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COVID-19 Crisis: Contemporary Trauma Theory and Clinical Social Workers' Perspectives of Work-Related Secondary Trauma Post-Pandemic

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This is to certify that the doctoral dissertation by

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Abstract

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by

Veronica Yvonne Griffin

MSW, Norfolk State University 2001

BS, Jackson State University, 1996

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

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Abstract

The COVID-19 pandemic was an unprecedented global crisis that challenged clinical social workers' traditional client-centered strategies and exposed some to secondary trauma. The purpose of this qualitative study was to explore clinical social workers' perspectives on work-related secondary trauma post-COVID-19 pandemic using the contemporary trauma theory as the theoretical framework. The research question involved exploring their perspectives of how this trauma affected their biopsychosocial functioning. Semi-structured interviews were conducted with eight participants who were clinical social workers between 28 and 36. Using thematic analysis, themes were identified and grouped into the three functioning groups: personal, relationships, and career. Twelve themes emerged: impaired emotional regulation/exhaustion, detachment, mental health challenges, diminished physical wellbeing, weakened self-esteem and confidence, different coping strategies, focus on contracting COVID, positive emotional responses to self and others, strained relationships, positive emotional responses to self and others, feelings involving career uncertainty, loss of personal confidence, and opportunities for posttraumatic growth. Findings revealed participants experienced work-related secondary trauma and acknowledged feeling injured and needing to heal. Findings also highlighted resources, tools, and supports for clinical social workers healing from work-related secondary trauma. Implications for positive social change include deeper understanding of clinical social workers and their work-related secondary trauma post-COVID pandemic, as well as better support, training, and workplace wellness.

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Dedication

This dissertation is dedicated to my parents, Roy and Dorothy Griffin, who have taught me never to give up and to keep moving regardless of the circumstances. To my best friend, Varsey Stewart, who showed up in my life at the right time, thank you. To all my other besties, thank you for being a small circle of cheerleaders during the highs and lows of my life.

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I acknowledge that this dissertation journey has been complex, challenging, and extremely humbling. To my exemplary dissertation chair, Dr. Alicia Powell, and co-chair, Dr. Peter Meagher: I will be forever grateful for your presence, patience, wisdom, and guidance throughout this process. I want to sincerely thank you both for being on this journey with me. Your unwavering assistance and dedication will forever be remembered.

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Chapter 1: Introduction to the Study

The COVID-19 pandemic was collectively experienced by the world. At the onset of the virus, there was considerable uncertainty regarding the spread and mutation of the disease. As a result, the World Health Organization (WHO) declared a global pandemic on March 11, 2020. To protect vulnerable classes and limit exposure to COVID-19, the WHO made several recommendations involving isolation, social distancing, and wearing masks. These recommendations sparked fear, anxiety, and depression in millions of people. As a result, some clinical social workers experienced an uptick in clients and client concerns.

Clinical social workers protect vulnerable groups of people, many of whom have experienced traumatic events. They are critical witnesses to people's firsthand emotional experiences of trauma (Banks et al., 2020). Clinical social workers focus on helping people navigate mental health and wellness after a traumatic event. They are considered trusted members of the healthcare profession, which has made them uniquely positioned to help communities understand disease prevention, address anxiety, and navigate concerns that arise from public health crises. The COVID-19 pandemic changed strategies that some clinical social workers used to help their clients cope and manage their exposure to trauma.

The pandemic also fostered an increase in work-related trauma exposure that included stress and burnout for some clinical social workers (Holmes et al., 2021). As a result, some experienced secondary trauma while providing clinical services to their clients who were impacted by this pandemic (Holmes et al., 2021). The degree of trauma they experienced highlighted how secondary trauma manifested during this crisis for this

population. How secondary trauma impacted services they provided to their clients and delivery of services impacted their biopsychosocial functioning.

In Chapter 1, I summarize literature related to the scope of this study, provide evidence of the problem, explain why this study is critical, and identify clinical social workers' perspectives regarding work-related secondary trauma post-COVID-19 as it relates to this study. In addition, in this chapter, I discuss research questions and the theoretical framework. I conclude Chapter 1 by defining key terms in this study, identifying limitations, and describing potential implications for positive social change.

Background

Clinical social workers have assisted communities during times of personal and external crises. Their strategies involving helping their clients navigate traumatic, overwhelming, and complex experiences (Banks et al., 2020). During emergencies such as the COVID-19 pandemic they provided immediate crisis response and intervention to their clients, which included trauma support, grief counseling, psychosocial interventions, counseling, case management services, training, and coordination of care (Harms et al., 2020; Hickson & Lehmann, 2013). There has been very little research on clinical social workers' roles in emergency management crises or preparedness and the impact of secondary trauma, which continues to be an underdeveloped area of social work practice. The impact of secondary trauma can influence clinical social worker perspectives when there is direct or indirect contact with someone impacted by traumatic incidents. Secondary trauma can have lifelong impacts on clinical social workers and the social work profession.

Clinical social workers help maintain mental and emotional wellness of communities during times of need. Their assistance helps sustain communities and

provide a safe haven for their clients. Clinical social workers are the first to diagnose and treat people with mental health disorders, emotional concerns, and behavioral disturbances because of trauma (NASW, 2020).

Clinical social workers are essential to client-centered settings, including community mental health centers, hospitals, substance use treatment centers, recovery programs, school settings, primary healthcare centers, child welfare agencies, aging services, employee assistance programs, and private practice settings. The essential role of clinical social workers is to view client relationships with their environment as part of their treatment planning. However, there is very little information on how to support and train clinic social workers who work in environments where they relive and witness traumatic experiences with clients, patients, and customers.

Clinical social work is a state-regulated licensed profession that is guided by state laws. The profession requires a master's degree from a social work program accredited by the Council on Social Work Education and state licensure requirements that include education, experience, and supervision in clinical settings, which vary by state. Historically, clinical social workers' roles have been broadly based on addressing needs of individuals, families, couples, and groups affected by traumatic life changes and challenging situations and events, including mental health disorders and behavioral disturbances. They seek to provide essential services in environments, communities, and social systems that affect lives of the people they serve. They who worked in unknown and unpredictable settings during the COVID-19 pandemic were tasked with assisting individuals who were exposed and placed in life-altering and traumatic situations. They often witnessed members of marginalized and vulnerable communities make difficult decisions about their health and safety, which can lead to secondary trauma. This study

could benefit responses to future unexpected pandemics and crises, highlighting symptoms of secondary trauma, causes of work-related trauma, and training opportunities to sustain clinical social workers in order to stabilize this workforce and organizations that employ them.

Problem Statement

This study involved addressing how clinical social workers' perspectives of work-related secondary trauma post-COVID-19 impacted their biopsychosocial functioning. This study sought to understand how biopsychosocial functioning (i.e., physical health, coping skills, social skills, mental health, family relationships, self-esteem, and socioeconomic status) and wellbeing of clinical social workers were impacted while providing services to their clients during the pandemic.

Clinical social workers helped people develop emotional and mental health coping strategies, gain access to healthcare providers, and inform and disseminate educational resources about COVID-19. As of February 2024, there have been over 1.1 million deaths due to COVID-19 and 6.7 million hospitalizations in the United States (Centers for Disease Control and Prevention [CDC], 2024). Understanding how the COVID-19 pandemic impacted clinical social workers' social and emotional wellbeing was important in terms of assessing their needs and providing resources to support their work.

Although the WHO and CDC declared the COVID-19 pandemic over on May 11, 2023, clinical social workers may still be experiencing trauma. The pandemic led to higher rates of exposure to trauma, secondary trauma, burnout, compassion fatigue, and vicarious trauma (Alqahtani, 2021). As a result, some clinical social workers may experience ongoing emotional duress, lack of psychological safety, and fatigue in

response to their roles during the pandemic. There was no information on clinical social workers' perspectives on the impact of work-related secondary trauma specific to the pandemic. Existing literature primarily focuses on clinical social workers' perspectives on rendering services to others during the pandemic. There is little information about clinical social workers' health and wellbeing as well as work-related secondary trauma after this pandemic using the contemporary trauma theory (CTT).

Purpose of the Study

The purpose of the study was to explore clinical social workers' perspectives on work-related secondary trauma post-COVID-19 using the CTT as the theoretical framework. Eight clinical social workers in the United States participated in semi-structured interviews using virtual Zoom workplace. All participants were independent licensed clinical social workers who were approved to practice in at least one of 50 states. Findings from this study yielded recommendations and strategies to address work-related secondary trauma experienced by this population.

Research Question

The primary research question was: What are clinical social workers' perspectives of work-related secondary trauma post-COVID-19 pandemic on their biopsychosocial functioning?

Theoretical and Conceptual Framework for the Study

The theoretical framework for this study was Judith Herman's CTT. The CTT involves examining how trauma indirectly and directly manifests because of events, series of events, or sets of circumstances that are external to individuals or groups. Herman (2015) asserted trauma has a detrimental impact on individual biopsychosocial functioning, which includes physical health, coping skills, social skills, mental health,

family relationships, self-esteem, socioeconomic status, and wellbeing. Additionally, the CTT is used to highlight symptoms of trauma, causes of trauma, and how trauma impacts individual functioning (Goodman, 2017; Herman, 2015; Mészáros, 2010). Goodman (2017) indicated the CTT provides a theoretical foundation for trauma-informed care in social work practice and understanding the impact trauma has on functioning. Grounding the study in the CTT was necessary for identifying and understanding how indirect and direct trauma manifests and impacts clinical social workers. It was used to understand better how clinical social workers' poor functioning is not because of sickness, weakness, or deficiencies involving moral character but instead psychological and/or physical injuries which require healing and help.

Nature of the Study

For this study, a qualitative design was used. This was appropriate for this study to understand how the post COVID-19 pandemic impacted biopsychosocial functioning of clinical social workers during the course of their work. The design was used to gain a better understanding of how participants assigned meaning to their experiences. I used semi-structured interviews to gain an understanding of this topic. These interviews were used to collect data from participants who met study criteria. I obtained a holistic and integrated view of their perspectives, feelings, and experiences involving the phenomenon.

I used qualitative thematic analysis to analyze data from participants, publicly available information, and social media. Thematic analysis is used in health and social science basic qualitative research. The CTT was the theoretical framework.

Definitions

The following are terms that were used in this study and their definitions:

Biopsychosocial functioning: Interplay between biological, psychological, and social factors involving health, illness, and individual behavior (Herman, 2015).

Burnout: Overall exhaustion because of repeated exposure to problems and stress related to work (Guseva Canu et al., 2021).

Client/patient/consumer: Social workers generally use the term client to refer to individuals, groups, families, or communities that seek or are provided with professional services. Clients are both individuals and systems in their environments. The term consumer is also used in settings where clients are capable of deciding what is best for themselves and encouraging self-advocacy and self-judgment when negotiating social services and welfare (Barker, 2003).

Clinical social worker: A social worker who trained in psychotherapy and helps individuals deal with a variety of mental health and daily living problems to improve overall functioning. Clinical social work is a specialty practice area of social work that involves focusing on assessment, diagnosis, treatment, and prevention of mental illness as well as emotional and other behavioral disturbances. Individual, group, and family therapy are common treatment modalities. Social workers usually have master's degrees in social work and studied sociology, growth and development, mental health theory and practice, human behavior, social environment, psychology, and research methods, and they are licensed to practice by state authorities (Evans, 2023).

Collective trauma: Type of trauma which occurs when entire societies feel intense threats or overwhelming amounts of stress that exceeds one's ability to cope (Hirschberger, 2018).

Secondary trauma: Type of trauma that is experienced indirectly through hearing details or witnessing the aftermath of a traumatic event experienced by another person (Figley, 2013).

Trauma: Result of a harmful event, series of events, or set of circumstances that are experienced by individuals as physically or emotionally threatening and have lasting adverse effects on individual functioning and physical, social, emotional, or spiritual wellbeing (Coleman, 2023; Figley, 2013; Johnson, 2024; Radcliffe & Pollack, 2020).

Assumptions

I assumed participants understood all interview questions and responded in a truthful manner.. I also assumed they were able to identify how trauma impacted their biopsychosocial functioning after the COVID-19 pandemic. In addition, I assumed they had knowledge and experience to express how their biopsychosocial functioning influenced their perspectives on this topic.

Scope and Delimitations

I explored clinical social workers' perspectives regarding work-related secondary trauma post-COVID-19 pandemic in terms of their biopsychosocial functioning. Interviews were used to collect data for this study. One-on-one interviews were used to understand participants' unique experiences. In this study, participants were clinical social workers with master's degrees from an accredited Council of Social Worker program, who had licenses in one of 50 states and worked between March 10, 2020 and May 11, 2023 and identified having work-related secondary trauma in the aftermath of the COVID-19 pandemic.

