process of placing data in subsets or smaller categories helped to further breakdown and understand the relationship between the data. Once the categories were in place, the themes were identified, and interpretation of the generated data established. The overall process of data analysis was to understand the question related to the perception trauma social workers have regarding the level of organizational support of staff who suffer from secondary and vicarious trauma and how to prevent or minimize the symptoms.

Ethical Considerations

The profession of social work is guided by professional standards of ethics that comprise values and qualities of character (Banks, 2008; NASW, 2017). These ethical guidelines enhance the field of social work in research as well as daily (Banks, 2008; Banks et al., 2013; Cole, 2012; Peled, 2010). Employing the ethical guidelines presents an increase in the positive perception of the research process which furthers stakeholder buy-in, participant support, and enhancement of the field of social work in research (Reynolds & Sariola, 2018). In social work, practice strategies are used to enhance the care and well-being of clients and to positively promote the profession of social work. The guidelines of the NASW *Code of Ethics* (2017) were used in consideration of challenges related to the research practice setting.

Human Subjects

The use of human subjects was a necessity for this research project because a focus group was used to gather data. The institutional review board (IRB) provided oversight for protocols and procedures related to research involving the use of human subjects to ensure the protection of rights and welfare (Cross, Pickering, & Hickey, 2015). The IRB approval number was 03-26-19-0540847.

Ethical Protections

Section five of the NASW *Code of Ethics* (2017) explicitly referenced protections related to the responsibilities of professional social workers in research. Human participants in this study were treated following the social work ethical code of standards. Participants were informed of the purpose of the study which did include identifiable benefits and risks. Participants were provided an opportunity to ask questions and seek clarification related to any aspect of the research study, the facilitator role, or their role in the study. Each participant was provided with a copy of the informed consent and was encouraged to ask questions for clarification as needed. Participants were provided with informed consent forms and asked to review and sign.

Participants were informed that participation in the study was voluntary and they were told that they could opt-out at any time. Participants were asked to make the research facilitator aware of any distress during the interview process. Any distress noted would allow the researcher to make an effort to limit interview questions to those that would cause minimal disturbance or distress to participants. A list of counseling resources was made available for group members who needed to access counseling services.

Participants who accepted the invitation to participate in the research received an email with the date, time, and place of the focus group. The location chosen for the focus group was a local, Houston County Library in Dothan, Alabama. The research facilitator notified each member of the focus group that the planned time for the interview would be between 60 and 90 minutes. Time was allotted for a debriefing of any concerns that came up during the meeting.

Participants were informed of their right to privacy and provided with a copy of their confidentiality agreement. Participants were told that they would be audio-taped and the tapes would be transcribed by me. Identifying information was removed from transcribed documents, and the documents were locked in a storage/filing cabinet within my home. When possible, direct quotes were used, an alias was used to identify group members. The participants were told that committee members, faculty advisors, and I would have access to the transcripts.

The data gathered from individuals is confidential. Due to proximity, some of the social workers did have an awareness of each other in a professional capacity. Therefore, a true concept of anonymity was challenged in the focus group of peers. Participants were asked to adhere to the confidentiality agreement. An added limitation of the study included having participants of the same agency, which could result in discomfort in providing true responses based on fear of lack of confidentiality. There was no recourse in event of a breach of confidentiality between peers. The participants were encouraged to adhere to the ethical codes of conduct established by the *Code of Ethics* (2017) regarding confidentiality.

I did not receive funding for this research. There was no monetary compensation to participants. The participants were provided with a small gift bag that was valued at about $3.00, as a token of appreciation. These bags included inexpensive stress relief items such as a stress ball.

Summary

Section five of the NASW Code of Ethics (2017) encouraged and promoted social workers to enhance the profession of social work through research. The participation of social workers in this study is voluntary, and appropriate consents will be available for each participant. This was a qualitative, action research study and information will be gathered via a focus group. This action research study examined the perception social workers had about the level of organizational support related to social worker exposure to secondary and vicarious trauma. The potential themes identified from this research will be helpful to the field of social work and the community at large by identifying strategies for change.

Section 3: Presentation of the Findings

I examined the perceptions social workers have about organizational support of social workers exposed to vicarious and secondary trauma. The purpose of this study was to determine whether additional efforts are needed by organizations to provide support for social workers who may be impacted by vicarious or secondary trauma. Findings may enable organizations and institutions to develop programs and policies to assist social work staff to minimize symptoms of vicarious or secondary trauma.

The ability of organizations, supervisors, and employees to understand the role of each entity in terms of strategies and interventions for support may be helpful in the effort to improve outcomes of social workers who suffer from symptoms of vicarious or secondary trauma. This study added support for the premise that culture of support will produce a positive and empathetic environment for social workers (see Wilson, 2016). A positive and empathetic work environment is beneficial for the continual well-being of social work employees.

The following research question guided the study: How do social workers exposed to vicarious or secondary trauma perceive their level of organizational support? An additional question was developed as a result of similar responses in the focus group. The second question was the following: How do social workers feel when they perceive they are not effectively supported in their employment? The focus group questions addressed the personal impact of trauma and how it affected participants' lives in the organization, with clients and individually. The interview questions were based on the

ecological systems theory and addressed how changes to one part of the system impact other parts of the system (see Pack, 2013).

The data for this study were gathered via a focus group. Participants were recruited by use of a flyer posted on social media and mailings. The flyer and mailer were directed toward social workers who met the criteria of having a graduate-level education and clinical license as a social worker and who had worked with trauma victims. The goal was to have between eight and 12 participants in the focus group. However, the initial group failed to have a sufficient number of individuals, which prompted a second round of invitations and a second group. Therefore, two focus groups were conducted with four group participants in the first group and two participants in the second group. Open-ended questions were used to facilitate the discussion. Audio recordings of the group sessions were made and later transcribed by me.

