

Preserving Commitment to Social Work Service Through the Prevention of Vicarious Trauma

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Abstract

The importance of self-care in social workers is now widely recognized. Yet, little is known about the specific ways in which helping professionals can and do manage stress when faced with client suffering or trauma. This article explores cognitive coping strategies used by practitioners—tools that may serve to buffer them from vicarious trauma, thus preserving their dedication to the social work value of service.

Keywords: service; self-care; cognitive coping; vicarious trauma

1. Introduction

The National Association of Social Work (NASW) Code of Ethics makes clear that social workers must maintain a solid commitment to their clients and employers. More specifically, it highlights their responsibility to ensure that client interests are primary and that services are not interrupted unnecessarily. The code also underscores the obligation of social workers to follow through with duties that they have agreed to perform for their employing organizations. What is not overtly stated but commonly understood is that adherence to these commitments requires that workers practice effective forms of self-care.

While the term *self-care* has recently been popularized in the field, its meaning has not been fully explored in social work research. Some authors have recognized it as an ethical imperative for professional helpers (Norcross & Guy, 2007), while recommending particular self-care activities that fall into the general categories of lifestyle or workplace adjustments. For example, distressed workers are encouraged to eat well, exercise, and engage in recreational, creative, or other spiritually oriented activities (Hays, 2008; Gentry, 2008; Walsh, 2011). While on the job, they have been urged to plan breaks in their workday, balance their caseload, and access support from coworkers (Saakvitne & Pearlman, 1996; Pryce, Shackelford, & Pryce, 2007; Barnes, 2006). Such suggestions are not without merit, but fall short of illuminating the cognitive strategies needed to help workers cope with their ongoing exposure to client trauma, suffering, and hardship.

This orientation toward helping the helper is needed to counteract the potential for vicarious traumatization (VT) in social work. According to Pearlman and Saakvitne (1995), VT involves an alteration of the worker's worldview that can result from "empathic engagement with clients' trauma material" (p. 31). It is theorized to result in pessimistic and cynical attitudes, as

well as disrupted beliefs about self, others, and the world. When adopted, such negatively altered beliefs are likely to interfere with the social work practitioner's ability to sustain hope and dedication to clients, communities, and oppressed populations. However, the prevalence of vicarious traumatic stress in the social work field has yet to be established. Moreover, strategies used to prevent or overcome VT have rarely if ever been the focus of study.

Toward filling this gap, the authors conducted exploratory research designed to assess levels of vicarious traumatization in human service workers. In addition, they conducted focus groups aimed at identifying the thinking patterns adopted by these practitioners in response to distressing circumstances encountered on the job. Results are intended to provide insight into the ways in which the most resilient workers cognitively reappraise stressful situations in order to preserve positive orientations toward clients, self, and social work. Consistent with the strengths perspective that is prized in the profession, this study seeks to uncover the inherent strengths of social workers that enable them to cope with a demanding and difficult occupation.

2. Literature Review

2.1. Vicarious traumatic stress

Conceptual literature pertaining to constructivist self-development theory (CSDT) provides a framework for understanding vicarious trauma. It asserts that every individual has a frame of reference through which life events are experienced and interpreted. This frame embodies *cognitive schemas*, or beliefs and assumptions about oneself in relation to the world. These schemas are thought to develop in a social environment and evolve over the life span. According to McCann and Pearlman (1990), they reflect fundamental psychological needs for safety, dependency/trust, power, esteem, intimacy, and independence. When developing schemas are adversely impacted by traumatic stress, the person's worldview is transformed.

Such alterations may occur for professional helpers when they bear witness to or hear stories of horrific events, human cruelty, and abuse, as experienced by their clients. This manifestation of vicarious traumatization is thought to be cumulative across time and helping relationships (Pearlman & Mac Ian, 1995).