I recruited participants through social worker groups and social media. Information about how and where participants learned about the study was tracked and

documented. Results of this study are transferable to clinical social workers who are licensed in their respective states in terms of trauma management strategies for newly credentialed clinical social workers who may share their experiences involving postsecondary trauma because of unexpected national or global events. Findings that emerged from data in this study cannot be generalized because individual experiences are viewed differently. In this study, I outlined a detailed description of the data collection process, organization of data, the coding process, identification of patterns, themes, and findings, and application of findings in terms of the CTT.

Limitations

This study was subject to a few limitations. Limitations are elements of studies that researchers have no control over (Adu & Miles, 2023; Denscombe, 2013). The first limitation was researcher bias. This can negatively affect study results by impacting the way that data are interpreted and analyzed, leading to inaccurate conclusions. I addressed this limitation by recruiting clinical social workers who met study requirements and agreed to one-on-one interviews. I used clinical social worker groups and social media to address this potential barrier. I documented and tracked how participants learned about the study to address and account for transferability and dependability of research.

The second limitation involved use of semi-structured interviews to collect data. My presence might have influenced participants' responses; different words might have been used for various topics, making it challenging to identify themes. To address this potentially challenging limitation, I used open-ended questions to gather information and define words for clarity and meaning. In addition, there was the issue of emotional distress related to recounting a sensitive or personal situations. Participants followed the

same interview protocols to ensure continuity and aid in addressing transferability and dependability in this study.

Significance

This study involved addressing a gap in literature regarding understanding of clinical social workers' perspectives of secondary trauma post-COVID-19 pandemic on their biopsychosocial functioning. I used the CTT, asserting direct or indirect trauma has a detrimental impact on individual biopsychosocial functioning elements involving physical health, coping skills, social skills, mental health, family relationships, self-esteem, socioeconomic status, and wellbeing. Results of this study could contribute to positive social change by providing clinical social workers and social services organizations with recommendations, strategies, understanding, and knowledge regarding ways to address secondary trauma and address their biopsychosocial functioning needs and concerns during crises and pandemics in the future. This study provides clinical social workers with suggested pathways to enhance their resilience and manage secondary trauma interactions with their clients who experience trauma, which can be used to address biopsychosocial functioning needs and concerns.

Clinical social workers do not work or live in isolation; their family members, peers, organizational leadership, and supervisors could be impacted negatively or positively by their experience involving secondary trauma (Alqahtani, 2021). Findings in this qualitative study are not generalizable. Perspectives of clinical social workers can provide friends, family, and peers with opportunities to increase their understanding of secondary trauma and strategies for identifying secondary trauma and navigating better health. Data in this study could be beneficial to these groups via expanded knowledge of work-related stress and signs or symptoms of secondary trauma which may lead to

burnout. This study could lead to observed behavioral changes for clinical social workers, decreasing burnout and improving how they manage and respond to trauma.

Summary

In this study, I examined clinical social workers' perspectives on work-related secondary trauma post-COVID-19 pandemic. In this chapter, I discussed the background, problem statement, and purpose of the study, as well as the theoretical framework. I highlighted research and interview questions and discussed limitations and delimitations of this study. In Chapter 2, I provide a thorough review of literature.

Chapter 2: Literature Review

This study involved addressing how the COVID-19 pandemic impacted biopsychosocial functioning of some clinical social workers in the United States. The purpose of this basic qualitative study was to explore this population's perspectives on this topic. On March 11, 2020, the WHO declared COVID-19 a global pandemic, which resulted in a worldwide shutdown and lockdown. As a result, the pandemic impacted strategies clinical social workers used to help their clients navigate trauma and shield themselves from secondary trauma.

Millions of people in the United States and around the world experienced job loss, financial impacts, and exacerbated mental health concerns. Using Judith Herman's CTT, I explored clinical social workers' perspectives regarding work-related secondary trauma post-COVID-19 on their biopsychosocial functioning. In this chapter, I analyze scholarly literature involving secondary trauma, traditional working patterns of clinical social workers, global pandemics, and government-sanctioned policies during global crises.

Literature Search Strategy

Literature in this study provided support and insights regarding how the COVID-19 pandemic caused distress and trauma to clinical social workers' biopsychosocial functioning in the United States. I synthesized data from various sources, including peer-reviewed journals, public-facing data from clinical social worker organizations and databases, and scholarly books and reports. Google Scholar was used to research peer-reviewed articles. I used the following databases: PsycInfo, Academic Search Complete, EBSCOHost, SAGE Journals, ProQuest Central, and Dissertations and Theses. I used the following terms: *clinical social worker*, *social worker*, *mental health providers*, *clinical social worker practitioner*, *contemporary trauma theory*, *Judith Herman*, *global*

pandemics, *Revital Goodman*, *coronavirus*, *stress*, *depression*, *secondary trauma*, *COVID-19*, *responding to trauma*, *post-pandemic*, *pandemic*, *financial stresses of clinical social workers*, *trauma*, *vicarious trauma*, *compassion fatigue*, *healthcare workers*, and *isolation*.

I used a variety of keywords with each database and explored new terms that emerged from literature. I excluded articles that did not align with the focus of my study. I successfully found articles that discussed secondary trauma from perspectives of clinical social workers. However, there were limited scholarly articles about the CTT, mental health providers, and clinical social workers. I searched for seminal works predating the five-year timeframe, focusing on Judith Herman's CTT.

Theoretical Foundation

The CTT was the theoretical framework for this study. The original author of CTT was Judith Herman. Herman (2015) identified trauma as an event, a series of events, or a set of circumstances that an individual perceives as physically or emotionally harmful or life-threatening. Such experiences can result in lasting adverse effects on an individual's overall functioning, impacting their mental, physical, social, emotional, and spiritual well-being. The CTT framework suggests that trauma can significantly diminish an individual's biopsychosocial functioning, which encompasses physical health, coping abilities, social skills, mental health, family relationships, self-esteem, and socioeconomic status (Goodman, 2017; Herman, 2015).

There have been several contemporary trauma theorists over the decades, such as Freud, who first contributed to understanding childhood experiences of trauma that affected individuals (Lazeratou, 2017). Felitti et al. (1998) focused on how adverse trauma experiences have lifelong effects and emphasized more awareness of childhood

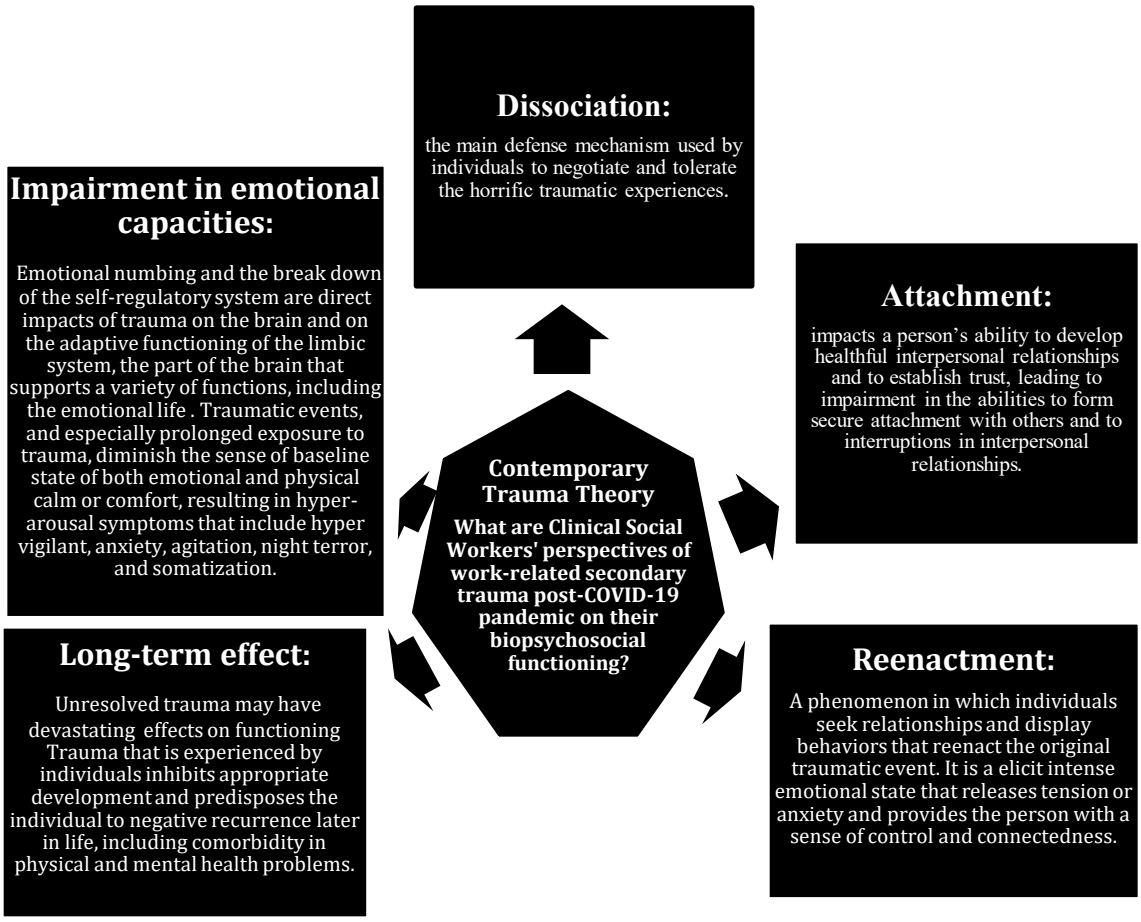
trauma. Van der Kolk (2014) related that trauma has been defined over the years as being based upon the impact and lens of traumatic experience on the individual and their environment. In the evolution of contemporary trauma theory, there has been a transformative shift in the understanding of individuals who have endured traumatic experiences. This new perspective helps clinical social worker professionals to recognize not just individuals who are suffering, but also their resilience and capacity for healing after a traumatic event.

Society has shifted its views, approach, and understanding of how trauma affects individuals. Prior approaches to addressing individuals' mental challenges by clinical providers was to examine individuals suffering from the effects of trauma as weak or even morally deficient; however, victims are now seen as injured and in need of help (Goodman, 2017). Trauma can affect individuals in various ways, and contemporary trauma theory (CTT) provides a framework for understanding the impact trauma has on a person's functioning, utilizing the central properties (Goodman, 2017). There are five central properties to CTT. Dissociation is the primary defense mechanism used by individuals to negotiate and tolerate horrific traumatic experiences. Attachment impacts a person's ability to develop healthful interpersonal relationships and establish trust, leading to impairment in the ability to form secure attachment with others and interruptions in interpersonal relationships (Goodman, 2017). Reenactment is when an individual seeks relationships and displays behaviors that reenact the original traumatic event (Goodman, 2017; Terock et al., 2020). Reenactment is a phenomenon in which individuals seek relationships and display behaviors that reenact the original traumatic event (Terock et al., 2020). Reenactment is an elicited intense emotional state that releases tension or anxiety and provides the person with a sense of control and

connectedness (Goodman, 2017). Trauma can have a long-term effect on functioning (Goodman, 2017). The long-term effects of trauma on individuals can include impaired development and functioning that might consist of physical and/or mental health problems (Goodman, 2017; Monnat & Chandler, 2015). The final CTT central property is impairment in emotional capacities, which is described as the emotional numbing diminishing capacity of the self-regulation system, which is the direct impact of trauma on the brain known as the limbic system (Goodman, 2017). For many years, contemporary trauma theory has been used as the framework to understand childhood trauma, and it may present later in life for children who are now adults. For this study, contemporary trauma theory was used as the underlying theory to explore clinical social workers' perspectives of work-related secondary trauma post-COVID-19 pandemic on their biopsychosocial functioning (see Figure 1, CTT Central properties and the RQ).

Figure 1

CTT



Trauma

Types of Trauma

For this research study, the definition of trauma was identified utilizing the following standard inclusive elements: (a) an identified event or series of events, (b) experienced by the individual as physically or emotionally harmful, threatening, or overwhelming that is indirect and/or direct, and (c) has lasting and holistic effects on the individual's functioning (Goodman, 2017; Herman, 1992; Laplanche & Pontalis, 1973;

Ringel & Brandell, 2012; SAMHSA, 2014); Van der Kolk, 2014). Research shows that trauma can have long-term problems with individual functioning and mental, physical, social, emotional, or spiritual well-being (SAMHSA, 2016). Secondary trauma was described as a natural consequent behavior and emotions resulting from knowing about a traumatizing event experienced by an individual, or stress resulting from helping or wanting to help a traumatized or suffering person (Figley, 1993, 2013).

Vicarious trauma and secondary trauma stress have similar defining features, which may be challenging when attempting to understand the pathologies of these conditions clearly. Vicarious trauma was defined as a cognitive change process resulting from providing direct practice or services to trauma populations, in which the lens of one's views, thoughts, and beliefs are altered about the world in critical areas such as safety, trust, and control. Secondary trauma was described as the behavioral symptoms that mirror the post-traumatic stress disorder (PTSD) symptoms presented in the primary victim(s) of trauma, not changes in cognition (Figley, 2013).

