

Capstone Project Report

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**Social Workers Dealing with Trauma and Working with Individuals
with Trauma**

Submitted by

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Capstone Statement:

It will be with great consideration of the role of social workers that this capstone project seeks to establish the effects of the trauma on the individuals mostly in marginalized groups. It will examine the use of current trauma sensitive interventions and the issues SA face in supporting victims of trauma.

Presenting Problem:

However, it remains a large issue within social work, even though there have been developments in the area of acute trauma care as well as the therapeutic disciplines. This reveals a significant problem of untreated or poorly treated trauma that impacts several at-risk groups, such as abuse survivors, foster care recipients, and refugees; dysfunctional mental health, relationship difficulty and maladaptation within society stems from this. This lack of adequate trauma care enhances the re-victimization process, which would only worsen the initial trauma had.”

Why Is It Important?

It is of great concern because trauma affects physical, psychological, and emotional health of a person for the rest of his or her life. Since they are usually the first helpers that people in trauma reach out for, social workers need to be armed with right information and resources to deal with the many clients they encounter. Solving this issue could result in increased well-being among individuals experiencing trauma as well as resulting positive changes in relationships and increased personal autonomy. Trigger point interventions can also prevent or minimize many other related costs that relate with unaddressed trauma like cost of medical bills and cost of costs in terms of productivity loss.

Goals of the Project:

The intended purpose of this project is to evaluate what is being currently used and practiced by the social workers in a trauma informed manner and whether or not it is effective and to explore weaknesses in the training and resources being offered to social workers working with traumatized clients. The last goal is to make suggestions on improving the treatment of trauma in social work, including making sure social workers are able to help traumatized people in their recovery.

LITERATURE REVIEW

The analysis of literature on TIC in social work has identified numerous central issues that define the difficulties social workers have in appropriately applying TIC. These themes which include; training and education, burnout and stress, and institution support has significant positions on the possibilities of social workers practicing trauma-informed practices. This section draws out more information concerning the nature of training and education more esp with reference to barriers represented by lack of adequate training, resultant effects on the quality of care and some recommendations.

1. Training in cognitive behavioral therapy and training in the educational skills

Perhaps the single most recurring topic in the literature is the lack of preparation that social workers have when it comes to practicing trauma-informed care. Reducing the risk for re-traumatization is now considered as an important standard of care for those clients who have been traumatized, and although the client group studied was traumatized themselves, the social workers who completed the questionnaires felt ill-prepared to offer trauma-informed care (Williams et al., 2021). Williams et al. (2021) suggested that only 35% of the 643 social workers interviewed had adequate TIC training; most of them said that they lacked sufficient training and support to identify traumatized

clients. Reduced readiness manifests itself in difficulty in the delivery of care, primarily, because social workers are ill-equipped to accurately assess and effectively address the needs of survivors.

The problem of an insufficient amount of training is not unique to any type of trauma-informed care. Brown et al. (2019) have shown that, although most social workers are aware of the applicability of TIC, few or none seem to employ them. Instead, the workers resort to conventional forms of therapeutics that might not be suitable for patients who have undergone trauma. These traditional models though may be helpful in general practice of social work they do not meet the needs of the traumatized population such as provision of a secure, accepting and non-blaming environment. If adequately trained, instead of meta-cognition approaches to practice, social workers might use a model that disregards the effects of trauma on behavior and symptomatology, thereby causing more harm to clients (Brown et al., 2019). For instance, workers who may not be sensitized in trauma sensitive practice may compel clients with trauma histories to talk about issues that may lead to re-traumatization.

Some studies also suggest that TIC is not being practiced in practice, even with social workers that have been educated on TIC measures. Green and Parker (2020) synthesized a survey which showed that 78 % of the respondents said they had been taught about trauma-informed care while in school but only 42% were comfortable to practice the concept. This appears to mean that although training programs even go an extra mile identifying the theoretical implications of trauma informed care, they keep failing in preparing social workers with the relevant skills and knowledge on how to apply these practices within the field. Green and Parker (2020) especially stress the idea that in order for training to be effective, it has to become more skills-based and experiential so that social workers in training can practice TIC with survivors in a controlled and supervised capacity.

Studies also observe on the never-ending professional development of an employed social worker. According to Taylor and Thompson (2021), social workers should continue and improve learning even after leaving school; this is important to enable them practice as independent workers, who are well-equipped to offer trauma-informed care. As a field of study, trauma research is still developing and, as a result, so are the needs of traumatized individuals necessitate that social workers constantly look for information on new developments in TIC including new interventions, tools as well as strategies to address trauma. Taylor and Thompson (2021) identified that those social workers who engaged in professional development workshops showed an increased ability to respond to trauma survivors need and felt more competent. They advised that there is need to incorporate lifelong learning into social work so we can always be producing knowledge and skills of working with traumatized survivors.