Research reveals that while some helping professionals succumb to vicarious trauma stress, many others manage to avoid the development of a negatively transformed worldview (Devilley, Wright, & Varker, 2009). It is not entirely clear, however, why some fall prey to VT and others do not. A few studies have identified workers who appear to be at greater risk for high levels of vicarious traumatic stress. For example, human service providers who have personal experience with trauma have been shown to be more likely to experience VT (Pearlman & Mac Ian, 1995; Lerias & Byrne, 2003; Baird & Kracen, 2006). In a study of social work clinicians ($N=182$), Cunningham (2003) found that those who had limited experience with trauma-related practice evidenced a more negative worldview than others. She also discovered that clinicians who worked with clients who had experienced human-induced trauma (sexual abuse) displayed higher levels of VT than those who worked with clients who had experienced naturally induced trauma (cancer diagnosis). Similarly, Schauben and Frazier (1995) found that female counselors who had a higher percentage of sexual violence survivors on their caseload reported more disrupted beliefs about the goodness of others than other counselors. Other research has contradicted this finding by revealing that there was no difference between trauma and non-trauma practitioners on VT (van Minnen & Keijers, 2000). In a recent study, Knight (2010) revealed that BSW students had significantly higher levels of VT than their agency field instructors. In this study, 40% of the students and 64% of field instructors reported that they were "not at all" or only "somewhat" prepared by their social work education for negative personal reactions. Yet, students who learned

about negative reactions evidenced a decreased likelihood of VT. Little or no research to date has, however, identified competencies that develop in some social workers over time that allow them to maintain healthy beliefs regarding self, others, and the world. Nor is there knowledge of the ways in which education or training programs might successfully support this form of resiliency in social workers.

2.2. Stress and coping frameworks

The literature pertaining to the stress and coping process provides some insight into the ways in which social workers may respond to trauma material conveyed by their clients. The cognitive theory of stress and coping, as originally proposed by Lazarus and Folkman (1984), introduces the concept of *cognitive appraisal*, defined as “the process of categorizing an encounter, and its various facets, with respect to its significance for well-being” (p.31). These authors distinguished between two main types of appraisals: primary and secondary. *Primary appraisal* concerns the personal significance posed by a stressful event; *secondary appraisal* accounts for the coping options available. Lazarus and Folkman also differentiated among *harm*, *threat*, and *challenge appraisals*, with the first focused on damages already sustained. Threat appraisals concern harm or losses that have not occurred but are anticipated. In contrast, challenge appraisals look to potential gain or growth inherent in a stressful experience.

More recently, Park and Folkman (1997) proposed a transactional model for understanding the role of meaning-making in the stress and coping process. They distinguished between two levels of meaning: *global meaning* and *situational meaning*. Global meaning refers to the most abstract level of meaning and encompasses a person’s fundamental assumptions and beliefs about order, purpose, self, the world, and self within the world. It is assumed to be formulated early in life and to be relatively enduring, yet modifiable on the basis of later experience.

Situational meaning, on the other hand, is constructed about a specific person-environment encounter. According to the Park and Folkman model, it is acquired through a process that begins with an initial appraisal of an event’s significance. If the initial appraised meaning of the event is discrepant with the individual’s global meaning, a reappraisal process is set in motion. The cognitive reappraisal process is typically aimed at decreasing the threatening aspects of the meaning made of a stressful encounter and may include efforts to find some reason for why the aversive event occurred (retribution) and/or recognize the positive benefits of the situation. Also common in this process is a shift in one’s focus from things that cannot be controlled to things that can be impacted. In a recent article, Folkman (2008) further elaborated on meaning-focused coping and presented some variations that are said to result in positive emotions: *benefit finding*, *benefit reminding*, *adaptive goal processes*, *reordering of priorities* and *infusing ordinary events with positive meaning*. Benefit finding involves an appraisal of the benefits that have resulted from a stressful event; benefit reminding occurs during the stressful experience when the individual reminds him- or herself of possible gains to be attained. One is said to be adapting goal processes when the individual relinquishes unrealistic goals and adopts more meaningful ones. Similarly, the reordering of priorities involves a perspective change about what matters most in life. Finally, a person is infusing an ordinary event with positive meaning when he or she savors it or amplifies its positive and pleasant dimensions. These theoretical models guided the analysis conducted in this research.

3. Method

Participatory research was selected as the primary methodology for this study as it aims to empower “participants,” as opposed to merely gathering information from the “subjects” of investigation (Hall, 1981). This approach to research has been acknowledged for its consistency with social work values (Gold,

1998). Study participants were recruited from six different public and private nonprofit social service organizations in a semirural region of northern California. Two of the participating agencies are in the public child welfare system, three serve adults or children with serious mental health disorders, and one provides counseling and shelter to victims of domestic violence. All workers who took part in the study were, at the time, providing direct service to clients with traumatic backgrounds ($N = 48$). Job titles varied but were inclusive of the following: social worker, case manager, domestic violence worker, clinician, and student intern. Participants' length of experience working with trauma survivors ranged from under 1 year to 40 years ($M = 9.2$; $SD = 9.3$). Two or more years of experience in the field was reported by 83%, and 60% reported having five or more years.