In Section 2, I discussed the participants and how they were chosen for the study as well as ethical standards for human subjects. The following section consists of the methodology and data analysis of the study. Tables are used to show the relevance of the answers that participants provided during the focus groups. Limitations or gaps in the study are identified for application in future studies.

Methodology

Data for this research were collected via face-to-face participation of individual social workers who met the selection criteria. The criteria established for social workers to participate in this study consisted of having a graduate-level education, being a licensed clinical social worker, and being currently involved with or having been

involved with performing treatment services for individuals with trauma. Participation in this study was strictly voluntary with no form of payment involved other than a goody bag with stress-relief items. These stress-relief items included a stress ball and a list of suggestions for stress relief valued at less than $3.00 per bag.

Sample Population

A purposive sample was used to determine the criteria of the chosen population for this research. Prospective participants were listed on the ABSWE website. This site provided addresses of social workers as well as level of licensure of social workers. In addition to the website, a flyer was posted on my Facebook account. Members who met the selection criteria were invited to participate in the study. Initially, eight individuals responded to the Facebook post, and none responded through the ABSWE website.

Recruitment

Participants were invited via a flyer on social media as well as mailers to the ABSWE members. The percentage of individuals who saw the flyer on Facebook could not be determined because there was no direct way to know how many people saw the flyer, only the number of individuals who responded. Eight individuals responded to me indicating an interest. The mailings did not yield any responses. The second focus group included those who initially responded to the social media posting but did not attend the first focus group. Two of the individuals who expressed an interest in the first group but who did not attend the first focus group made up the second focus group. The total number of participants was six.

Demographic Information

There were eight individuals who responded, and six participated in the focus groups. The participation rate was 75%. The 20 mailers to social workers from the ABSWE website yielded 0% interest. The participants included one male and five females. Three participants had between 11 and 20 years of experience working with trauma patients, two individuals had over 20 years, and one had between 1 and 5 years.

Data Collection

Data were collected through use of focus groups. Each participant was provided the opportunity to share thoughts, beliefs, and experiences about the level of support from their employment organizations related to secondary and vicarious trauma reactions. Data were collected about two weeks after I responded to individuals who were interested in being participants.

A date and time were chosen, and a copy of the informed consent and request for demographic information was sent to the individuals along with a copy of the interview questions. The first session was held at the Houston County Library, and four participants attended. This limited number of participants necessitated a second focus group, which was also held at the Houston County Library 6 weeks after I ran the flyer on Facebook and mailers from ABSWE website again. This yielded an additional two participants in the second session.

Each focus group took between 60 and 70 minutes. Prior to the focus group, participants were provided an opportunity to ask questions and were briefed as a group on informed consent and how to opt out of the study for any reason without fear of penalty

or repercussion. Participants' confidentiality and privacy were reviewed, and my responsibility related to confidentiality was explained.

The instrument used to collect data was a semistructured interview protocol with open-ended questions. The questions were designed to elicit responses from participants about their thoughts, experiences, and feelings related to secondary and vicarious trauma within agencies or organizations. A digital recorder and a cassette recorder were used. The collected data were transcribed by me and placed on a USB drive. I used open-ended questions (see Appendix B), which were shared with participants prior to the sessions to help guide the focus groups.

The transcribed copies of the transcripts were placed on a USB drive. The cassette recordings and the USB drive were stored in the locked file cabinet in my home. Additionally, any confidential information, including demographic information, was scanned and stored on the USB drive. This information will be stored for a period of 5 years, per Walden University requirements.

Data Analysis

The transcribed data were transferred to an Excel worksheet and color-coded to help me identify recurring themes. I did not use other software to assist in determining the themes. Using the worksheet, I made multiple reviews to identify subsets of information from the raw data that were initially placed in the worksheet. Multiple reviews of the subsets yielded patterns of data that were eventually identified as the main themes of this study. The ecological systems theory was used to interpret the themes.

Rigor

To ensure rigor of the data, I recorded and transcribed them. The data were placed in an Excel worksheet and were repeatedly reviewed until a theme became apparent. I made efforts to promote transparency and rigor by providing a list of interview questions to the participants. I listened carefully to the focus group discussion and redirected participants as needed. I helped to keep the focus of the conversation on the interview questions so that data would be relevant to the study topic. The compiled data were reviewed by my committee chair to ensure rigor of the data reliability of the results. Application of the ecological systems theory was pertinent in ensuring the general transferability and transparency of the results. I reviewed the data based on my understanding of how systems or subsystems of participants were impacted by exposure to trauma. The responses from the participants were similar, which may enhance transferability to similar research settings.

Limitations

A possible limitation of this study was the lack of prevalence of males in the focus groups. The lone male participant seemed to indicate fewer stress-related symptoms of secondary or vicarious trauma. Although this participant noted needed changes to address social worker needs, my notes indicated that his statements did not seem to reflect the same level of intensity as the female participants' statements. The female participants often used emotional terminology to reflect feelings, whereas the male participant as appeared to more nonchalant.

In addition to this possible limitation, several of the participants from both groups indicated confusion regarding one question. My notes indicated that group members said they had confusion about Question 8. Once I provided clarification, participants were able to convey their thoughts and insights. The lack of written clarity of the question caused participants confusion, which led to a potential limitation. The original question did not provide clarity for the participants about the impact of the symptoms of vicarious and secondary trauma to the individual social worker, the client, or the organization. My notes indicated that questions need to be structurally sound and make sense so that participants can provide adequate and relevant responses.