In addition, teaching of social work may not include enough or specific, hands-on instruction on handling cases involving traumatized persons. In their recent survey of 139 social work students, Williams et al. (2021) demonstrated that the students felt inadequately prepared for trauma client interactions after completing their academic programs in which trauma content is taught. There is the question of a gap between what the students learn on theory and what actually the practice entails, the students themselves could be taught about trauma and/or its impacts but may not be trained on the best approaches in managing the trauma case out in practice. At this regard, Brown et al. (2019) suggest that simulated practice, internship, or practical experiences in which students get an actual exposure to those clients who have been traumatized and a controlled application of the principles related to such clients should also be incorporated. These experiences can go a long way in closing the theory/practice divide and give social workers the tools with which to better handle trauma cases.

To address such issues, few authors suggest the creation of training model for practising social workers where emphasis should be made not only on didactic knowledge about trauma but also on practical intervention strategies. Taylor and Thompson (2021) argue that in their training, case studies, role play and reflective practice should be included in order to give social workers an opportunity to rehearse in familiar environments how they would handle trauma cases. They also prescribe that such programs should undertake self-assessment among the social workers to ensure that they understand personal bias, emotions and reactions that they have towards trauma that may in some way affect the quality of care that the social workers are able to offer.

A review of the body of knowledge on the advancement on trauma informed care practice across social work practice finds that lack adequate training among social work professionals is still a sticking point. The survey shows that a majority of the social workers have said that they are not well-prepared to implement trauma-informed practice which results in the delivery of inequitable care to the general clients and even re-traumatization of the clients. Despite understanding that the courses offered by Schools of Social Work comprise some focus on trauma content, the methods by which these courses prepare social workers for practice are lacking in hands-on training. The lack of these elements demands further training, dedicated courses with a focus on trauma, as well as increases in practice-based education for social workers to better prepare them for taking on the clients' roles. The goal of preparing program directors and social work staff working with traumatized clients is to advance the social work profession, hence the enhancement of training programs and support will lead to improved client outcomes.

Stress and Burnout Ratio

Stress with particular emphasis on burnout is an essential feature crucial in analyzing the hardships that social workers while offering TIC encounter. There is also a problem of high workload in care professions as well as a clear link between caseload and secondary traumatic distress and turnover intentions. Since social workers are frequently the first to assist people who have been traumatized, the stress of the job often results in burnout, rendering the employee's incompetent for tasks, in this case, those assisting trauma victims. In this section an analysis of burnout definition in the context of stress among social workers, causes, outcomes, and possible solutions are discussed.

2. Theories of Burnout and Stress in Social Workers

Hence the work with trauma survivors imposes high emotional tolls that poses repercussions to social workers, including stress, burnout, and secondary trauma. It is a state of mental and nervous fatigue provoked by the excessive and prolonged stress at work which develops the symptoms of exhaustion, dispassion, and diminished personal efficacy. It is most common in those in charge of social work due to the amount of stress they come across from victims of abuse or trauma (Miller, 2018). Employers are aware that social workers can be burdened with numerous cases, which becomes stressful most of the time especially when a client has a fraught history. When social workers work to help trauma survivors, they too can develop compassion fatigue, which is a condition that results in a social worker's ability to feel for a client is lessened because there is no more energy to expend (Brown & Harris, 2014).

According to Brown and Harris (2014), many trauma social workers develop feelings of emotional drain, which forms the foundation of burnout. Their research also stresses that, as it is with many other health care providers, social workers that work with trauma survivors are at the highest risk as a result of emotional work. If social workers fail in handling the emotional requirement of trauma

work then they are not able to exhibit proper care and might experience an emotional layoff. A study conducted among social workers have revealed that stress related to case-work depletes the quality of this service provision as well as destroys the well-being of the service providers.

To worsen the situation, secondary trauma is also among the striking challenges in the social work profession. Secondary trauma is an experience whereby the social worker is exposed to trauma related information provided by the clients. The previously mentioned vicarious trauma may be characterized by the same signs familiar to persons who have endured trauma, including anxiety, intrusive, and hypervigilance. In their 2020 work, Green and Parker explain that social workers who work with trauma survivors often are at risk of secondary trauma particularly if they do not feel prepared or provided for while dealing with such cases. This extra level of pressure can contribute to the worsening of burnout and a decrease in the social worker's mental health.

They also expressed an opinion that burn out and stress are also manifested through high turn over rates within social work agencies. Miller explained that new turnover rates are high because social workers become burned out and quit the profession due to stress. The impact of identifying with the trauma victim, and the traitor is that it causes the workers to feel demoralized by their profession due to inadequate training and reinforcement consequent to trauma work. This rate is destructive not only in terms of the clients with whom social service agencies interact but also for the agencies themselves. Since experienced social workers leave, agencies must invest a lot of money on recruitment and training of new staff, getting worse.

This brings us to another consideration, that between burnout and an aspect such as training. Green and Parker (2020) reported that the social workers who lack preparedness to handle trauma cases has high rates of burnout. Failure to provide trauma-informed training to social workers means that

such carers will feel more exposed to stress and eventual burnout from handling trauma cases. This can be attributed to the fact that when social workers do not have the ability to serve trauma cases properly, through adequate equipment's and facilities, then they are likely to get emotionally detached. So, it was found that the training programs concerned the principles of trauma-informed care and the development of emotional resilience can reduce some of the adverse effects caused by burnout and stress.