Impact of Trauma on Clinical Social Worker Workforce

COVID-19 and the government mandates caused a complete shift in how clinical social workers and the community agencies that employed them provided services. Burnout among community mental therapists, who are often clinical social workers, has been linked to poorer psychological and physical health (Kim et al., 2018; A. Kumar & Nayar, 2020; Schaufeli & Greenglass, 2001). The increase in community agency turnover of community mental health therapists has compromised the quality of care for clients, patients, customers, agencies, and clinical social workers, leaving unfavorable outcomes for communities (Kim et al., 2018; Schaufeli & Greenglass, 2001). Kim et al. (2018) identified burnout as a key aspect of emotional exhaustion. Guseva Canu et al. (2021)

defined burnout as exhaustion because of repeated exposure to work-related problems and stress. Two other keywords often synonymously linked with secondary trauma are compassion fatigue and vicarious trauma. Both compassion fatigue and vicarious trauma have different constructs and meanings (Figley, 1995). Figley (1995) described compassion fatigue as the emotional exhaustion an individual experiences while working with a client in emotional, physical, or psychological pain, and the individual shares their experiences with the clinical social worker.

Researchers have also identified that the higher number of weekly work hours related to client care and higher caseload numbers have been associated with increased emotional exhaustion (burnout) and secondary trauma (Kim et al., 2018). Among mental health providers, which includes clinical social workers, burnout has been identified as one of the leading causes of secondary trauma (Passmore et al., 2020). Figley (1995) described secondary trauma as the exposure to others' trauma that includes symptoms of intrusion, avoidance, and arousal. Secondary trauma can be viewed as an occupational hazard for clinical social workers who work with populations that are exposed to higher levels of trauma (Bride, 2007).

Individuals who experience secondary trauma will likely encounter sudden re-experiencing of the event (intrusion), which causes a diminished effect, leading to avoidance and causing difficulty in concentrating (arousal) (Figley, 1995; Passmore et al., 2020). When an individual has a visceral reaction to the secondary traumatic event, it is seen as normal; however, once the response lasts more than one month, it becomes secondary trauma (Figley, 1995; Passmore et al., 2020). Prior research on the job demands resource model has shown that the correlation between secondary trauma and burnout is unclear (Hakanen et al., 2008; Shoji et al., 2015). According to the job demand

resource model, burnout results from too many demands and too few resources (Demerouti et al., 2001). Passmore et al. (2020) reflected that secondary trauma stress is associated with burnout. The researchers also reported that when clinicians believed there was meaning and hope, they could mitigate the effects of secondary trauma (Passmore et al., 2020).

COVID-19 has changed clinical social workers' work structure. There is very little information, if any, on clinical social workers' perspectives of secondary trauma post-COVID-19 pandemic. This study contributes to understanding and supports the importance of culture and climates that affect clinical social workers' psychological and physical health while providing services to clients post the COVID-19 pandemic. The psychological and physical symptoms of secondary trauma can significantly impact clinical social workers' knowledge, skills, and ability to make effective clinical judgments and facilitate engaging therapeutic relationships with clients (Sutton et al., 2023). The psychological and physical symptoms of secondary trauma, such as anxiety, headaches, depression, insomnia, peer relationship issues, and job performance dissatisfaction, can impact the individual and the community organization where the clinical social worker is employed (Alavi et al., 2022).

Event, Experience, and Effect

The COVID-19 experience provided various perspectives of trauma for individuals. SAMHSA (2014) described individual trauma as an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening with lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being. SAMHSA uses the following concepts known as the three E's of trauma: event(s), experience of event(s), and effect.

Event(s) of trauma includes the actual or extreme threat of physical or psychological harm (e.g., natural disaster, violence) or severe, life-threatening neglect. The trauma events can be single occurrences or repeated over time (SAMHSA, 2014). COVID-19 has been identified as a severe and life-threatening natural disaster crisis for many people, including clinical social workers (Seddighi, 2020).

An individual's experience of a traumatic event or circumstance is based upon how they assign meaning to it and is disrupted physically and psychologically (SAMHSA, 2014). Traumatic events, by nature, are based upon power differential, whether they involve an individual, an event, a situation, or a force of one who has power and control over another (SAMHSA, 2014). The individuals' experience of the situation or event(s) is based upon the context of powerlessness and questions. The concept of trauma is identified in the fifth version of the *Diagnostic and Statistical Manual of Mental Disorders*, which requires exposure to a traumatic or stressful event and is classified as a trauma stressor-related disorder (Segal et al., 2017). An individual's ability to cope with a traumatic experience may not be perceived or experienced the same (Alavi et al., 2022).

The long-lasting or short-term adverse effects of traumatic events can be immediate or have a delayed onset in individuals (Lynch & Lachman, 2020; SAMHSA, 2014). There may be situations where individuals may not recognize the connection between their traumatic event and their responses. An example could be an individual's ability to cope with everyday stressors and daily living (SAMSHA, 2014). Because of repeated exposure, clinical social workers could be unaware of the long-lasting effects of secondary trauma (Kim et al., 2018; Passmore et al., 2020)

Past and Most Recent History of Pandemics

Over the past century, there have been several global pandemics that brought trauma and severe illness to over one-third of the world's population. The influenza pandemic, known as the Great Flu of 1918–1920, impacted 20 to 50 million people worldwide, according to the WHO (2024). As a result of the Great Flu, millions of people experienced additional losses and economic hardship. Kerson (1979) provided insight into the emergent roles of hospital social workers during the influenza pandemic, epidemics of tuberculosis, and venereal disease that emerged during World War I.

During the Great Flu, hospital social workers assisted community members, elderly adults, and persons living with chronic illness, economic insecurity, overburdened healthcare organizations, widespread unemployment, and trauma. While responding to the needs of the public, a group of social workers who worked in various settings led the way in 1913 to professionalize the social work profession. They established a professional organization, expanded opportunities for professional education, and published two new journals dedicated to informing and educating social workers.

History of Social Worker Pandemics and Crises

For this research study, a social worker was described as a professional focusing on enhancing the overall well-being of the general population, assisting in meeting the basic and complex needs of individuals and communities, and prioritizing the vulnerable, oppressed, and those living in poverty (Bess & Collins, 2014). Social workers have a long history of being change agents (Sullivan-Tibbs et al., 2022). They use a variety of strategies, resources, and campaigns to help their clients and the communities they serve, strengthening their mental and emotional health (Sullivan-Tibbs et al., 2022). Social workers have been at the forefront for over a century, demonstrating unwavering

dedication and commitment to humanitarian emergencies and pandemics, including the ongoing COVID-19 crisis. Their contributions have been diverse, ranging from community education and awareness campaigns to identifying resources for psychosocial support (Sullivan-Tibbs et al., 2022). Social workers have also advocated social inclusion, particularly for vulnerable populations. This rich history of designing and implementing intervention strategies that positively impact the lives of the vulnerable is a testament to social workers' resilience and crucial role in past crises and the current COVID-19 pandemic (Okafor & Walla, 2021).

The social work profession integrates human behavioral and social systems theories to resolve social problems and empower individuals, communities, and groups. Historically, the social work profession has had a significant role in public emergency disaster response, recovery, and disaster preparedness planning for future occurrences (Amadasun, 2020). The International Federation of Social Workers (2020) reported that the social work profession played a significant role during COVID-19 in advocating for health and social systems that empower and strengthen individuals. This role was crucial in the fight against the spread of the COVID-19 virus and in supporting communities affected by the virus. This required social workers to work in multiple capacities, such as multi-disciplinary teams that involved other professionals for community planning, advocacy safety protocols, assessments, and guidance to support people experiencing anxiety, social isolation, and resilience to remain calm.

Role of Clinical Social Workers During COVID-19

Clinical social workers became first responders as a result of the increased mental health needs of the American public during the COVID-19 pandemic (Banks et al., 2020). Clinical social workers were learning information simultaneously as the general

public (Banks et al., 2020), which resulted in many clinical social workers underestimating the mental, emotional, and physical dangers associated with COVID-19. While working, learning, and pivoting, clinical social workers had limited to no time to manage their exposure to secondary trauma as a result of their roles as first responders during the COVID-19 pandemic. Social work in public health includes direct clinical services, case finding and consultation, program planning, research, training, and prevention in a public health framework (Banks et al., 2020).

During the COVID-19 pandemic, clinical social workers' mental health intervention strategies focused on education included assisting people who were experiencing some form of psychological or physical trauma related to the daily events and or communications related to COVID-19 that caused intrusive thoughts, memories, duress, unrestful dreams, loneliness, negatively changed their cognitive, views feelings, behavior toward events, others, harmful arousal or reaction (Banks et al., 2020). Clinical social workers worked in various settings such as hospitals, nursing homes, home health services, private practice, school social workers, victim advocates, patient advocacy programs, and human service and mental health agencies. The purpose of this research study was to understand clinical social workers' perspectives on work-related secondary trauma post-pandemic, utilizing CTT.

Social Workers and Communities

The social work profession is deeply rooted in a unique expertise known as the "person-in-environment perspective." This perspective provides a holistic and systemic understanding of institutions and policies. The person-in-environment perspective also provides social workers with an increased awareness of the social determinants of health and how best to serve their clients. Social determinants of health are the conditions in

which people are born, grow, live, work, and age, and are shaped by a broad set of forces and systems such as economic policies, social norms, and political systems (NASW, 2020; Skeketee et al., 2017). When social workers understand how social determinants can impact their clients' mental and emotional health, they can design more comprehensive treatment plans.

Historically, social workers have taken on a proactive role in the communities they serve. For example, social workers have worked to ensure that information that could impact their clients' mental and emotional health is disseminated in a manner that promotes understanding, compassion, and solidarity (International Federation of Social Workers, 2020). Social workers have also ensured that vulnerable populations were included in planning and response efforts during local, national, and global crises. Additionally, social workers have been leaders in organizing and advocating in communities to ensure that essentials such as food and clean water are available.

Social Workers and Client Services During the COVID-19 Pandemic

The COVID-19 pandemic impacted millions of people around the world. The virus sparked fear and uncertainty among communities, which led to an increased need for mental health services. A large body of research indicates that when people experience and are exposed to unexpected traumatic events, it can be overwhelming and cause maladaptive changes in the human spirit, interrupting ordinary human adaptation to everyday life changes (Herman, 1992). Herman (1992) described these types of life-changing events as "uncommon misfortunes" that are traumatic events that can involve threats to life and bodily integrity or close personal encounters, death, or violence. For many people, COVID-19 was an uncommon misfortune and traumatic event that shifted their perspective on life and health.

In alignment with their mission to improve the well-being of society and human well-being, many clinical social workers led the charge in educating their clients about COVID-19. They provided emotional support as the country began to shut down. In April 2020, the Trump administration issued a series of restrictions and mandates to minimize the spread and impact of the COVID-19 virus (Lombardi et al., 2022). Despite the mental health challenges brought about by mandated social isolation, social workers demonstrated remarkable resilience. They swiftly embraced virtual care concepts, conducted therapy sessions over video calls, and provided online resources for their clients. This ensured continuity of care for clients and underscored social workers' adaptability and commitment to their profession (Usher et al., 2020).

Stay-at-Home Orders

In April 2020, many state and local jurisdictions implemented stay-at-home orders because of the COVID-19 pandemic outbreak (Lombardi et al., 2022). In 2020, COVID-19, an emerging infectious respiratory disease infecting over 235 million people and causing nearly five million deaths globally to date, rapidly became one of the most impactful pandemics of the past century (CDC, 2020; Dong et al., 2020; WHO, 2020).

The stay-at-home orders were referred to by various names such as shelter-in-place orders, safer-at-home orders, or lockdowns (Jacobsen & Jacobsen, 2020). COVID-19 has become one of the most impactful global viruses, infecting over 235 million people and causing nearly five million deaths (CDC, 2020; Dong et al., 2020; WHO, 2020). The stay-at-home order aimed to reduce contact with and separate infectious individuals from the general population (Lombardi et al., 2022). Many states enacted the stay-at-home order to restrict the movement of healthy individual contacts from infected

individuals, limiting and reducing the potential risk of infecting others (Jacobsen & Jacobsen, 2020; Lombardi et al., 2022).

Stay-at-home orders had widespread implications that included disruptions in services for individuals in need of immediate medical care, crisis response, trauma, mental health care, substance use conditions, and school closure (Jacobsen & Jacobsen, 2020; Rose et al., 2023). The stay-at-home orders had other unforeseen risks for domestic violence victims and survivors. Galea et al. (2020) cited that COVID-19 increased anxiety, depression, loneliness, domestic violence, and child abuse with school closures. Numerous advocates and victim service organizations (employed clinical social workers and case managers) warned state governors of a possible surge in domestic violence incidents because they implemented the stay-at-home order (Tolan, 2020). The stay-at-home order placed many victims and survivors of domestic violence at higher risk of harm because of the increased amount of time spent in isolation at home with their abuser (Tolan, 2020). Some clinical social workers worked in organizations that were temporarily closed because of the stay-at-home order. This unforeseen pandemic required many clinical social workers to change their in-person meetings with clients to over-the-telephone, digital communications, and virtual meetings, which most were unprepared to do (Alavi et al., 2022). For many clinical social workers, the unexpected stay-home order placed them in a conflicting situation because of the NASW Code of Ethics, which states that social workers should not provide services unless they are competent to do so. However, some clinical social workers were required to provide digital and virtual services without being present. The United States federal government enacted the Coronavirus Preparedness and Response Supplemental Appropriations Act (2020), which included the Social Security Act 1135 waiver authority and the U.S. Centers for Medicare

and Medicaid Services providing a temporary expansion of telehealth services that included tele-behavioral health services from credentialed providers (Centers for Medicare and Medicaid Services, 2020).