Another limitation of the study was related to the diversity of the focus group members. Although the focus group had six participants, the groups were not gender or racially diverse. Only one person identified as male, while all other participants identified as female. Racially, there were two White members and four Black members. This lack of diversity may be reflected in the reporting of answers to the focus group questions.

A final limitation was the employment proximity of the participants. The participants reside and work in an area where there are few licensed clinical social workers who focus on trauma services. Members of the focus groups work within a 30-mile range of each other. Due to the area in which the participants reside, many of the participants may have held similar types of employment. The lack of diversity regarding the type of social work practice settings of the participants was a possible limitation of this study.

Findings

A purposive sample was used for this research. The sample involved social worker participants who were licensed, clinical social workers. All participants had a history of employment, current or past, as providers of trauma services to vulnerable individuals in need of treatment. The participants included five women and one man.

The researcher provided a table with a list of the language used by participants to discuss thoughts, feelings, and perceptions based on their experiences with organizations and their level of support (Table 1). The answers in Table 1, Q-1 are based on questions about the perception of the level of support. Participants answered questions about the perception of organizational support. Participant themes indicated organizational support as being inferior to the level of support that is needed to perform social work duties with trauma clients. Table 1, Q-2 is related to how the participant feels about the lack of support from the employing organization. Themes were identified based on the overall questions as well as themes identified by participants concerning the research questions. This list provides a snapshot of specific answers relating to the perception of support. While there were multiple answers to some of the items, only one participant answer was assigned to each question to show a snapshot of the answers.

Table 1

Participant Answer to Primary and Secondary Research Question

Themes	P1	P2	P3	P4	P5	P6
Q1	Lack of value	Lack of follow through	Disparity between what is said/done	Burnout/stress	Inadequate	Superiors fail to recognize VT/ST
Q2	Emotional Drained and frustrated	Drained and frustrated	Stress and frustrated	Stress and detached	Disturbing	Sad

The research question was related to how social workers perceived their organizations' level of support after the social workers' exposure to vicarious or secondary trauma. Based on participant feedback, the finding was that all the participants agreed that there is a general lack of support provided to trauma social workers exposed to secondary and vicarious trauma. Additionally, based on participant feedback, social workers believed they were impacted negatively due to the inadequate level of support and self-care. The themes noted were lack of support and participant frustration at employers. The participants indicated disparity or a disconnect between how supportive strategies were verbalized and the lack of follow-up of support strategies to the social workers.

Lack of Value/Support

The male participant was in the second group and stated on page 7 of the transcript,

> Going back to that situation that I had that I was talking about earlier where the client committed suicide, that time I was working on contract and the response that I got from my supervisor was um, an email with the EAP Brochure attached to the email, saying here is the brochure if you need some help. Not even a phone call from my supervisor asking about if I was okay or if something wasn't done correctly. Nothing just here is the brochure. Which I am sure the intent was good but personally, I thought it was a pretty poor response.

A limitation of this question was that the lone participant of this answer was also representative of a 100% of the male participant in this study. The remainder of the participants, or 83% of the participants, were females. Whereas, 100% of participants answered the question, the male in the group did state that symptoms for vicarious or secondary trauma were not as troubling for him.

However, Participant 1 provided her thoughts,

> I think with each of the positions that I had in social work, uh, not any particular case, but I feel that uh, many of our supervisors, where they lack in providing us with that mental health support. I don't think that it's anything intentional but I don't think that they really, value—if that's the word--, value our mental health as much as you know, the services that we provide to many of our clients.

Participant 1 indicated a thought that while the support from direct supervisors is not forthcoming, it is not intentional or deliberate.

The findings are representative of 100% of the participants who perceived poor support from organizational leadership at some point during their career. Participants stated that organizations made statements of support for social work staff, but failed to follow-through. Participants indicated a discrepancy between what was said by employers and the level of support that was shown. The findings of this research study answer the initial question of how social workers perceive support from organizations. Participants indicated there is a discrepancy in what the organization says related to support and the actions that are required to fulfil support for staff.

Emotional Experience

The participant answers to this question were based on, whether or not, they felt supported or not during their time of exposure. This question elicited 100% of answers that indicated the participants had negative reactions including, feeling emotionally drained, feeling of sadness, or behaviors that reflected symptoms of stress or depression when feeling not supported. Participant 1 indicated,

> A lot of times I become emotionally numb. Because you know, I have one of my coworkers to say, ‘you just so stoic’ and I say I don’t want anybody to say that about me. But I think it is just being in this job for so many years and you hear things. And issues that, it’s just like, just know, I am not like you know, green you just deal with the issue and you keep it moving. And it’s like ohhh, you want to be a little more compassionate but sometimes it’s like, umm it’s like here is the issue, lets deal with it.

Participant 1 indicated that while she is careful to perform her job, she comes across as being cold or numb. As a social worker she indicates, she has no desire to be seen as such but is more aware of the need to fulfil her duties related to employment regardless of her personal well-being.

A 100% of participants discussed feeling of sadness, frustration, being emotionally drained, stressed, or disturbed related to symptoms of secondary or vicarious trauma and poor support systems in their organizations. Participant 2 shared,

> When I was in a job where I heard a lot of, lot more of accounts, of personal stories and experiences that they had, I would find myself feeling kinda of drained. Um and kinda of frustrated because you want to help them but you can't, you can't erase what happened to them. So, I found myself feeling drained and frustrated." Participant 6 stated "I remember an incident when I was working at Children's Rehabilitation Center or Alabama Department of Rehabilitation Services. Umm working with children with special health care needs that would be brought in to us to see specialists like orthopedic or neurologists. But in one particular case, there was this baby and um, he was living with his mother and her boyfriend and he had shook the baby. And we were working with that kid and he was getting better, and they give custody of the baby back to her. And um, she let the boyfriend in again. And he shook him, again, and I mean. When I saw that child again, he was just there. I mean he was a vegetable. That kind of thing weighs hard on you.