3.1. Procedures

Institutional Review Board (IRB) approval was obtained prior to conducting this research. Subsequently, workshops were held on-site at each of the six participating agencies, with the purpose of introducing material related to vicarious traumatic stress. Social workers who consented to participate in the current study were asked to complete the Trauma and Attachment Belief Scale (TABS; Pearlman, 2003). This tool was used to assess global meaning, as reflected in workers' enduring beliefs, assumptions, and expectations. Participants were also included in an agency-based focus group (ranging in size from 6 to 11), intended to perform in-depth exploration of the situation-specific meaning they attach to particular experiences with client trauma. First, they were provided information concerning various forms of workplace stress, including VT, and given an opportunity to discuss its relevance to their work. Next, they were asked to describe distressing encounters they have had with client trauma or suffering and both their immediate and subsequent thoughts and reactions. They were also prompted to share the tools they have found useful in coping with client-related suffering and trauma. All group

sessions were taped with an audio recorder and transcribed. Content analysis of the transcripts was conducted to identify salient themes and common constructs as they pertain to the theoretical frameworks discussed earlier. Cross-validation of the results was conducted by a second researcher who examined the analysis of transcripts and made recommended adjustments in the thematic coding of focus group material.

3.2. Instrumentation

The Trauma and Attachment Belief Scale (TABS) is a self-report instrument developed by Laurie Anne Pearlman (2003) to assess an individual's beliefs about self and others. It includes 84 items that ask the respondent to rate, on a 6-point Likert scale, the extent to which a statement corresponds to his or her own beliefs (1 = Disagree strongly, 6 = Agree strongly). Ten subscales of the measure assess cognitive schemas related to five psychological need areas that are thought to be sensitive to the effects of trauma and vicarious traumatization: safety, trust, esteem, intimacy, control. Those subscales are as follows:

- self-safety (the need to feel secure and invulnerable to harm)
- other-safety (the need to feel that cherished others are protected from harm)
- self-trust (the need to have self-confidence)
- other-trust (the need to rely on others)
- self-esteem (the need to feel worthy of respect)
- other-esteem (the need to value and respect others)
- self-intimacy (the need to feel connected to one's own experience)
- other-intimacy (the need to feel connected to others)
- self-control (the need to manage one's feelings and behaviors)
- other-control (the need to manage interpersonal relationships)

The TABS has been normed using a

heterogeneous sample of 1,743 individuals from nonclinical research groups. Based on this research, standard scores, referred to as *T*-scores, have been established for the total scale and subscales. *T* scores are interpreted as follows:

- ≤ 29 = extremely low (very little disruption)
- 30–39 = very low
- 40–44 = low average
- 45–55 = average
- 56–59 = high average
- 60–69 = very high
- ≥ 70 = extremely high

The tool has demonstrated good internal consistency (.96) and test-retest reliability (.75) (Pearlman, 2003). Support for the instrument’s validity is seen in studies that utilize the TABS to assess the impact of primary and secondary traumatic stress. For instance, scores on this measure for outpatients with a history of child abuse have been found to be significantly higher (indicating greater schema disruption) than scores for outpatients in general (Mas, 1992). Moreover, therapists who had a personal trauma history displayed more disrupted beliefs, as measured by TABS ratings, than other clinicians (Pearlman and Mac Ian (1995). In addition, higher TABS scores in female psychotherapists were related to a sense of reduced spiritual well-being (Laidig, as cited in Pearlman, 2003, p. 40). Finally, Walton (1997) found a strong association between the emergence of PTSD symptoms in trauma therapists and elevated TABS scores.

4. Results

Analysis of the TABS data revealed that the mean *T*-score for respondents on the total scale was 48.9 (*SD* = 8.4), falling into the average range established with a nonclinical standardization group. This indicates that, overall, participants reported relative freedom from schema disruption. There was not a significant difference in total *T*-scores based on level of experience in the field, but a greater percentage of inexperienced workers

(two years or less in field) than more experienced workers (3 or more years in field) scored very high or extremely high on this scale (14% versus 5.9% , respectively). Average *T*-scores were also obtained on data produced by all ten of the instrument’s subscales, as shown in Table 1. It can be seen that none of the subscale mean scores fell above the average interpretive range. These finding are consistent with research reported by the TABS developer, indicating that trauma therapists (*n* = 266) scored in the low average to average range on all subscales in this measure, while psychiatric inpatients (*n* = 207) displayed elevated scores (Pearlman, 2003). In the current study, an examination of the frequencies of higher scores on the TABS subscales reveal that disruptions (scores in the very high or extremely high range), were most prevalent in the domains of other-safety, self-intimacy, and self-control (16.7% of participants each).