Clinical Social Workers and Their Mental Health

During the onset of the COVID-19 pandemic, clinical social workers, like many essential workers, prioritized the needs of their clients over their physical and emotional safety. Greenberg (2020) noted that front-line healthcare workers (e.g., social workers, nurses, doctors) were at risk of developing or exacerbating mental health issues during the pandemic because of working in constrained environments. Constrained environments restrict an individual's traditional social behaviors and activities (APA, 2024). Additionally, the challenges front-line workers experienced included a lack of resources to do their jobs, fear about their health, guilt, shame, grief, exhaustion, and a lack of guidance and training to navigate their changing roles, putting front-line workers at risk of moral injury (Greenberg, 2020). As a frequent witness to the sadness and trauma experienced by others, clinical social workers are often tasked with emotionally investing in their clients while neglecting themselves (Lewinson et al., 2023).

Clinical Social Workers and Ethics

Ethical principles are the hallmark of the social work profession and have remained unchanged despite the unique challenges that clinical social workers experienced while providing client services during COVID-19. During a pandemic or crisis, clinical social workers should be able to recognize the difference between a decision or action that might be regarded as ethically wrong in “normal” times but considered to be right in a time of crisis (International Federation of Social Workers, 2020). The International Federation of Social Workers’ Global Statement of Ethical

Principles stated, “Ethical challenges occur when social workers face difficult decisions requiring them to weigh the relative harms, benefits, rights, and responsibilities of different approaches and actions about the people with whom they work” (Banks, 2020; The International Federation of Social Workers, 2020).

The COVID-19 pandemic required clinical social workers to incorporate new communication strategies and mental health service practices. To combat social isolation and decrease uncertainty during the COVID-19 pandemic, some clinical social workers increased their use of telehealth to provide needed services to their clients. Increasing access to telehealth was a lifeline for some individuals, but fear of decreased confidentiality led some clinical social workers to turn to alternative communication styles.

Some clinical social workers reported struggling with prioritizing complex client traumatic needs while juggling limited resources. In addition, some clinical social workers had to navigate new policies and laws while attempting to apply the new changes to client circumstances and needs. Some clinical social workers also struggled with managing their daily work schedules while navigating the broad political and social justice issues resulting from the pandemic (Banks et al., 2020). Other issues arose because not all nonmedical social workers were identified as essential employees, which added additional stress and trauma because of the uncertainty of employment, income, and health care insurance, adding risk and liability to their health concerns and needs (Alavi et al., 2022).

Summary and Conclusion

The major themes in this research literature included defining trauma, types of traumas, impact of trauma on the clinical social workers workforce, past and recent

history of pandemics, and the three E's of trauma. The literature review revealed that trauma can manifest in various forms and affects the way individuals respond, think, feel, and view the environment and world (Goodman, 2017). Trauma can happen directly and indirectly (secondary experience). COVID-19 changed clinical social workers' work structure, experience and perspectives. Very few studies have been conducted on CTT, and secondary trauma post-COVID-19 pandemic. Most of the studies focused on contemporary trauma theory and childhood trauma long-term effects. This study focused on clinical social workers, shifting the focus to those who provide clinical services to others, utilizing the contemporary trauma theory theoretical framework. Prior research has indicated that clinical social workers have been linked to poor psychological and physical health (Kim et al., 2018; A. Kumar & Nayar, 2020; Schaufeli & Greenglass, 2001). Secondary trauma can be viewed as an occupational hazard for clinical social workers who work with populations that are exposed to higher levels of trauma (Bride, 2007). This study helped to fill in the gap in literature and extended understanding and knowledge in the area of clinical social workers work-related secondary trauma post COVID-19 pandemic.

In Chapter 3, I review research methods for this study.

Chapter 3: Research Method

The purpose of this qualitative research study was to explore clinical social workers' perspectives of work-related secondary trauma post-COVID-19 pandemic on their biopsychosocial functioning. I conducted semi-structured interviews with eight licensed clinical social workers aged 28 and older to gain insight into their perspectives on work-related secondary trauma post-pandemic. All eight participants met the eligibility requirements to participants in the study. Licensed clinical social workers could utilize the results of this study to raise awareness and understanding of clinical social workers' experiences while practicing as clinical social workers post-pandemic and to gain insight while providing clinical services. In this chapter, I present the research design, rationale, role of the researcher, methodology, design, procedures for recruitment, participation, and data collection, issues of trustworthiness, ethical guidelines, and a summary.

Research Design and Rationale

The primary research question explored was: What are clinical social workers' perspectives of work-related secondary trauma post-COVID-19 pandemic on their biopsychosocial functioning? The central phenomenon of this qualitative study was to explore clinical social workers' perspectives of work-related secondary trauma post-COVID-19 pandemic on their biopsychosocial functioning. The tradition of the qualitative research design is to explore the subjective nature of the research problem and understand the topic from the perspective of the participant involved in the research (Bradshaw et al., 2017; Doyle et al., 2020). In this study, I used the qualitative design to understand the experiences of clinical social workers while rendering work-related services to their clients (Granek & Nakash, 2016). The rationale for using the qualitative

design provided flexibility, which many scholars have emphasized and described as commonly used in research studies to explore phenomena or events where little information is known (Doyle et al., 2020; Ellis & Hart, 2023; Kahlke & Eva, 2018; Kostere & Kostere, 2022).

Role of the Researcher

As the researcher, I was the principal data collection instrument (Billups, 2021). My role as the researcher was to collect data utilizing various methods such as interview, which required building trust and rapport with the participants. For this research study, I carefully eliminated biases in my research (Chenail, 2011). Lincoln and Guba (1985) cited that participants in a research study are the best instrument for collecting data that focuses on gathering understanding, contributing to awareness, capturing meaning, and deconstructing thought. To ensure that I could capture the data provided by the participants, I positioned myself as a learner, allowing the participants to educate me on their unique perspectives on the research question. I listened carefully to participants and asked clarifying and probing questions. I used a reflexive journal to mitigate personal biases. To alleviate personal biases, I bracketed my thoughts and experiences with the topic in my research journal.

I had no personal or professional relationships with the participants in this study, and I did not conduct any research at my place of employment. Last, each participant was given a $15 gift card for participating in the initial interview and a $10 gift card for participating in the member checking as a small incentive and token of appreciation for participating in the study.

Methodology

A semi-structured interview methodology was used to collect data for this study, utilizing purposeful sampling. Purposeful sampling allowed me to select participants based on specific characteristics that align with the study's focus (Creswell & Báez, 2020; Kostere & Kostere, 2022).

Participant Selection Logic

For this research study, participants had similar background characteristics: a master's in social work degree through a program accredited by the Council of Social Work Education, licensure as a clinical social worker in one of the 50 states, and work experience in the United States from March 10, 2020, through May 11, 2023. Before the study, 10 potential participants were screened to ensure they met the basic qualifications of the study.

In qualitative research designs, multiple factors can influence the study's sample size, such as the type of design being used, the complexity, accessibility of the phenomenon being studied, the quality of the data, resources being utilized, the scope of the study, and the study design (Creswell & Báez, 2020; Vasileiou et al., 2018). In a qualitative research study, Kostere and Kostere (2022) indicated that when the researcher uses individual interviews to collect data, the recommended sample size is between eight and 15 research participants. Several researchers agreed that this number of participants was sufficient to achieve data saturation in a basic qualitative research study (Hennink et al., 2017; Vasileiou et al., 2018). For this research study, I interviewed eight participants. However, Braun and Clarke (2022) suggested that additional interviews may be required to achieve saturation in a research study.

For this research study, I used three strategies to recruit participants. First, I posted flyers to recruit participants for this study on various platforms, including Facebook and LinkedIn groups, particularly social work social media groups, clinical social worker groups, and therapist social media groups. Second, I emailed a copy of the flyer to the public social work listserv across the United States. I asked each participant how they learned about the research study and documented their recruitment method in Chapter 4. I began recruitment once I received Walden University's Internal Review Board approval.

Individuals interested in participating in this research study contacted me via email or telephone, as outlined in the flyer. Potential research participants were screened via email before an interview was scheduled to ensure that the participant met the eligibility criteria to participate in this study. Refer to Appendix C for a copy of the Screening Checklist. Individuals who met all of the requirements to participate in this study received an introductory email from me outlining the purpose of this study and the criteria for participation. Potential participants who agreed to proceed with the study received an informed consent letter via email detailing the study's risks and benefits (Refer to Appendix B for a copy of the Consent Form). They also received an email with prospective dates and times for their interviews. The consent form was provided to each participant with essential information related to this study, such as the purpose of the study, procedures, voluntary nature of the study, risks and benefits of participating in the study, reciprocity (token of appreciation for participating in the study), contact information for the researcher, and what to expect on the day of the interview. Once I received their informed consent forms and preferred interview times, I scheduled their interviews via Zoom conference and emailed them the link.

I followed the interview protocol identified was identified and on the initial interview day. On the day of the follow-up interview (member checking). I followed the interview protocol. The interviews and verbal acknowledgment were audio-recorded for this study. I conducted interviews in my home office in a private setting, and research participants were asked to ensure they were in a quiet location where they could speak freely. Research participants received a small token of appreciation (e.g., a 15-dollar Amazon gift card for the initial interview and a 10-dollar Amazon gift card for the follow-up interview) via email within one hour after each interview. All participants received an appreciation gift card via the same email address used to obtain informed consent for the research study, which aligned with Creswell and Báez's (2020) perspective, "reciprocity involves the researcher giving back to the research subject in some form, from a minor token of appreciation to a significant step of support".

Instrumentation

The instrumentation I used in this qualitative study was an interview protocol in which open-ended questions were asked of the participants. This research study's purpose was to explore clinical social workers' perspectives on work-related secondary trauma post-COVID-19 pandemic, utilizing the CTT as a theoretical framework. Data were collected through individual interviews to support the purpose of this study. Each participant's interview was conducted using the Zoom teleconferencing platform and was audio recorded. I developed a 12-item interview question protocol to obtain responses from the participants about their perspectives on work-related secondary-trauma post-COVID-19 pandemic. The interview protocol questions were open-ended, which allowed me to ask questions uniformly and sequentially, allowing for follow-up questions when needed and after a response was given for each question (Yeong et al., 2018).

Before conducting the interviews with participants, I ensured the content validity of the interview protocol. Content validity, as defined by Patrick et al. (2011), is the assurance that all research dimensions are covered and that the instrument can effectively measure the concepts of the research subject. To achieve this, I assembled an expert review panel composed of a trauma professional and a social worker, each with unique perspectives and expertise. The panel's diverse backgrounds ensured that the questions and interview protocol would identify the data necessary to answer and align with the research question. Their review helped to reduce any potential bias or confusion with wording in the interview protocol.

The interview protocol started with an opening introductory script that provided a greeting, described the objective and purpose of the study, provided operational definitions of key terms relevant to the study and entrance requirements, gathered demographic information, reviewed informed consent, answered any questions, and informed each participant that their responses would remain confidential.

Procedures for Recruitment, Participation, and Data Collection

For this research study, I used three strategies to recruit participants. First, I posted flyers to recruit participants for the study on various platforms, including Facebook and LinkedIn groups, particularly social work social media groups, clinical social worker groups, and therapist social media groups. Second, I emailed a copy of the flyer to the public social work listserv across the United States. I asked each participant how they learned about the research study and documented their recruitment method in Chapter 4. I began recruitment once I received Walden University's Internal Review Board approval confirmation number IRB -01-24-25-0054058. Copies of the email and social media invitation were provided to my committee and IRB.

Individuals interested in participating in this research study contacted me via email or telephone, as outlined in the flyer. Potential research participants were screened via email before the scheduled interview to ensure that the participant met the eligibility criteria to participate in this study. Refer to Appendix A for a copy of the screening checklist. Individuals who met all the requirements to participate in this study received an introductory email from me outlining the purpose of this study and the criteria for participation. Potential participants who agreed to proceed with the study received an informed consent letter via email detailing the study's risks and benefits. They also received an email with prospective dates and times for their interviews. Participants were made aware of the risk that this study may pose during the interview. No participants identified any concerns or risk. The consent form was provided to each participant with essential information related to the study, such as the purpose of the study, procedures, voluntary nature of the study, risks and benefits of participating in the study, reciprocity (a token of appreciation for participating in the study), contact information for the researcher, and what to expect on the day of the interview. Once I received their informed consent forms and preferred interview times, I scheduled their interviews via Zoom teleconference and emailed them the link.