She further stated, “and these cases were coming in and you know it was sad.”

Participant 5 discussed the suicide of a patient and how his supervisor offered support to him. Participant 5 stated,

> It was a very disturbing experience for me even though I do believe I did nothing wrong or against the policy or nothing, it was just very bothersome. And I still think about it sometimes, and it has been probably a good four years ago.

Participant 5 reported his supervisor sent him a copy of an Employee Assistance Program (EAP) pamphlet as a means of support. Statements provided by the participants indicate how emotionally stressful a perceived lack of support can be for social work staff. Lack of support seemed to have become a part of the practitioners’ functioning based on statements by the participants.

Disconnect Between Organization and Employee

Review of the transcript of the focus group indicates that 83% of the participants indicated the belief that there was a disconnect between verbiage of support from the organizational leadership and their more immediate supervisor or facility leadership. Participant 3 stated, “So we got the wording right but I don’t’ know that we always follow through and that’s the problem.” When asked to explore thoughts on the perceived discrepancy between what employers do and what they say, Participant 4 stated,

> You know, they really just assume we all are just doing okay, we doing our jobs, which we all are, you know, doing our jobs. But you know we can’t say we don’t have our good, you know we have our bad days, rough

> days, so. I think umm, really, I don't know about others, but I haven't reached out for support you know. But it would be nice for people, sometimes for people, for like support to reach out to us instead of us having to do it all the time.

Participant 4 further states, "I think it starts from the top." and "whoever is over your supervisor has to kind of instill or encourage certain things."

Participant 3 stated the belief that "support from organizations starts at the top but does not always get to the bottom but rather stops somewhere in the middle." Participant 3 further stated

> So yes we are caring people, we care about each other but somewhere down the line, the mission has gotta get done and I may not always take care of the people who I need to take care of. Because of the mission. So, yea, I think the wording is good. I don't know if it is always followed through.

Participant 5 provided an example of the perceived disconnect in his discussion of relationships between employee and supervisor. Participant 5 stated,

> Whether things are going good or bad, or whether there has been a trauma incident or not, so that if some type of incident come up, obviously trigger some trauma, the relationship with the supervisor is already there. It's not just 'oh, just oh, my goodness this happened, what do we do.' Hopefully you already have the relationships and hopefully over a period of time you

> have become comfortable with your supervisor, so that you can be in a position to discuss the situation.

Participant 6 provided insight into her thoughts related to differences between private and public organizations and the level or type of support from each. She stated,

> Working, that's the difference, working in a private organization and a State organization. Of course, you have those things in place, to help you like counseling services with the State. Of course, with a private organization, a lot of times, you don't know, you don't see your supervisor, so they don't' have a clue what it is that is going on.

Participant 4 stated,

> If you miss a day, you know, you get behind and you got all these documentations to do. Missing a day from [work] means you piling up more work on you that is gonna be sitting there waiting. You have less time to do it because you missed a day. So sometimes I feel like—I have noticed in the past that I've put aside things that I need to do for myself that required me to take time off because I have the leave but it's like you know, I don't, putting aside appointments when I need to go and take care of myself, you know, physically and going to follow-up on medically too.

Participant 2 stated "I felt like they said the right things but did not exactly follow through with what they said. Does that make sense?" The overall findings for this study was the participants believed there is a disparity between the desire for client well-being and recognition and desire for the provider to have continued well-being.

A 100% of participants discussed feeling of sadness, frustration, being emotionally drained, stressed, or disturbed related to symptoms of secondary or vicarious trauma and poor support systems in their organizations. Participant 2 and 6 used their previous accounts to discuss having emotional feelings that left them feeling concerned about the client but also feeling sad, frustrated, and drained.

Impact on Relationships

While there was some expectation that exposure to secondary or vicarious trauma would have an impact on the family of participants. The extent to which family was impacted by social workers symptoms of secondary or vicarious trauma was somewhat unexpected. All participants voiced recognition in the need to provide adequate self-care in order to maintain personal and professional health. Participants voiced that family was the most immediate and pressing reason to seek self-help. Participants provided discussion about trust as an impact from provision of trauma services.

Participants discussed the importance of family relationships in maintaining self-care. Participant 2 stated,

> Like I told you I worked at a residential facility with kids for a real long time, and I don't have any kids, and I think that's a blessing, ah because I really feel I would, because I was told so many things like what you were saying the church members, police officers, I mean people that should be trusted, you fear. And I just think I would not be a very, I just think that you know relaxed mom.

Participant 2 seemed to suggest that she think that her experiences working with trauma victims has left fearful of becoming a parent due to concerns about the trauma details she had been exposed to.

Participant 3 stated,

> Just personally for me, I remember addressing my sister one time. She came up to me with a problem and to me it was not problem at all. And I was thinking "oh you really need a problem" (laughing), and I, this it, makes you kind of cynical. Or it was like 'this is really not a problem'. It like just get it done, you know, because I deal with people who have problems every day, who really have problems, so I do think it does kind of make you a little jaded with people at home.

Participant 5 shared an example

> We think more that other people perhaps, about whether your kid is safe or not. When they are at school, you might perhaps, be a little more aware that somebody else might be about certain dangers. Um for example, I went to a training one time about human trafficking and um, I didn't really enjoy the training to be honest it was pretty disturbing to think that somebody would do something as horrible as what was being described in the training.