Table 1: Average TABS *T*-Scores for Study Participants (N= 48)

TABS Scale	Mean	SD
Total	48.9	8.4
Self-Safety	46.1	12.3
Other-Safety	48.7	12.4
Self-Trust	49.1	11.8
Other-Trust	43.0	10.2
Self-Esteem	47.0	8.3
Other-Esteem	45.9	12.1
Self-Intimacy	47.8	13.1
Other-Intimacy	50.9	10.5
Self-Control	52.2	9.8
Other-Control	47.7	11.3

Results of the qualitative analysis of focus group discussions reveal that the participants in this study have been exposed to an assortment of traumatizing situations. Child welfare workers described incidents in which they encountered direct evidence or photographs of physically injured children (bruising, cuts, welts) or gathered

information about serious abuse (e.g., parent disciplining his child by punching him and holding his head under water). Mental health workers reported episodes in which they observed patients in a psychiatric hospital screaming and moaning while being restrained. One relayed his very difficult experience performing critical incident debriefing with firemen who were forced to do CPR on dead bodies. Another described seeing a homeless client just after the client had been severely attacked on the street. Domestic violence workers reported their encounters with family members who were suffering due to not only physical and emotional abuse, but homelessness, lack of hope, and drug addiction.

Focus group findings illuminate a variety of thinking patterns that these individuals adopt in response to client-based traumatic events. Immediate responses to these incidents are often notably negative, as reflected in comments concerning harm done and threats posed. For instance, a number of participants described their strong emotional reactions to the suffering of an abused child, neglected older adult, terminally ill parent, homeless individual, or victim of domestic violence. They also relayed concerns that the person they were striving to help was permanently damaged, helpless, or understandably “angry toward the universe.” Some also shared doubts that they themselves had what it takes to make a difference for the client; others voiced “outrage at an unjust system” that offers limited assistance to oppressed and ailing individuals. Yet many of these workers readily acknowledged that they go through a reappraisal process that aids them in coping and carrying on to the best of their ability. This can be seen in statements such as “It’s about constant reframing” and “I have to back up and use thought stopping.” Another participant described an episode in which family members threatened her and her coworker inside a client’s home. She further shared how she later found amusement in this stress-inducing situation. “If you can’t take something truly dysfunctional and find something, some kind of humor in it, it’ll make you nuts.”

Various types of cognitive reappraisals seem intended to preserve the professional helpers’ schemas related to safety, trust, esteem, intimacy, and control. For example, benefit finding was commonly used, with the client or the worker himself or herself presented as the primary beneficiary. An example of benefit finding on behalf of the client is found in comments concerning an interview that one participant held with an unhappy 3-year-old boy who had been sexually abused by his grandfather. The social worker stated, “It was very intense for me to know what happened to this innocent kid . . . then I thought about how he is now going to get the help he needs.” Another example is seen in the comments made by a domestic violence worker about her client’s severe injury at the hands of her husband. “It was a really scary situation but turned out to be a good thing because he went on to jail, and she was able to get a job at the college.” Benefits anticipated for the worker are reflected in statements such as “I am growing from this experience as a professional and a person” and “what an honor it is that this [client] is willing to share with me something so personal and so troubling.” Such reappraisals seem to allow the worker to regain a sense of safety and esteem for self and others, and trust in their own ability to make a difference.

Compassion and esteem for others seem to also be enhanced through attempts at finding an acceptable reason for why a horrific event occurred. For example, the worker who interviewed the sexually abused boy stated that his first thought concerning the child’s abuser was that “he is a disgusting pervert.” However, his reattribution focused on asking the question “What happened to this grandpa in his life that made him think that it was ok to do this to somebody?” Similarly, a child welfare worker empathized with a parent who had failed to protect her child from physical abuse by her husband. She stated, “I imagined having my child removed from me and what that would be like. I recalled that this mother was already pretty vulnerable in life and a victim

herself.” Some workers also indicated that they continually remind themselves that it’s not their “job to judge others” and that they need to “focus on what’s positive in the individual” and “be objective and see things from all points of view.”