The interview questions are included in Appendix B. The interviews and verbal acknowledgment were audio-recorded for this study. I conducted interviews in my home office in a private setting, and research participants were asked to ensure they were in a quiet location where they could speak freely. Research participants received a small token of appreciation (e.g., a 15-dollar Amazon gift card for the initial interview and a 10-dollar Amazon gift card for the follow-up interview) via email within one hour after the interviews. All participants received an appreciation gift card via the same email

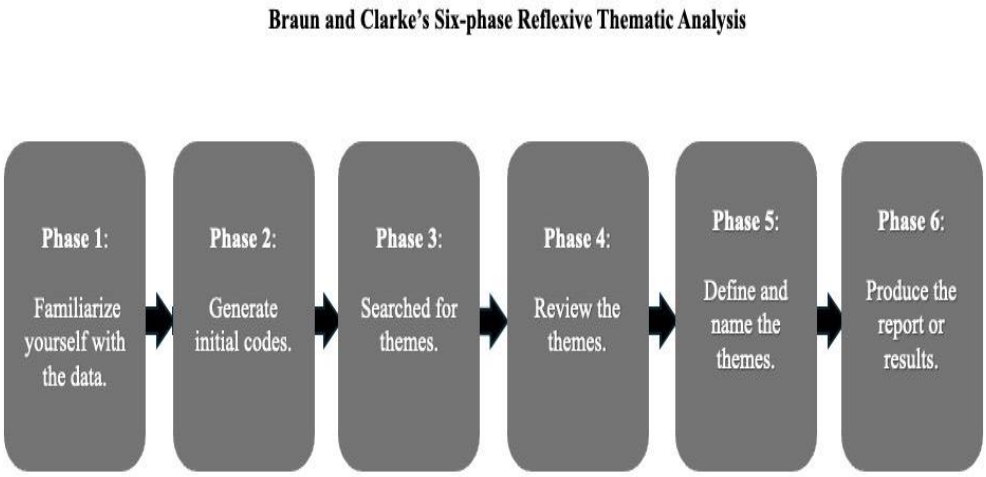
address used to obtain informed consent for the research study, which aligned with Creswell and Báez's (2020) perspective, "reciprocity involves the researcher giving back to the research subject in some form, from a minor token of appreciation to a significant step of support".

Data Analysis Plan

To explore the research question, I utilized Braun and Clarke's (2022) six-phase reflexive thematic analysis to analyze clinical social workers' perspectives of work-related secondary trauma post-COVID-19 pandemic on their biopsychosocial functioning, as shown in Figure 2. Braun and Clarke (2022) acknowledged that reflexive thematic analysis is not linear and that language matters. Thus, for this study, the term "phases" was used to identify the analysis procedure rather than the term "steps." I analyzed the data collected for this study through the lens of the research question and not the interview questions (Kostere & Kostere, 2022). Only the data that answered the research question for the analysis were used.

Figure 2

Braun and Clarke's Six-Phase Reflexive Thematic Analysis



All participant interviews took place using Zoom Workplace. Each participant was assigned a Participant Number (i.e. P1, P2, etc.) before joining the Zoom interview and for future coding purposes. The interviews were recorded and transcribed in Zoom and an audio transcript was exported and saved for each participant interview based on their Participant Number. Next, each participant's audio transcript was imported into Microsoft (MS) Word to organize each participant's interview responses. For each interview question, the participant's responses were copied from the MS Word transcript to a MS Excel spreadsheet to see all participant responses side by side and to perform further analysis.

In phase one, I familiarized myself with the data by reading and rereading the participant responses in Excel by each interview question. I also listened to the audio recordings and recorded initial thoughts and reflections in the margins (Braun & Clarke, 2022; Nowell et al., 2017). In phase two, I generated initial codes by systematically

reviewing the dataset and identifying sections of each interview question response that appeared meaningful to the research questions (Braun & Clarke, 2022). In phase three, I searched for emerging themes, in MS Excel, by highlighting and identifying common keywords and phrases by comparing participant's responses to each interview question. Then, I compiled a list of phrases for each interview question in MS Word. In phase four, emerging themes identified in phase three were further grouped into categories (Braun & Clarke, 2022; Nowell et al., 2017). In phase five, the categories and emerging themes were further defined and aligned according to CTT. A comprehensive analysis was conducted for alignment to the research questions (Braun & Clarke, 2022). In phase six, the results were analyzed and reported by describing the context of the emerging categories and themes using participants' quotes to support the themes (Braun & Clarke, 2022). There was no discrepancy identified in this study.

Issues of Trustworthiness

In qualitative research, trustworthiness is essential to support confidence in research findings. Trustworthiness ensures that research accurately depicts participant perspectives and experiences (Billups, 2021). To establish trustworthiness in qualitative research, researchers must focus on four areas: credibility, transferability, dependability, and confirmability.

Credibility

Credibility refers to whether the findings of the study represent the perspectives of the participants and not the researcher (Makri & Neely, 2021). To ensure credibility, member checking was conducted by scheduling a follow-up 15–20-minute interview to allow each participant to review their transcript for accuracy, affirm their experiences and perspectives, and make any necessary corrections.

Transferability

Transferability refers to the extent to which the results of qualitative research could be transferred or applied to other contexts or settings with various selected participants by thoroughly outlining relevant research and assumptions (Creswell & Báez, 2020;(Makri & Neely, 2021). Transferability was achieved in this qualitative study by including participant responses without any alterations so that the patterns and themes that emerged from participant responses could be clearly identified (Drisko, 2024). Transferability helps to ensure that individuals not connected to this study can easily determine if the results of the study can be useful in a differing setting.

Dependability

Dependability is the extent that a research study can be repeated and replicated by another (Makri & Neely, 2021). Therefore, dependability in this study was important to ensure research procedures could be followed by another researcher and similar results could be reached with minimal errors (Janis, 2022). Procedures were properly documented to allow other researcher to repeat the current study. Carcary (2021) stated that an audit trail could be used in qualitative research to review documentation and procedures from all key stages of research. In this study, an audit trail was constructed to provide detailed documentation of data collection and data analysis procedures. I used data archiving to create an audit trail to group, organize, and store documentation such as personal notes, participant interview responses, findings, and conclusions.

Confirmability

Confirmability in a qualitative study addresses the degree to which the results are based on the research purpose and can be confirmed by others (Korstjens & Moser, 2017). Billups (2021) indicated that confirmability in a qualitative study can be achieved

through reflexivity. Confirmability also generates confidence in the results of the study, ensuring that the outcomes truthfully represent the perspective of the research participants and are free from bias (Billups, 2021; McGinley et al., 2021). In this study, researcher interpretations were verified as reflective of participant perceptions through member checking by affirming their experiences and perspectives. Aside from providing a critical reflection on my role as a researcher, I also maintained an electronic reflective journal to allow me to continue self-reflection throughout the research process (Braun & Clarke, 2022).

Ethical Procedures

Before conducting this study, I obtained approval through the Walden University Institutional Review Board (IRB) process. Upon completing the process, I included my IRB approval number in the Appendix and provided it to all participants via email so they were aware of their rights. Research participants were emailed a detailed consent form (see Appendix B) outlining the study's scope, data collection method (interviewing), and potential risks and benefits of participation. This process ensured that all participants were fully informed and could voluntarily decide about their involvement. Furthermore, upon request, a copy of the completed and published dissertation was made available to research participants.

When dealing with human subjects in research, there is always some risk. I applied several strategies to address the beneficence principle of risks and benefits in this study. First, all research participants in the published study remained anonymous, and their identities were coded (P1, P2, and P3). Audio recordings of data were safely stored on an encrypted universal serial bus (USB) drive and placed into a locked file cabinet in my home for five years. After five years have passed, I will destroy the encrypted USB

drive by shredding it. No one will have access to the data. The research participants were not members of a vulnerable population, and the risk of psychological harm was minimal. To prevent ethical issues, I ensured that I did not hold any power over or have a professional or personal relationship with research participants.

Summary

In this chapter, I explained why I utilized a qualitative inquiry to answer the research study questions. Second, I identified my role as the researcher and explained how my biases would be managed. Next, I described the inclusion and exclusion criteria that all participants met to participate in this study. As discussed in this chapter, purposeful sampling was used to select participants for this research study. The primary recruitment strategy used in this study was social media. Prior to each interview, I communicated with participants via email.

Additionally, I explained how CTT was utilized to guide the research questions, interview questions, and data analysis (thematic analysis). This chapter explains why I chose thematic analysis to analyze my data. In this chapter, I also identified the six-phase reflective thematic analysis approach I used to analyze my data. Lastly, I also discussed trustworthiness-related issues (e.g., credibility, transferability, dependability, and confirmability) and how I ensured rigor in this research study. I concluded this chapter by addressing the ethical procedures for protecting human subjects' rights.

In Chapter 4, I focused on the presentation of the results.

Chapter 4: Results

The purpose of this qualitative study was to explore clinical social workers' perspectives of work-related secondary trauma post-COVID-19 pandemic, utilizing the CTT as a theoretical framework. The phenomenon of interest was how clinical social workers' perspectives of work-related secondary trauma post-COVID-19 pandemic impacted their biopsychosocial functioning. This research addressed the following question: What are clinical social workers' perspectives of work-related secondary trauma post-COVID-19 pandemic on their biopsychosocial functioning?

The findings from this study provide enhanced insight and understanding of clinical social workers' perspectives of work-related secondary trauma post-COVID-19 pandemic. In this chapter, I identified the research question and described the setting and demographic information for my data collection. This chapter includes a description of how the data for this study were collected utilizing semi-structured interviews and describes any variants from the data collection process I described in Chapter 3. In this chapter, I also outlined my data analysis process and presented evidence of trustworthiness, including elements of credibility, transferability, dependability, and confirmability. I concluded Chapter 4 by presenting the results and my findings from the data analysis.

Setting

As the researcher for this study, several conditions were beyond my control that may have influenced the participants and their perspectives at the time of this study. One of the main conditions that may have impacted participants is that the COVID-19 virus continues to infect people and instill fear. Additionally, factors that may have affected participants in this study were the political climate and cultural effects of the recent

elections in the United States. I noticed that some of the participants had personal stressors that appeared to be triggered by these ongoing societal changes. During the interviews, participants related that they experienced high levels of stress because of work-related changes due to COVID infections, social environmental changes post COVID-19 such as the move between remote, hybrid and in-person work, job insecurity, and disparities highlighted by the pandemic, and the recent elections impact on the work environment.

Demographics

Eight qualified participants were involved in this qualitative study. Their ages ranged from 28 to 36, and they each had at least five years of experience as clinical social workers. Each participant met three key criteria: They held a master's degree in social work from an accredited program, possessed a clinical social work license in one of the 50 states, and worked in the United States from March 10, 2020 to May 11, 2023. Among them, three identified as male and five as female. Seven participants identified as Black/African American, while one identified as Caucasian/White. All participants worked in a clinical setting (hospital and/or mental health agency) providing direct and virtual services to clients. All eight participants indicated that they saw the recruitment flyer for this research study on social media in a clinical work group which prompted them to respond directly to the researcher.

Data Collection

The approved IRB dissertation flyer was disseminated on several social media sites, as indicated in Chapter 3. I collected data from eight participants for this qualitative study. Each participant volunteered to participate in a 45–60-minute semi-structured interview. I audio-recorded all interviews using the Zoom platform recording device and

transcription service. I also took notes during each interview. Once I received the transcripts from the Zoom transcription service, I reviewed them three times and compared them to my notes. I scheduled a 15-to-20-minute member-checking interview with each participant so they could conduct transcript validation of their responses and provide additional clarification if needed. All eight participants confirmed the accuracy of the transcripts. Each participant was informed that a document and presentation with the findings would be available via email at the conclusion of this study, upon request. Data saturation was reached after the eighth interview. Saturation is achieved when information repeats and no new categories or themes emerge (Bouncken et al., 2025). Ten participants were identified, and eight participants were interviewed to reach saturation. The interviews with participants continued until a sense of meaning from emerging themes and saturation occurred from the interviews. I encountered no unusual circumstances during the data collection.

Data Analysis

The data was analyzed using Braun and Clarke's (2022) six step thematic analysis as described in chapter 3. I used Braun and Clarke's (2022) six-step thematic analysis to move from the coded units in the interviews to broader representations, such as categories and themes. I began by coding the interviews, then created categories, identified the emerging (themes) by groups as headers, and finally reduced overlapping group themes in the aligning headers from the eight participant's interviews.

Themes emerged in this research study that aligned with the CTT biopsychosocial functioning. The themes are grouped into three areas aligned with CTT biopsychosocial functioning which provides the framework for understanding the impact that indirect and direct trauma has on individual functioning and well-being; these are personal

functioning, relationship functioning, and career functioning. Seven themes emerged within personal functioning: (a) impaired emotional regulation/exhaustion, (b) detached, (c) mental health challenges, (d) diminished physical well-being, (e) weakened self-esteem, (f) employed different coping strategies and (g) focused on contracting COVID. Related to relationship functioning, two themes emerged: a) positive emotional responses to self and others and (b) experienced strained relationships. Within career functioning, three themes emerged: (a) feeling of career uncertainty, (b) loss of professional confidence and (c) identified opportunities for post traumatic growth.