Participant 3 discussed,

> I don't trust anybody with children. You know. I investigated a church issue where the little girl went to the bathroom and somebody molested

> her on the way to the bathroom. So, my thing is like if you leave out of my sight, to go to the bathroom, somebody is with you. And I tell parents all the time when you heard all those incidents about people in Wal-Mart, you still see children playing around by themselves when they there. So, I am heightened, so it makes me not trustworthy of other people. And you always tell people to be careful and then they start to believe that you have the problem, because you don't trust people.

It seems that all of the participants voiced being overly cautious with their children because of trauma details they have been exposed to. They also implied that there were difficulties within their family or friend relationships due to exposure to trauma details.

Burnout

Participants discussed how exposure to trauma interfered with interaction with personal relationships and family. Participants stated that feeling overwhelmed leads to feelings of being tired, causes mistakes in the work arena and can lead to burnout. Participant 2 stated, "with burnout, compassion fatigue, you come across to people as cold or that you just don't care."

Participant 4 discussed with group that there are "high expectations" placed on social workers regardless of what they are going through. Participant 4 discussed,

> I have been in places where I have just got burnt out and I think maybe if there is more support in the agency to deal with this type of, you know,

> with the stress, that can come from the type of clients we work with, it may help with burnout.

The participants recommended uniform self-care from the top to the bottom of their organizational structures.

The themes for this study are shown in table 2. Themes were determined by placing the results of the focus group in an excel worksheet and reviewing the answers to questions. After several review rotations, a pattern was detected.

Table 2

Themes

Child protection	2
Time off/vacation	4
Socialize/talking	4
Lack of value/support	5
Therapist	6
Frustrated	3
Drained	4
Music	6
Exercise	2
Adult beverage	2
Stress	3
Sleep deprived	4
Burnout	2

Self-Care

Participants broadly discussed the area of self-care. With 100% of participants admitting that they did not hold themselves to the same level of self-care that they encouraged clients to achieve. Participants generally believed that self-care was lightly

encouraged by employer organizations, but no real effort was made to help participants with arrangement such as scheduling leave, in order to take care of emotional health related to secondary or vicarious trauma. Participants also voiced awareness that they often did not push for their self-care or take leave in favor of providing care for patients. To some extent this seemed to be because participants felt there was an expectation for the care of patients to come before their own.

Participant 4 noted

> I have noticed in the past that I've put aside things that I need to do for myself that required me to take time off because I have the leave but it's like you know, I don't , putting aside appointments when I need to go and take care of myself, your know, physically and going to follow-up on medically too.

Participants relayed that while they are told to take care of self, there is difficulty in doing so because they feel the client comes before their own interest in the eyes of their superiors. Participant 4 further stated, “people think we are supposed to be Superman/Superwoman, you know, you got to do it.”

Later Participant 4 submitted, “If you miss a day, you know, you get behind and you got all these documentations to do. Missing a day from [work] means you piling up more work on you that is gonna be sitting there waiting.” Participant 4 also noted, “And to be honest with you, I feel like the organization does not like you having to cancel people. It's not looked at highly favored.” Participant 6 stated,

> And you know, sometimes just taking time off. It is very important, I think for the agency to have um, for the social worker to have a fair amount to leave time that they can take. Cause sometimes it is not just taking it for fun, but it is to recuperate from hearing things and hearing people's problems every single day. So, it is important. That is a policy issue I think to have a fair amount of time and I think it is also important to have training about self-care regularly.

Participants implied that it is important for social workers to have enough hours in the leave bank so that if a worker needs to take time away, it can be permitted.

Participants noted difficulties in accessing time off to take care of emotional health and wellness and the impact this has on social workers. Participant 6 noted,

> a lot of times, I noticed in working with a lot of social workers, that we do experience burnout and all the symptoms are there. And um, and being a supervisor, myself with social workers, um, you have to learn how to pay attention to that.

Participants stated that there are various things that help in efforts of self-care efforts. Listening to music was the most common recommendation of participants with 100% of participants factoring in music to relax. Alcoholic beverages were stated to help with relaxation according to 33% of the participants. Additionally, 33% of the participants used exercise as a method of relaxation. Relaxation by talking and socializing with family and friends came to 66.66%, as did taking time off work or vacationing.

Ecological Systems Theory

The theoretical framework chosen for this study was ecological systems theory. Ecological systems theory explores how changes to the system or sub-system cause change (Pack, 2013). This theory was used to explore how secondary and vicarious trauma impacts the systems and subsystems of social work. The social worker involved with a single client is completing micro-level social work and is working directly with the client. The mezzo-level of social work occurs as the social worker branches out to work with larger groups and is not directly involved with the individual client, but still is connected or interconnected to the client. An example of mezzo-level in social work is a social worker who is working with an education or licensure supervision group. No direct social work is being practiced but there is still a connection.

In the exo-system, the individual does not have an active role, for example, a social worker may not have an active role in the trauma of the patient but yet may find that exposure via the patient has made an impact. The macro-system level is inclusive of several aspects of the person, beliefs, socio-economic status, and the context of the greater community and the person. Macro-systems tend to influence individuals. Depending on the greater context of influence, an individual may or may not accept help from an organization or agency when help is available.

When vicarious trauma is seen in an individual social worker, the social worker would be considered as on the micro-system level as the individual is directly impacted. When the symptoms of the social worker begin to impact family, social settings, and other groups, albeit indirectly, it is then on the mezzo-system level. To use the example

that was previously used, a social worker may not have a direct trauma event but through exposure has begun to have symptoms reminiscent of those of the clients on the exo-system level. A social worker who experiences secondary or vicarious trauma can opt to not make the organization aware of issues that need to be addressed if the belief system does not allow. A social worker who believes that there will be a negative impact or outcome for sharing symptoms of exposure trauma may opt to not share.