Efforts to maintain a sense of control concerned both self and others. First, workers reported attempts to shift their focus from things over which they had no control to things they had some power to change or influence. This is seen in statements such as “All I can do is take this person to a place that is probably better than where he is right now,” “You encourage people as much as you can,” and “It’s my responsibility to give [my clients] resources, not to make them use them.” Participants acknowledged their role as “planting seeds” even when client progress is minimal. They reported a view of themselves as a “helping tool” versus a magic bullet for clients in distress. These comments suggest a process of adapting service delivery goals so that they are realistic and attainable. Self-control was also an important focus of study participants. Several commented on their struggle to manage their emotions in response to client trauma while staying connected to their own experience. This personal challenge appears to be aimed at balancing needs for self-control and self-intimacy. Efforts here were often focused on identifying where and how the worker could gain the support needed to process difficult cases or release tension and emotions. Some described intimate personal relationships with people or pets that provided comfort. Others stressed the value of prayer, meditation, or other spiritual connections in managing workplace stress and trauma. Many workers emphasized the importance of supervisory and collegial support in facilitating the coping process.

5. Discussion

Findings from this study reveal the strengths and abilities of social workers in coping with client pain, suffering, and trauma. Much has previously been written about the contagion or spread of emotional stress in the workplace

(Siebert, Siebert, & McLaughlin, 2007). While it may well be true that some social workers are, at times, negatively affected by the traumatic experiences of their clients and colleagues, clearly there is a counterforce that may prevail. This is evident in the fact that most of the workers in this study did not report high levels of vicarious traumatic stress, as measured by the TABS. Thus it appears that their global perspectives concerning safety, trust, esteem, intimacy, and control have not been substantially impaired. In fact, focus group results reveal that some social workers may share a process for reappraising traumatic events that allows them to maintain positive views of self, others, and their profession. This is a very optimistic sign, indeed.

Another important implication concerns the application of study results to training and education programs for social workers. Students and employees new to the field may not have developed the coping skills reported by participants in this study, most of which have spent many years on the job. These newer workers can be taught to embrace perspectives that promote resilience in the face of client trauma. They can be helped to reappraise traumatic events in a way that preserves a positive outlook and prevents vicarious traumatic stress. In addition, workers who have traumatic backgrounds or who already evidence vicarious traumatic stress can be encouraged to seek out additional help in sorting out their beliefs and assumptions about self in relation to the world. This process should begin in baccalaureate and graduate social work programs. Here, educators can help students who have experienced personal trauma understand their increased risk and develop necessary skills to shift their focus and reappraise the trauma they witness.

This study also reinforces the importance of supervisory support for social workers, as well as the creation of organizational cultures that give permission for workers to process their feelings and perceptions in response to client trauma. This finding is consistent with the recommendations of Bell, Kulkarni & Dalton (2003) who stress the

value of effective supervision in preventing and healing VT. Many supervisors have now been trained to recognize the signs of secondary or vicarious trauma in their workers. Further training is needed, however, to guide them in the use of strategies that enhance the cognitive coping skills of their distressed workers.

It should be noted that the limitations of this research include a relatively small sample that was exclusive of social workers in urban areas and some areas of practice, e.g., medical and geriatric social work. Further research might replicate this study across a wider range of social service settings and geographical regions. In the interest of anonymity, this study was also limited by a design that did not link participants' scores on the TABS to their particular comments made in processing client trauma. Investigations that further specify this link between global and situational meaning would offer added insight to the findings presented here. Additional research is also needed that advances understanding of the process through which workers acquire cognitive coping skills. This knowledge might inform education and training modules on cognitive coping that, once implemented, should be evaluated for their effectiveness.

6. Conclusion

The field of social work undoubtedly includes hazards and risks for professional helpers. In fact, some workers do become overwhelmed and overburdened, mentally and emotionally, when exposed to the realities of human hardship, cruelty, and injustice. However, many others seem to rebound from traumatic events through the use of a cognitive reappraisal process that preserves a positive and hopeful view of self in relation to others, the profession, and the world. These helpers redirect their attention away from client deficits to their strengths and potential. Furthermore, they refocus their energy on what can be done versus ruminating about their own lacks and limitations. Even in the face of barriers and setbacks, these resilient workers appear to do as was suggested

by one participant in this study, "hang on to those little victories!" In this way, they seek and find the rewards in a highly challenging profession.

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