One discrepant case was factored into the data analysis. One participant indicated that despite experiencing work-related secondary trauma post COVID-19 pandemic that there had been an unexpected level of professional and personal growth during the time. This reflection was considered relevant to the RQ and therefore included as a theme within career functioning.

Evidence of Trustworthiness

Credibility

Credibility is defined as both the truthfulness of the data and the interpretation and representation of that data from the participant's perspective (Creswell & Báez, 2020). As detailed in Chapter 3, I employed member checking and audit trails to ensure the credibility of the study findings. Member checking was valuable in enhancing credibility, enabling participants to review the transcripts for accuracy and make necessary corrections. I also strengthened the study's credibility by maintaining an audit trail in my research journal.

Transferability

Transferability is obtained when the research study's findings can be applied to other groups or settings (Cope, 2014). My research is transferable because it can help other clinical social workers who share the experience of secondary trauma by highlighting their current challenges. Furthermore, groups such as social work and community mental health organizations can use the results of this study to enhance awareness and understanding of secondary trauma experiences and the effects on licensed mental health professionals. Clinical social workers who have experienced secondary trauma may also be able to relate to the findings of this study.

Dependability

Dependability was established during the data collection process in this study. Cope (2014) defined dependability as the consistency of the data throughout similar conditions. I have explained the steps of the research study process, allowing the findings in this study to be replicated with similar participants in similar situations, ensuring dependability.

Confirmability

Cope (2014) indicated that confirmability can be shown through the researcher's ability to represent the participants' responses through the data rather than their perspectives. I provided direct quotes from the participants to highlight the emerging themes found throughout the data to increase confirmability. I received approval from the Walden University Institutional Review Board prior to collecting any data.

I followed all the ethical practices for human treatment. I ensured that all participants' rights were protected and followed as outlined in the Belmont Report, written by the National Commission for the Protection of Human Subjects of Biomedical

and Behavioral Research, and beneficence and justice. If a participant sounded as if they needed a break, I asked if they needed a minute or if they wanted to continue. I also had crisis mental health resources available for immediate help if participants became emotional. To maintain confidentiality during this study, I was the only one with access to the data stored on a password-protected computer.

Results

The results of this study were divided into three groups (a) personal functioning, (b) relationships functioning, and (c) career functioning. In each area, themes emerged. In Group 1 personal functioning area, seven themes emerged: impaired emotional regulation/exhaustion, detached, mental health challenges, diminished physical wellbeing, weakened self-esteem/confidence, employed different coping strategies, and focused on contracting COVID. The themes that emerged in Group 2 relationship functioning were: positive emotional responses to self and others and experienced strained relationships. In the Group 3 career functioning area, the three themes that emerged were feeling of career uncertainty, loss of professional confidence, and identified opportunities for post traumatic growth.

Themes Related to Personal Functioning

The first grouping of themes related to personal functioning. Personal functioning is defined as an internal event, processes, experience of an individual, which include emotional regulation, self-esteem, stress management, and other psychological dimensions (see Table 1).

Table 1

Themes Related to Personal Functioning

Table 1

Themes related to personal functioning

#	Codes	Theme	Contemporary Trauma Theory Central Properties (Tenet Alignment)
1	Stress, anxiety, helplessness, distress, emotionally down, overwhelmed, loss of thought, nightmares, frustrating, helpless, grief, scared, burnout, fatigue, drained, and tired	Impaired emotional regulation/exhaustion	Impairment in emotional capacities Reenactment
2	Isolation, difficulty connecting, and alone	Detached	Impairment in emotional capacities Dissociation
3	Depression, nightmares and hallucinations.	Mental health challenges	Attachment Dissociation Long-term effect Reenactment
4	Poor nutrition, personal needs, cleanliness issues, weight gain, lack of physical activity, and headaches.	Diminished physical wellbeing	Impairment in emotional capacities Long-term effect
5	Shame, self-doubt, self-evaluation, self-reflection and disappointment.	Weakened self-esteem/confidence	Dissociation Reenactment Impairment in emotional capacities
6	Family support, supervisor support, setting boundaries, self-evaluation, self-reflection and self-care prioritization.	Employed different coping strategies	Dissociation Attachment Long-term effect
7	Cough paranoia, cleanliness concerns, perceptions of coughs, COVID positive clients, and not seeking help for fear of catching COVID.	Focused on contracting COVID	Impairment in emotional capacities Reenactment Impairment in emotional capacities Dissociation

Theme 1: Impaired Emotional Regulation/Exhaustion

Emotional regulation and exhaustion were mentioned repeatedly in the form of stress, anxiety, helplessness, distress, feeling emotionally down, overwhelmed, loss of thought, frustration, helplessness, grief, scared, burnout, fatigue, drained, and tired. Impaired emotional regulation/exhaustion is defined as emotional numbing and the breakdown of the self-regulatory system.

P1 shared that they had experienced emotional exhaustion and burnout due to the constant exposure to their client's pain, grief, and suffering during the COVID-19 pandemic.

P2 expressed that the "during the pandemic, I experienced increased stress levels. My clients faced a lot of challenges with limited resources." P3 also expressed feelings of helplessness and unpreparedness due to the unprecedented nature of the situation. "The cumulative effect of witnessing high levels of distress with clients was frustrating, traumatic, overwhelming, physically and emotionally draining, with no solutions to help clients initially," revealed P3.

P4 reported experiencing and facing distress mostly during COVID-19 because of the loss of a family member. P4 also reported that when the pandemic ended, they were working and still grieving at the same time, and the client interaction and listening to their trauma weighed them down emotionally, causing high levels of physical and mental burnout, loss of sleep, feeling disconnected, and compassion fatigue.

P5P5 said:

> The cumulative effects of witnessing high levels of distress and trauma in my clients post-COVID-19 pandemic caused me to have high levels of burnout,

difficulty concentrating, nightmares, emotional distress, and strained relationships. This included distancing myself from family and coworkers.

P5 aligned their behaviors to secondary trauma responses. P5 also revealed that interacting with their clients caused them to experience high levels of distress and anxiety. P7 affirmed the feelings that Participants 05 and 06 expressed. P7 described the emotional toll of dealing with patients and their families, including shedding tears and feeling helpless, which caused distress.

P8 shared that they experienced emotional breakdowns daily because of the accumulation of stress and traumatic experiences from their interaction with clients after the pandemic ended. P8 noted that, "limited resources and higher caseloads contributed to my distress." Participant 10 shared that, after hearing their client's traumatic stories, they would be "emotionally and mentally drained." This caused them to have nightmares and experience anxiety, burnout, fatigue, and often feel as if they were reliving the experiences of the clients.

Theme 2: Detachment

Detachment was mentioned repeatedly in the form of isolation, strained relationships, difficulty connecting, distancing themselves, trust, challenges with rapport building, and feeling alone. P2 shared that, "due to secondary trauma exposure, my social skills with my clients and others have been impacted. This has caused me to experience anxiety and challenges with building rapport and trust with clients and associates."

P4 shared that they were only allowed to work in a remote virtual environment and that listening to other people's traumatic experiences during COVID-19 was overwhelming. In addition, P4 expressed,

> When the pandemic ended, I was working and grieving at the same time. My client interactions and listening to their clients' traumas weighed me down emotionally, causing high levels of physical and mental burnout, loss of sleep, feeling disconnected, and compassion fatigue.

P5 shared that, "the cumulative effects of witnessing high levels of distress and trauma in my clients post-COVID-19 pandemic caused me to have high levels of burnout, difficulty concentrating, nightmares, emotional distress, and strained relationships." As a response, P5 isolated themselves from family and coworkers, which they associated with secondary trauma. P5 also stated that secondary trauma has affected their emotional regulation and coping strategies, making it hard to connect with friends and colleagues and prioritize self-care. Additionally, P3 expressed that "zoning out and difficulty paying attention to my patients during their sessions took place on more than one occasion." P3 also described their zoning out as being similar to brain fog.

Theme 3: Mental Health Challenges

Mental health challenges were mentioned repeatedly in the form of depression, difficulty concentrating, psychological trauma, nightmares, and hallucinations by multiple participants.

P4 communicated that listening to other people's traumatic experiences during COVID-19 was a lot for them personally, and they were only able to work in the virtual remote environment. When the pandemic ended, working and still grieving at the same time, and the client interaction and listening to their trauma weighed them down emotionally, causing high levels of physical and mental burnout, loss of sleep, feeling disconnected, and compassion fatigue.

P5 shared that the cumulative effects of witnessing high levels of distress and trauma in their clients post-COVID-19 pandemic caused them to have high levels of burnout, difficulty concentrating, nightmares, emotional distress, and strained relationships, which included distancing themselves from family and coworkers, which they associated with secondary trauma. P5 related that the high levels of distress that their clients expressed caused them periods of anxiety and fear when interacting during sessions.

P7 reported feeling emotionally unstable after trying to balance clients with their many traumatic experiences post-COVID-19. P7 also stated that "dealing with emotional instability, psychological trauma, and balancing work and family issues put an emotional and mental toll on them." P7 continued that "dealing with emotional instability, psychological trauma, and balancing work and family issues put an emotional and mental toll on them." Participant 10 shared that, after hearing the traumatic stories from their clients, the exposure would sometimes make them feel so emotionally and mentally drained, causing nightmares, anxiety, feeling mentally drained, burnout, fatigue, and often feeling as if they are reliving the experience of their clients.

Theme 4: Diminished Physical Wellbeing

Physical well-being was mentioned repeatedly, in the form of poor nutrition, personal needs, cleanliness issues, weight gain, lack of physical activity, and headaches. P1 mentioned "secondary trauma negatively impacted their physical health and confidence level in continuing to work in the social work profession."

P2 shared that "experiencing emotional distress, difficulty sleeping, and fatigue after the pandemic, but has since rebounded as a result of physical activities, self-care

breaks, and work-life balance." P2 also indicated that they were not able to carry out some physical activity due to a lack of sleep and feeling tired.

P4 mentioned that they sought support from their supervisor and family. They also engaged in physical activities such as gym workouts to manage their mental health.

P7 stated that "dealing with emotional instability, psychological trauma, and balancing work and family issues put an emotional and mental toll on them." Participant 10 shared that, after hearing the traumatic stories from their clients, the exposure would sometimes make them feel so emotionally and mentally drained, causing nightmares, anxiety, burnout, fatigue, and often feeling as if they were reliving the experience of the client.

Theme 5: Weakened Self-Esteem and Confidence

Self-esteem and confidence were mentioned repeatedly in the form of shame, self-doubt, self-evaluation, self-reflection, fear, and disappointment. P1 noted that "secondary trauma negatively impacted my physical health and confidence level in continuing to work in the social work profession." P2 said, "before the pandemic ended, it equipped me with the necessary skills to solve problems, enhanced my social skills and self-esteem, and positively impacted my mental health by boosting my confidence levels."

P4 shared their experience of living in their clients' nightmares, which led to self-doubt and questioning their ability to help others. P5 related that high levels of distress caused them periods of anxiety and fear when interacting with clients. P5 also stated that secondary trauma has affected their emotional regulation and coping strategies, making it hard to connect with friends and colleagues and prioritize self-care. Lastly, P8 shared that they experienced a high level of anxiety due to fear, which was affecting their confidence level to work as a social worker.

Theme 6: Different Coping Strategies

Coping variations were mentioned repeatedly in the form of family support, supervisor support, setting boundaries, self-evaluation, self-reflection, work-life balance, and self-care prioritization. P2 shared they experienced emotional distress, difficulty sleeping, and fatigue after the pandemic, but has since rebounded as a result of physical activities, self-care breaks, and work-life balance. P2 indicated using books to cope with trauma and practicing walking and hiking as a coping mechanism to move past the secondary trauma experience.

P3 also stated that, "it was very helpful to track my healing process and growth through journaling and attending yoga." P3 also shared that they implemented several preventive measures to reduce their fears and anxiety, such as wearing a mask to reduce concerns about client interactions and fears of being exposed to COVID-19 because of client interactions.

P4 emphasized "the importance of seeking help when feeling overwhelmed" and suggested that social workers step back from work if they feel they cannot handle the stress. P4 also stated that they "sought support from their supervisor and family and engaged in physical activities such as gym workouts to manage their mental health."

P5 stated, "secondary trauma has affected their emotional regulation and coping strategies, making it hard to connect with friends and colleagues and prioritize self-care." P5 shared that they set boundaries between work and personal life by compartmentalizing their experiences, which was one coping strategy for them. P5 also engaged in physical activities such as gym workouts to help reduce the anxiety and found it helpful in tracking their healing process and growth from the secondary trauma exposure.