The ecological systems approach enables a holistic view of the systems and subsystems for social workers (Crosby, 2015). In this research study, the ecological systems approach was used to show how the misalignment of one subsystem impacts the system as a whole. The impact of secondary and/or vicarious trauma causes a shift in the ability of the social worker who has a perception of a lack of support. This perception, based on responses from the participants, causes stress, frustration, and possibly other symptoms that then impact the social worker’s systems to include work/home life. Not only might there be a negative shift in work and home life but there may be a direct impact on the community and clients, thereby encompassing the stages attributed to the ecological systems approach.

The ecological systems approach enables social workers to identify personal needs, relate and use available resources, and encourage organizational support and development of strategies towards self-care. The use of the ecological systems theoretical approach can be used to minimize secondary and vicarious trauma. However, collaboration is needed between the systems. These systems include the individual or personal (micro-level), agency, group, or indirect systems (mezzo), environmental (exo),

and cultural, educational, and resource systems (macro). Collaboration between systems and subsystems enables individuals to function within those systems.

The findings of this research indicate that the perception social workers have about their organizations was one of lack of support and disparity between organizational statements and actions of support. Participants noted feelings of frustration, stress related to lack of support, and discussed symptoms of burnout. Participants further noted that support from superiors would factor into less stress, feeling more valued, and being better able to perform at work.

Social workers who can collaborate between the varying systems and subsystems related to a work/life balance will have the ability to feel empowered and to function as a trauma-informed practitioner (Quiros & Berger, 2015). Therefore, social workers who can utilize self-care and are supported by varying systems, organizations, and families, perhaps the person who is providing supervision, or others, will become better able to function as a trauma-informed practitioner. The use of systems theory addresses issues related to social workers becoming trauma-informed. Trauma-informed social workers understand approaches to respond to survivors of trauma as well as to the provision of personal self-care (Knight, 2015; Popescu et al., 2017). Creating trauma-informed climates means social workers feel physically safe, trust the organizations, and communicate in open and mindful ways. Participants in the study noted thoughts that organizational support would allow for them to have the needed time to address personal issues with secondary trauma. Crosby (2015) indicates that the ecological systems approach is a holistic approach that moves social workers towards a trauma-informed

climate. As noted in the findings, the climate promotes the use of a holistic approach in minimizing the effects of secondary and vicarious trauma that impact social workers, clients, organizations, and the community.

Summary

The study participants included six participants, a male and five females. Participant employment positions ranged from child welfare, therapist, and sexual trauma specialist, with all participants having provided therapy to trauma victims at some point in their career. All participants were clinical and licensed social workers. The study results were that 100% of the social workers in the focus groups perceived that organizations and/or leadership often fail to provide needed support related to secondary and vicarious trauma. The findings of the study show that there is a disparity in how support for social workers is verbalized on an organizational level and supervisory level, but in actuality, not provided or is limited.

Participants reported that there are several ways that secondary and vicarious trauma can be minimized. All participants used music, whether listening to music or singing to assist with relaxation. Socialization with family and friends was also perceived to be a way to minimize secondary and vicarious trauma. Time off when needed, also seemed to be a popular focus to help with relaxation and to minimize the effects of secondary and vicarious trauma.

The study results are applied to the profession of social work because they show how social workers perceive their level of organizational support and the impact on their lives, family, clients, employment, and community in general. Organizations who take

the approach of actively supporting social workers who are impacted by secondary or vicarious trauma will benefit from a healthier workforce. Based on the ecological systems theory, social workers who perceive support will show benefit when engaging within their various systems whether, work, family, or community (Bride, 2007; Choi, 2011; Wilson, 2016).

Section 4: Application to Professional Practice and Implications for Social Change

This study addressed the perceptions that social workers have about organizational support of social workers with vicarious and secondary trauma symptoms. Focus groups allowed advanced-level social workers to share their experiences, beliefs, and thoughts about the level of organizational support related to vicarious and secondary trauma. In additional to being advanced-level social workers, participants had a history of working with trauma victims.

The key findings of this study were that participants did not feel supported by their organizations when it comes to self-care for secondary or vicarious trauma. Furthermore, I found a disparity between organizational verbiage of support for social workers with symptoms of secondary or vicarious trauma and organizational actions. Participants also reported feeling they are less valuable to employers than the clients they serve. Participants did not feel empowered to take care of themselves.

A limitation of this study was that only one male participant was included in the focus groups. All participants noted a lack of organizational support. However, the lone male participant expressed less concern or anxiety about the lack of organizational support than the female participants reported. A study including more male participants may address this limitation. Also, lack of diversity of gender and race was also a factor. Future studies may include a more racially and sexually diverse participant sample. Additionally, the sample size was small, which was a limitation to this study. A larger sample size may have yielded more diverse responses.

This study extends the knowledge of the social work profession. Awareness is provided to social workers and organizations about the needs of social workers exposed to or experiencing vicarious trauma. This study has the potential to provide social work points of view and perceptions not only to organizations who employ social workers but to schools of social work as well. Additionally, student social workers may be better able to address self-care as they become employable social workers.

Recommendations for Social Work Practice

I examined the perceptions that social workers have about the level of support received from agencies and organizations related to vicarious trauma of social workers. In the focus groups, there were discussions related to thoughts, feelings, and experiences that social workers had pertaining to employers. However, there were also suggestions or recommendations of ways employing agencies could be more supportive of social workers to the benefit of the employer, employee, client base, and community.

Participants recommended that organizations provide written encouragement to supervisory staff in support of social work staff who may suffer from secondary or vicarious trauma. Participants discussed views on how their employment is or has been impacted by lack of organizational support. Participant 5 stated “I think maybe ah, having a policy where there is a monthly meeting, maybe a quarterly meeting, one on one with your supervisor. Whether things are going good or bad.” Participants also suggested workshops or retreats to help social workers have time away and work on stress as a team. Participant 6 stated “I think it is also important to have training about self-care regularly. Maybe even mandatory trainings.”

There were recommendations that employees be provided with active support from leadership, from the head of the organization to the direct supervisor. This will mean leadership taking a more focused role with social workers, perhaps attending workshops or keeping appropriate lines of communication open. Participants also noted that this support entails being allowed time off to provide self-care when the job becomes overwhelming and the employee seeks time off. Participants also stated the importance of more casual self-care techniques such as engaging or socializing, music, or exercise to help with emotional distress and to remain healthy.

Application of Professional Ethics in Social Work Practice

The first ethical principle of the NASW (2017) *Code of Ethics* is “social workers’ primary goal is to help people in need and to address social problems” (para. 19). Generally, social workers work to address the needs of vulnerable populations. The current study addressed the population of professional social workers who provide services to individuals who have endured some type of traumatic physical or psychological injury. Social workers may be exposed to secondary or vicarious trauma that impacts the systems and subsystems of the social worker. Although impacted, the social worker may continue to have professional interaction with the employment organization and the vulnerable populations.

In keeping with the ethical principles of the NASW (2017) *Code of Ethics* Section 4, the social worker continues to have ethical responsibilities as a professional social worker. Section 4.05 of the NASW *Code of Ethics* discusses impairment of a social worker:

> (a) Social workers should not allow their own personal problems, psychosocial distress, legal problems, substance abuse, or mental health difficulties to interfere with their professional judgment and performance or to jeopardize the best interests of people for whom they have a professional responsibility.
>
> (b) Social workers whose personal problems, psychosocial distress, legal problems, substance abuse, or mental health difficulties interfere with their professional judgment and performance should immediately seek consultation and take appropriate remedial action by seeking professional help, making adjustments in workload, terminating practice, or taking any other steps necessary to protect clients and others. (para. 1-2)

This standard suggests that social workers must take steps to ensure that they are functioning at a level at which the evidence-based judgments and professional practice standards are met. The results of this study suggested that participants at times do not believe that they are working at the best overall level of professional social work because they do not always have the ability to address or meet their personal needs. Previous studies also indicated that when social workers are not able to address issues of secondary or vicarious trauma, their individual, family, work, and organizational structures are negatively impacted (Crosby, 2015; Newell et al., ;Wilson, 2016). Therefore, one application of this study is to encourage organizational support of social workers so that impairment due to secondary and vicarious trauma is minimized.

The principle of Section 5.01 of the NASW (2017) *Code of Ethics* addresses the ethical responsibility of social workers to the social work profession:

(a) Social workers should work toward the maintenance and promotion of high standards of practice. (para. 1)

Social workers who are impaired may not have the capacity to practice social work to the standard that is needed to uphold the integrity of the profession. Therefore, it is incumbent upon social workers who are having difficulty due to exposure to secondary or vicarious trauma to seek repose. It is the responsibility of the social worker to address issues that decrease their ability to serve in the capacity for which they were employed.

The participants in the current study indicated that there may be lack of support for social workers who attempt to engage in self-care to minimize symptoms of secondary and vicarious trauma. Social workers often find they must engage in challenging social injustice; therefore, social workers may find themselves challenging the status quo of their leadership within their organization to meet the needs of social workers. Current study findings may aid social workers in presenting to their organizations reasons why social workers must have their exposure to secondary and vicarious trauma addressed. The identified ethical principles provided content that encourages social workers to perform in an ethical matter. Without the ability to address personal trauma issues that result from client trauma interaction, social workers may find themselves challenged to follow the guidance of the ethical principles.

Social work practitioners can advocate for themselves by forming focus groups within their organizations. These focus groups made up of social work practitioners will address ideas to assist organizational leadership to develop step-by-step policies relevant to practitioners who have symptoms of exposure. Members of the focus group may

present findings from studies as well as challenges to maintaining ethical principles and fulfilling duties when social workers are suffering from exposure to vicarious trauma. Additionally, social workers may speak to unions within their organizations as a means to gain support to address issues of self-care that are imperative for the continued provision of social work services and employment.

The findings of this study are significant and relatable to social workers. This research may be reproduced in other areas of social work or the social sciences. I recommend this study be reproduced in a metropolitan area. The desired number for the focus group for this study was between six and 12; however, there were only six participants available for the focus groups. There were four participants in the first focus group and two in the second focus group. Although the group members interactions were valid, a limitation existed in terms of poor attendance and lack of diversity of the group members. The lone male social worker seemed more at ease in discussing the topic than did the female participants. The male participant used words like "disturbing or bothersome" whereas the female participants used words such as "stress and sad" to describe feelings.

I noted during the focus group that when the male discussed secondary trauma symptoms and the impact on family, he expressed a sense of fear, but other times was calm during the focus group. The female participants tended to be very active and engaged. I recognized that lack of diversity of the focus groups was a limitation. However, all participants indicated concern about secondary and vicarious trauma and the impact the symptoms may have on their personal and professional lives.

I found similarity between the male participant and female participants regarding the concern about lack of support. Based on my experience as an advanced social work practitioner, I have observed that there may be times when practitioners are asked to circumvent self-care to be available for the organization or client. The findings of this study may be used to develop policy so that current and future social work practitioners will have a better understanding of their ability to request assistance for self-care when needed. The findings of this study may provide social workers with a strengthened ability to advocate for self-care and organizations with an increased understanding of social workers' needs related to secondary and vicarious trauma.