P7 stated that their "coping strategy was to self-reflect on themselves and their exposure experience." P7 self-evaluated and processed the experience through journaling. They also talked to family members about their secondary trauma exposure experiences, which their family members encouraged them by stating comments like "You did a good job" and "The world needs people like you." P7 expressed that the encouraging words, as well as the community that they belonged to, helped them to move past the secondary exposure experiences. P7 also mentioned setting boundaries between work and personal life to compartmentalize their experiences.

P8 shared that coping strategies such as speaking to a counselor, and taking classes such as stress management, meditation, mindfulness, and self-reflection were helpful in their process of healing from work-related stress and secondary trauma. P8 also mentioned that setting boundaries between work and personal life was an additional coping strategy they used. Participant 10 shared that their coping strategies included seeking counseling, developing healthy eating habits, using stress management techniques like meditation, prioritizing sleep, and maintaining good hygiene.

Theme 7: Focus on Contracting COVID

Focus on contracting COVID was mentioned repeatedly in the form of cough paranoia, cleanliness concerns, perceptions of coughs, COVID-positive clients, and not seeking help for fear of catching COVID. P3 expressed feelings of discomfort and anxiety when around people who potentially had symptoms of a cold, which still has a long-term effect on them post-pandemic. P8 shared feelings of paranoia due to their fear of contracting COVID from their clients. P8 also shared that they experienced a high level of anxiety due to fear, which affected their confidence level in working as a social worker.

In this study, the seven themes related to personal functioning highlighted impaired emotional regulation/exhaustion, detached, mental health challenges, diminished physical well-being, weakened self-esteem and confidence, employed different coping strategies, and focused on contracting COVID all align with one or more of the contemporary trauma theory tenets, which include dissociation, reenactment, attachment, long-term effect, reenactment, and impairment in emotional capacities (Goodman, 2017). The five CTT tenets have previous been defined in chapter 2. Individuals who experience trauma indirectly or directly variously different lens on the impact and effect. Monnat & Chandler (2015) has indicated that adults who experience complications with emotional impairment can have a diminished sense of self. Goodman's (2017) literature revealed that 61% of men and 51% of women in the United States reported being exposed to at least one lifetime traumatic event. The prevalence of trauma exposure in populations served by social workers is even higher (Goodman, 2017). Impairment in emotional capacities is described as emotional numbing and the breakdown of the self-regulatory system, which directly impacts trauma on the brain and the adaptive functioning of the limbic system, the part of the brain that supports various functions, including the emotional life. Traumatic events, and especially prolonged exposure to trauma, diminish the baseline state of both emotional and physical calm or comfort, resulting in hyper-arousal symptoms that include hypervigilance, anxiety, agitation, night terror, and somatization.

Themes Related to Relationship Functioning

Themes related to the second area of functioning relationships emerged based upon the participants indicating that work-related secondary trauma post-COVID-19 pandemic impacted their various relationships, and established relationships helped them

to move forward in their recovery from secondary trauma. The following two themes emerged: positive emotional responses to self and others and experienced strained relationships (see Table 2).

Table 2

Themes Related to Relationship Functioning

#	Codes	Theme	Contemporary Trauma Theory Central Properties (Tenet Alignment)
1	Increased empathy, better connections, rapport building, self-care, take time off, and colleague support	Positive emotional responses to self and others	Dissociation
2	Difficulty maintaining rapport, setting boundaries with work and personal life, reduced communications, decline social skills, political views, trust issues with co-workers, interest differences in work environment, not socially engaged and strained family relationships	Experienced strained relationships	Dissociation Attachment Reenactment Long-term effect Impairment in emotional capacities

Theme 1: Positive Emotional Responses to Self and Others

Several participants mentioned the theme of positive emotional responses to self and others multiple times during their interviews. Positive emotional responses were emphasized through keywords such as increased empathy, seeking support, self-care, better connections, family members, rapport building, and colleague support. P4 shared, "Seeking support from family members and my supervisor, engaging in physical activities at the gym, and balancing self-care needs such as taking time off, helped me recover from secondary trauma exposure and meet my mental health needs."

P7 shared, “My family relationships helped me when I was feeling overwhelmed from the stress of hearing about my client’s loved ones dying.” P7 related that the supportive words from their family and community members helped them regain their confidence and self-esteem.

Theme 2: Strained Relationships

Strained relationships were an area of focus for several participants as they discussed their perspective of work-related secondary trauma post-COVID pandemic. Strained relationships were highlighted through words and phrases such as difficulty maintaining rapport, setting boundaries with work and personal life, reduced communications, decline in social skills, political views, trust issues with co-workers, interest differences in the work environment, not socially engaged, and strained family relationships.

P2 shared that, “the cumulative effects of witnessing high levels of distress post-COVID-19 pandemic caused secondary trauma that affected my family relationships, causing strain, emotional distress, and communication challenges among co-workers.” P2 explained that, “job difficulties with co-workers led to shifts in attitudes and working dynamics.” P3 clarified that their family relationships did not necessarily decline in quality or frequency during the pandemic, but were different.

P5 also discussed the impact of secondary trauma and witnessing other people’s trauma on their family and work relationships. P7 elaborated on the difficulty of seeing people die and being unable to help, which affected their self-confidence. P7 referenced the impact of secondary trauma on social skills, family relationships, and interactions with coworkers, noting initial difficulties but eventual adaptation.

P8 stated, “the impact of witnessing high levels of distress in my clients post-COVID-19 pandemic affected my mental and physical health, relationships, and work life.” “I experienced emotional breakdowns and strain due to accumulative stress and traumatic experiences from clients,” expressed P8. “I also developed coping skills such as clear communication, setting boundaries, and mindfulness training that help me balance work-related trauma,” noted P8. Additionally, P8 expressed that their family relationships were affected, particularly in managing household responsibilities. Lastly, P8 highlighted the importance of maintaining boundaries with coworkers and how they dealt with emotional exhaustion.

Participant 10 shared that post-COVID-19 pandemic, they had limited time for family due to their busy schedule and communicated with them via phone and social media. They also had less in-person contact with coworkers but utilized training opportunities to foster collaboration.

Related to relationship functioning, the 2 emerging themes: emotional wellness/support and strained relationships, align with CTT central properties tenets. Positive emotional responses to self and others is aligned directly with the CTT tenet of dissociation. Dissociation is described as the main defense mechanism utilized by individuals to negotiate and tolerate the horrific traumatic experience Goodman, 2017). Goodman (2017) defines the CTT long-term effect as unresolved trauma may have devastating effects on functioning. Trauma (indirectly or directly) is an event or incident experienced by an individual, inhibiting appropriate development and predisposing. Individuals who experience trauma can have a negative recurrence later in life, including on the biopsychosocial functioning, comorbidity in physical and mental health problems (Goodman, 2017). Impairment in emotional capacities is described as emotional numbing

and the breakdown of the self-regulatory system, which directly impacts trauma on the brain and on the adaptive functioning of the limbic system, the part of the brain that supports a variety of functions, including the emotional life. Traumatic events, and especially prolonged exposure to trauma, diminish the sense of baseline state of both emotional and physical calm or comfort, resulting in hyper-arousal symptoms that include hyper vigilant, anxiety, agitation, night terror, and somatization.

Themes Related to Career Functioning

The three themes that emerged related to career functioning were the feelings of career uncertainty, loss of professional confidence, and identified opportunities for post traumatic growth (see Table 3).

Table 3

Themes Related to Career Functioning

#	Codes	Theme	Contemporary Trauma Theory Central Properties (Tenet Alignment)
1	Long term sustainability, uncertainty of how long issues will last, impact of secondary trauma experience with clients	Feelings of career uncertainly	Long-term effect Impairment in emotional capacities
2	Loss of professional confidence, loss of professional belonging	Loss of professional confidence	Long-term effect Impairment in emotional capacities
3	Gained a sense of fulfillment/purpose, gained more experience, career advancement, and more opportunities for financial growth/earnings	Identified opportunities for post-traumatic growth	Long-term effect Impairment in emotional capacities

Theme 1: Feelings of Career Uncertainty

During several participants' interviews, long and short term were mentioned repeatedly in the form of words and phrases such as long- and short-term sustainability, uncertainty of how long issues will last, and the impact of secondary trauma experience with clients.

P1 said, "I only see myself in the clinical social work profession for a short term, not the long term." P1 also mentioned, "secondary trauma negatively impacted my physical health and confidence level in continuing to work in the social work profession."

P3 said, "There was some decline in my career progression and socioeconomic status." P3 mentioned being unsure of their future as a clinical social worker. P4 also discussed the challenges of providing telehealth services during the pandemic and the impact of secondary trauma on their confidence and desire to continue providing clinical social work services. P7 emphasized that the experience ultimately built their confidence and appreciation for their work despite initial challenges. P8 stated, "the secondary trauma experience did not significantly impact my socioeconomic status or my future career in social work." Participant 10 expressed that their confidence and morale levels have improved post-COVID-19, attributing this to their ability to help clients based on the experience gained and finding their job was more desirable to them. Participant 10 also mentioned there was no loss for them regarding professional opportunities, but an increase in socioeconomic status and opportunities for long-term employment.

Theme 2: Loss of Professional Confidence

P1 explained, "secondary trauma positively impacted my self-esteem and awareness of my strengths in solving problems." P2 expressed, "the experience before the pandemic ended equipped me with the necessary skills to solve problems, enhance my

social skills and self-esteem, and positively impact my mental health by boosting my confidence level." P4 also discussed the challenges of providing telehealth services during the pandemic and the impact of secondary trauma on their confidence and desire to continue providing clinical social work services. P7 emphasized that their experiences during the COVID-19 pandemic built their confidence, and "I had more appreciation for my work, despite initial challenges."

Theme 3: Identified Opportunities for Posttraumatic Growth

During the interviews, the theme of post-traumatic growth emerged. Several participants mentioned their experience with work-related secondary trauma and then used repeated words and phrases such as "gained a sense of fulfillment/purpose," "gained more experience," "career advancement," and "more opportunities for financial growth."

P1 mentioned, "secondary trauma negatively impacted my physical health and confidence level in continuing to work in the social work profession." However, P1 also explained that "Secondary trauma positively impacted my self-esteem and increased my awareness of my strengths in solving problems."

P2 stated, "I am a better social worker after having this experience and learning to do more with less." P2 mentioned, "Secondary trauma initially caused burnout but ultimately helped me gain knowledge and confidence in my social work abilities." They also noted that the pandemic provided more employment options and career growth opportunities in the virtual environment. P8 mentioned, "the pandemic taught me self-care, how to seek help, and the importance of my family."

In the third group, career impact, the emerging themes, feelings of career uncertainty, loss of professional confidence, and identified opportunities for post-traumatic growth, all aligned with CTT central properties tenet, long-term effect, and

impairment in emotional capacities. Goodman (2017) defined the CTT long-term effect as unresolved trauma may have devastating effects on functioning. Trauma (indirectly or directly) is an event or incident experienced by an individual that inhibits appropriate development and predisposes. Individuals who experience trauma can have a negative recurrence later in life, including on the biopsychosocial functioning, comorbidity in physical and mental health problems (Goodman, 2017).

CTT identifies survivors' poor functioning not because of sickness, weakness, or deficiencies in moral character but instead as a psychological and/or physical injury. An individual's natural development, executive functioning, and emotional regulation may suffer, which can influence biopsychosocial functioning (Van der Kolk, 2014).

Summary

In this study, themes emerged related to biopsychosocial functioning in three areas: personal, relationships, and career. In each area, themes emerged. In Group 1 personal functioning, seven themes emerged: impaired emotional regulation, detached, mental health challenges, diminished physical well-being, weakened self-esteem and confidence, employed different coping strategies, and focused on contracting COVID. The themes from Group 2 relationships functioning were positive emotional responses to self and others and experienced strained relationships. The emerging themes in Group 3 career functioning were feelings of career uncertainty, loss of professional confidence, and identified opportunities for post traumatic growth.

The data collection and research were aligned with the CTT. This chapter discusses the study's settings, demographics, data collection, data analysis, evidence of trustworthiness, and results. Chapter 5 discusses future implications for research.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this basic qualitative study was to explore clinical social workers' perspectives of work-related secondary trauma post-COVID-19 pandemic. Themes were grouped into three areas of biopsychosocial functioning: personal, relationships, and career impact. In the personal functioning, seven themes emerged: impaired emotional regulation/exhaustion, detached, mental health challenges, diminished physical well-being, weakened self-esteem and confidence, employed different coping strategies, and focusing on contracting COVID. The themes related to relationship functioning that emerged were positive emotional responses to self and others and experienced strained relationships. The emerging themes in the career functioning were feelings of career uncertainty, loss of professional confidence, and identified opportunities for post-traumatic growth. In this chapter, I present my interpretations of the findings, the study's limitations, recommendations, implications, and a conclusion.