Although this study was delimited to clinical social workers, further research may offer greater insight into the thoughts and beliefs of social workers about their level of organizational support. This research could also be replicated to fit any area of social work to determine the belief systems of the social workers in terms of working with their organization. Areas to consider would be diversity of participants and a larger sample size to see if the results are the same.

There are several ways in which findings can be disseminated to the social work community. I recommend that the findings be disseminated through social media. Social media can be used to make the general public aware that the information is available and where to locate it. I can also prepare presentations to deliver study findings. I can include training material based on the findings of the study. I also recommend that a program be developed to assess and evaluate the findings of the study. I recommend working with an organization to put in place a policy based on the findings and evaluate the outcome to

test the findings. Professional social work conferences are another way to disseminate the information to professional social workers. I can serve as a panelist and provide a copy of the information at the conference while addressing conference attendees on the subject. Additionally, having the research material published in a peer-reviewed journal is a distinguished way to disseminate information.

Implications for Social Change

Secondary and vicarious trauma is prevalent among social workers who treat trauma patients. The symptoms of secondary and vicarious trauma have a strong potential of negatively impacting the lives of social workers' whether individually, their family, client, organizationally, or related to the community. A positive impact on social change based on this study is the potential for social workers to have an increased benefit to social work practice. Social workers who are well, physically and emotionally, will be better able to provide the desired services for their clients and the organizations.

This research supports that healthy social workers are best able to provide for the profession of social work through research and the creation of policy that is impactful and effective in vulnerable client communities. Social work agencies can use these findings to garner support from leadership so that there is a policy that is not only a dictate of the need but also is addressed in the follow-up of support services to social workers to minimize secondary and vicarious trauma. Current and future social workers will be able to address their needs, which also leads to the enhancement of the profession of social work.

Summary

It was noted earlier in this paper that there is a gap in social work research as it relates to the study of secondary and vicarious trauma in social workers who treat individuals exposed to trauma. In addition, further research related to the comparison of male and female social workers and how each perceives organizational support would also be of benefit based on the limitation of this study with one male participant. The results of this study indicate that social workers have a negative perception of organizational support of social workers who have symptoms of secondary or vicarious trauma.

The study indicated a need for social worker support and self-care of social workers who had secondary and/or vicarious trauma but that little actual support was given. Social workers themselves, do not often hold organizations accountable for withholding the required level of support but often place their personal self-care after that of others. Additional research addressing the level of support of social workers in trauma areas, outside of child welfare will be beneficial in helping social workers and their organizations to understand and address the lagging support structure of organizations. There seems to be a plethora of information regarding child welfare and social worker secondary trauma, but a gap in that of clinical therapists and trauma survivors (Butler, Carello, & Maguin, 2017; Dombo & Blome, 2016). Additional research may also be helpful to social workers to understand the impact of the lack of self-care and how it affects direct and indirect social work practice, personal life, family life, and the community at large.

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Appendix A: Demographic Information

Supporting Social Workers Coping with Secondary and Vicarious Trauma

Instructions: Please check appropriate circle or fill in the blank appropriately.

1. Gender
   - o Male
   - o Female
2. Age: ____
3. Type of Social Work License: _____________________________________
4. Race: ____
5. Employment status:
   - o Part-time
   - o Full-time
   - o Unemployed
   - o Retired
6. Number of years working with trauma patients
   - o Less than a year
   - o 1 to 5 years
   - o 6 to 10 years
   - o 11 to 20 years
   - o More than 21 years

7. What type of agency do you work with?

   ____

8. What population of trauma patients do you work with in your agency (may be more than one—check all that apply)
   - Children
   - Adults
     - Men
     - Women
   - All populations
   - Veterans
   - Domestic violence
   - Abuse/neglect
   - Combat related
   - Military sexual trauma related
   - Other or multiple forms of trauma

Appendix B: Focus Group Interview Questions

Supporting Social Workers Coping with Secondary and Vicarious Trauma

1. Prior to your current position, what type of work did you do?

2. What are your current employment duties?

3. How many patients and how often do you work with trauma patients?

4. Specifically, describe how you feel after working with trauma patients?

5. Describe a time when have you felt the need for support because you felt you were impacted by secondary or vicarious trauma?

6. How do you define secondary or vicarious trauma?

7. How do you think vicarious trauma symptoms impact social workers?

8. Specifically, describe the impact that secondary or vicarious trauma has on the role of the social worker within the organization, with clients, and as individuals.

9. What do you do for self-care when you feel overwhelmed due to vicarious trauma?

10. What was your experience with your organization regarding your need for self-care strategies?

11. Describe the level of support you have received from your front-line supervisor in terms of support related to secondary or vicarious trauma.

12. What suggestions or changes do you have for your organization to promote support for social workers with symptoms of vicarious trauma?

Appendix C: Snapshot of Participants Questions and Answers

Questions	P1	P2	P3	P4	P5	P6
Career path	Protective services/ mental health	Outpatient therapy	Sexual assault therapist	Therapist	Child protection, therapist	Substance abuse therapist
How trauma impacts social workers	Emotionally draining	Drained and frustrated	Stress and frustrated	Stress and detached	Disturbing, second guess yourself, bothersome	Sad
Symptoms of VT/ST	Emotionally drained	Drained and frustrated	Overeating, drinking, shopping	Distracted, forgetful	Thinking about event, blame, sleep	Memory, remembering, feeling tired
How social workers perceive support from organization/supervisor	Lack of value/in favor of patient	Say the right thing but no follow-up	Support starts at top. Not taking care	Burnout, stress	Feels okay with it current	Failure of superiors to recognize
Self-care strategies	Exercise, listen to music	Exercise, read, adult beverage	Talking, socializing, music	Music, socialize	Beach, time away, music	Music, singing, vacation