Interpretation of the Findings

The findings of this study confirmed the information from the literature review regarding CTT, biopsychosocial functioning, and work-related secondary trauma. The findings of this study were directly related to the research question: What are clinical social workers' perspectives of work-related secondary trauma post-COVID-19 pandemic on their biopsychosocial functioning? This study utilized the CTT developed by Judith Herman (2015) to understand how secondary trauma experiences and exposure impact an individual's biopsychosocial functioning, which includes physical health, coping skills, social skills, mental health, family relationships, self-esteem, and socioeconomic status. Herman's (2015) development of CTT showed a paradigm shift in how individuals who

have experienced or were exposed to indirect or direct trauma perceive and respond to possible treatment approaches that might be needed.

In this study, the CTT theoretical lens allowed the researcher to gather the perspectives of participants regarding work-related secondary trauma post-COVID-19 pandemic and the impact of the biopsychosocial functioning as resulting from sickness, weakness, or deficiencies in moral character and reframes viewing individuals as psychologically and physically injured, but instead, as in need of healing and help (Bloom & Farragher, 2011; Caringi et al., 2017; Goodman, 2017; Salovey & Sluyter, 1997; Van der Kolk, 2014). CTT provided a conceptual foundation for understanding the biopsychosocial functioning impact of indirect, secondary, or direct trauma on adults (Goodman, 2017). The study findings are congruent with previous literature concerning biopsychosocial functioning regarding work-related secondary trauma factors, cumulative effects of witnessing high levels of distress, emotional regulation, coping strategies, mental health, social skills, relationships, physical health, self-esteem, confidence level, socioeconomic status, and professional impact. Three categories and themes emerged in the study, and the following explains each category and theme and their relevance to the literature.

The personal functioning Group 1, seven emerging themes, impaired emotional regulation/exhaustion, detached, mental health challenges, diminished physical well-being, weakened self-esteem and confidence, employed different coping strategies, and focused on contracting COVID, showed alignment with CTT (Goodman, 2017). Hirschberger (2018) defined collective trauma as a situation that occurs when an entire society feels this intense threat or an overwhelming amount of stress that exceeds one's ability to cope. The literature used in this study indicated that social workers often

experienced high levels of workplace distress, secondary trauma, and burnout, and they frequently reported feeling burnout, compassion fatigue, and mental, emotional and physical exhaustion because of their work experiences (Bride, 2007; Harris et al., 2006; Holmes et al., 2021; S. Johnson et al., 2005; Ogle et al., 2013). Similar to the existing literature, participants in this study reported burnout, physical and emotional exhaustion, feelings of helplessness, anxiety, depression, dissociation, nightmares, difficulty concentrating, emotional distress, and strained relationships.

Participants reported high levels of distress, including increased stress because of limited resources available to support clients' needs. Participants also noted that client needs were more severe, with multiple issues such as depression, loss of partners, and housing issues. Participants expressed that the support they provided to clients felt like damage control. This practice often left Participants feeling weighed down emotionally, caused high levels of physical and mental burnout, a loss of sleep, feeling disconnected, compassion fatigue, emotional distress, and strained relationships with their clients, family members, coworkers, and others. Stuijfzand et al. (2020) discovered that burnout causes significant psychological distress to psychologists and mental health providers, leading to the development of an increased likelihood of depression, anxiety, and symptoms of PTSD. Cai et al. (2023) also found that among healthcare workers, emotional exhaustion and depersonalization negatively impact environments of high work intensity.

Goodman (2017) reported that the CTT central properties, which are dissociation, attachment, reenactment, long-term effects on later adulthood, and impairment capacities, provide a theoretical framework for understanding the impact of indirect or direct trauma on a person's functioning. CTT central property tenants are defined as the following

under Goodman (2017) and other previous findings. Dissociation is described as the primary defense mechanism used by a victim to negotiate and tolerate the horrific traumatic experience (Goodman, 2017). The CTT attachment central properties impact a person's ability to develop healthful interpersonal relationships and to establish trust, leading to impairment in the abilities to form secure attachments with others and interruptions in interpersonal relationships (O'Connor & Elklit, 2008; Siegel, 2010; Tarren-Sweeney, 2013).

Goodman (2017) and Van der Kolk (2014) discovered that reenactment is an intense emotional state that releases tension or anxiety and gives the person a sense of control and connectedness. In the first theme, participants' responses and comments aligned with CTT central properties that Goodman (2017) defined as dissociation, attachment, reenactment, and impairment of emotional capacities. These responses are also comparable to and align with previous literature, including Goodman (2017), Van der Kolk (2014), Siegel (2010), and Herman (1992).

The study's emerging themes all focused on areas of biopsychosocial functioning and their identified themes further aligned with each participant's responses with the CTT framework. In this study, the CTT framework highlighted each participant's perceptions of work-related secondary trauma, emotional wellness/support on the biopsychosocial functioning, and relationships. Their responses aligned with the CTT central properties tenets: dissociation, attachment, reenactment, long-term effects, and impairment in emotional capacities (Goodman, 2017). The findings aligned with the preceding literature noted that front-line social workers reported experiencing work-related symptoms of secondary trauma, including sleep disturbances, dreams associated with their clients' experiences, feelings of helplessness associated with clients, complications with

expressing their feelings, problems, changes in their behavioral, interpersonal communications, job performance, personal beliefs or values (Canfield, 2005; Clair et al., 2021; Davies & Cheung, 2022; Holmes et al., 2021). Goodman (2017) indicated that CTT provides a deeper understanding of how trauma affects individuals. This study's findings aligned with Goodman (2017). Historically, mental health providers may have viewed individuals experiencing the effects of trauma as weak and morally deficient. However, through the CTT framework, individuals are seen as injured and needing support and help (Goodman, 2017). The CTT utilizes complete biopsychosocial functioning to gather an in-depth understanding and knowledge of the impact that indirect or direct trauma has on an individual (Goodman, 2017). CTT can be used to help highlight secondary trauma and how secondary trauma affects individuals (Goodman, 2017).

In themes related to Group 2 and 3, findings in this qualitative study highlighted for example participants' perspectives on employed different coping strategies and the impact on weakened self-esteem/confidence. Goodman's (2017) notion that CTT can be used to help understand secondary trauma and how secondary trauma affects individuals aligned with the results of this study. In this study, participants indicated that they experienced secondary trauma and sought support from family members, supervisors, mindfulness training, and utilizing skills learned as a social worker. For example, some participants expressed that they compartmentalized the various interactions with clients that caused them distress and secondary trauma. They acknowledged feeling injured mentally and physically and described the biopsychosocial impacts and effects on themselves. The results of this study showed that participants utilized strategies such as speaking to counselors, attending stress management classes, meditation, mindfulness,

and self-reflection to cope with their work-related secondary trauma experiences. Goodwin and Tiderington's (2020) research literature outlined developing healthy eating habits, being more trauma-informed, learning stress management techniques like meditation, exercises, prioritizing sleep, and maintaining good hygiene as a post-trauma growth strategy.

The findings of this study aligned with Harker et al. (2016) and Masanotti et al. (2020), who discovered that individuals experiencing distress or trauma coping capacities are usually guided by their occupational stress and sense of coherence and burnout. This study's findings show further alignment with preceding literature that indicates, because of the widespread prevalence of trauma exposure in social workers' populations, efforts are now being made to integrate a trauma-informed approach into social work practice and social work program curricula (Agllias, 2012; Carello & Butler, 2015).

Limitations of the Study

One limitation was the inability to interview the participants in person and capture their expressions and body language during the interviews. The in-person interview may have allowed the participant to feel more comfortable and possibly share more information. Since the research of this study was focused on understanding secondary trauma experiences, the topic could be potentially challenging to talk about virtually. Another limitation of this basic qualitative study could be the utilization of semi-structured interviews and the concern that participants' reported experiences could not be proven. To limit researcher bias in this study as a social worker, I took precautions to collect data with the least amount of bias possible. The small sample size and self-selection on the participants could also be limitations. Readers will need to consider each of these potential limitations when considering transferability of the findings.

Recommendations

In this qualitative study, I focused on CTT and clinical social workers' perspectives of work-related secondary trauma post-COVI9-19 pandemic. Clinical social workers and organizations that employ social workers and other mental health professionals should consider operating with the awareness of how secondary trauma affects individuals, employees, and the environment with the intent to empower and offer psychological safety, peer support, resiliency, and collaboration. Organizations and peer support groups should consider offering supportive environments that encourage open communication, provide opportunities for self-reflection, and process traumatic work-related experiences. NASW should recommend and encourage entities that employ clinical social workers to establish employee assistance programs or designate personnel who can offer confidential resources. To meet the needs of individuals experiencing burnout, entities should offer flexible work arrangements or adjust workloads to support and accommodate clinical social workers employed during times of national and global crisis. Entities that offer employment assistance programs should ensure that services include trauma recovery that focuses on grief and loss and provide professional support during business hours and outside of business hours. Within organizations, policies should be established to encourage the creation of safe environments where employees feel comfortable expressing their concerns and seeking help.

I also recommend that supervisors and managers be trained to identify the signs of secondary trauma and how to implement trauma-informed care. Trauma-informed supervision helps build strong relationships and offers support and empathy to employees who are experiencing distress in the workplace because of painful situations with their

clients. The supervisor's role can help to potentially prevent further secondary trauma and promote learning and healing.

NASW and other entities that provide support and recommendations to clinical social workers should add to the code of ethics the importance of physical fitness and wellness. The encouragement and promotion of resilience activities such as stress management, mindfulness, and problem-solving skill building should be encouraged. Recommendations for further research include studies on clinical social workers' perspectives on post-traumatic growth and clinical social workers' perspectives on physical fitness and mental health burnout. I also recommend that there be studies conducted to better support clinical social workers in remaining and sustaining in the workforce.

Implications

This study promotes positive social change in that it creates a better understanding of clinical social workers' perspectives of work-related secondary trauma post-COVID-19 pandemic. It promotes positive social change in that, because of this deeper understanding of clinical social workers and their work-related secondary trauma post-COVID pandemic, better support, training, and workplace wellness can be considered by providing a lens of a deeper understanding of what is needed to enhance individual and organizational care and support to reduce long-lasting effects that one or entities may experience with secondary trauma by operating from a trauma-informed perspective.

To arrive at this point, the methodological and theoretical structure was instrumental to the success of this study. The basic qualitative study was selected to specifically understand clinical social workers and their perceptions of experiences regarding work-related secondary trauma post-COVID-19 pandemic. The outcomes from

this study further support the theoretical foundation for trauma-informed care in social work practice, as mentioned in prior literature by Goodwin & Tiderington (2020).

Conclusion

Clinical social workers have experienced various levels of work-related secondary trauma post-COVID-19 pandemic in their biopsychosocial functioning. There is a need for more trauma-informed guidance as it relates to work-related secondary trauma. This information can be utilized to support clinical social workers, social services, and healthcare entities who work and provide clinical services to the general public in the United States. Specific specialized mental health prevention information and services can help to reduce challenges with dissociation, attachment, reenactment, impairment of emotional capacities, short- and long-term effects of work-related secondary trauma. This study about clinical social workers' perspectives of work-related secondary trauma could be utilized to support practicing clinical social workers. Clinical social workers, supervisors, and peer review consultants could use this information to provide services and recommendations for clinical social workers who they support who are experiencing work-related secondary trauma. Self-care and resilience techniques that are taught to clinical social workers would help to reduce and prevent further harm of potential work-related secondary trauma, providing a more productive, resilient, and empowered clinical social worker workforce for the future.

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Appendix A: Screening Checklist

1. Do you have a master's in social work degree from a program accredited by the Council of Social Work Education?
2. Do you hold a clinical social work license in one of the 50 states?
3. Did you work as a clinical social worker in the United States from March 10, 2020, through May 11, 2023?

If the volunteer answers no, thank the person for their time and inform the individual that they do not meet the entrance criteria to participate in the study. If the volunteer answers yes, obtain an email address to send the Consent Form and Zoom link. Additionally, schedule a date/time to conduct the interview.

Appendix B: Interview Questions

Q1: What are the cumulative effects of witnessing high levels of distress in clients post-COVID pandemic based on your perspective as a social worker?

Q2: How has secondary trauma influenced your emotional regulation and coping strategies post-COVID-19 pandemic?

Q3: How has secondary trauma impacted your mental health post-COVID-19 pandemic?

Q4: How have your social skills with clients and others been impacted due to secondary trauma post-COVID pandemic?

Q5: What are the effects of secondary trauma on your family relationship post-COVID-19 pandemic?

Q6: How has secondary trauma impacted your relationships with your coworkers post-COVID pandemic?

Q7: How has secondary trauma impacted your physical health post-COVID-19 pandemic?

Q8: How has secondary trauma affected your self-esteem post-COVID-19 pandemic?

Q9: How has secondary trauma impacted your confidence level to continue to render social worker services post-COVID-19 pandemic?

Q10: How has secondary trauma post-COVID influenced your desire to continue working in the social work profession post-COVID-19 pandemic?

Q11: How has secondary trauma impacted your socioeconomic status post-COVID pandemic?

Q12: What losses have you felt after the COVID-19 pandemic that have impacted you professionally post-COVID-19 pandemic?