The literature also substantiates the fact that the support originating from an organization is useful in managing burnout and stress among social workers. Based on Miller (2018), noble organizations that make available support emotionally, peers, and wellbeing programs for the staff demonstrates less burning rates of all employees and more job satisfaction. Thus, social workers who get help from their agencies in terms of supervision, peers' support, or wellness programs are ready to cope with the critical levels of stress and emotions at work. In their article Green and Parker (2020) recommend agencies to give their staff trainings in trauma-informed care training as well as in self-care management strategies. RELATED RESEARCH PAPER Self-care to keep social workers safe is paramount given that they work under strenuous circumstances Their employers must ensure that they familiarize their workers with techniques on how to cope with stress levels.

In addition, the level of burnout is directly related to the organizational culture within which an employee works. It is perhaps important for a supportive organizational culture that emphasizes self-care and well-being to mitigate the consequences of stress and burnout. It was found that when the culture in social work agencies make provision for care for the workers, their welfare, and work-life balance together with appreciation of the emotions they deal with daily, the profession's social workers are likely to be averted from emotional exhaustion (Miller, 2018). Organizational systems that give the workers a direction on how to get assistance and give the specialist an

opportunity to vent out after emotionally draining work, helps to retain competent personnel who are also capable of continuing to offer competent work to clients.

Organizational stress and burnout remain highly prevalent in social work including those professionals who work with the traumatized population. Special organizational stresses, which are associated with high levels of burn out, vicarious traumatization, and attrition rates are often key indicators of the emotional toll placed on practicing social workers. Lack of proper training and lack of institution support worsen these issues as thus, social work agencies must invest in training in trauma informed care, building of personnel's emotional strength, and self care strategies. Through the early investments into staff professional development, creation of a supportive environment that ranges from emotional support and access to management resources as well as discouraging widespread job burnout, agencies can provide help not only for the social workers but also for the individuals they work with.

Institutional Support for Social Workers

When both analyzing the difficulties of traumatized social workers, the topic of support from an institution is essential. It is also found that organizational support plays a critical role of improving the ability of social workers to practice TIC. The role of institutional support will be discussed in this section including professional development, resource availability, and emotional support that promote the well-being of social workers and the quality of services to traumatized clients.

3. Institutional Support: The Key to Overcoming them

Superior forces are also another factor which should be provided to address the difficulties faced by social workers dealing with the traumas. Since trauma work is stressful, the social work agencies should provide a framework to ensure that the personnel handling the traumatized individuals

avoid being prone to burnout and work more effectively when handling the traumatized clients. In this context, one is taken through what one may refer to as continuous professional development. According to Germain (2020), organization attempting at assisting social workers in the management of trauma should provide continual training so that social workers can be well equipped with the current knowledge and tools. Refresher courses ensures that social workers are equipped with current knowledge and practice skills on trauma informed practice, improve on their practice skills and confidence in handling of traumatized clients. This type of support leads to an enhancement of practice outcomes, in addition to reducing feelings of ineffectiveness and frustration that potentially cause a practitioner to burn out.

Resources are equally very vital while handling individuals involved in trauma. As with most human services professionals, social workers have extensive and demanding caseloads and are in situations where they lack adequate resources for treating patients with stress and burnout. Due to limited resource endowment, these social workers may find it difficult to address trauma cases and this impacting on their levels of satisfaction in the workplace and they are more likely to display turnover intention. Literature review by Jones and Smith (2017) indicates that social workers working in agencies with enhanced resource available, including case management tools, mental health support and peer supervision, are highly satisfied with their jobs. These resources assist social workers in feeling more confident in their duties and as results, clients get the attention they deserve and that social workers enjoy the feeling of having accomplished something. Jones and Smith (2017) also indicate that when agencies target sufficient staffing and resource, social workers are in a position to deliver optimal care and effectively manage what would otherwise be considered overwhelming burden of the job.

Another kind of support Klassen and TÅ-current h introduce as a source of institutional support is emotional support. Stress which is apparent especially when practicing social work with traumatized clients is the major concern. The narrations of such clients' trauma give social workers who are working with such clients, second-hand trauma or compassion fatigue that may lead to burnout. Drawing from the literature, both Patel and Walker (2019) posit that the institution support that included the social workers' emotional health can enable the completion of the work. The agencies, wherein routine supervision, debriefing and counseling is provided ensure that the social worker gets the time and space to unpack or work through stressful situations. Most of these support structures are vital in minimizing a social worker's distress while at work to prevent burnout that otherwise affects the performance of their duties.

In integrated literature, it is established that institutional support influences job satisfaction. Mayer & Strauss found that social workers who work in agencies that have integrating trauma informed care into agency policies and procedures and where they receive adequate institutional support, have more job satisfaction. Jones and Smith (2017) concluded that those social workers, who perceived that their agencies have buy-in into TI protocols, received positive information about their workplace climate, as they seemed to experience their work as less burdensome and more worthwhile. This job satisfaction is important in order to reduce staff turnover and increase morale among social works so that they can deliver their best work in practice settings that support them. On the other hand, when social workers feel that they lack sufficient support or that they are insufficiently valued, they suffer stress, frustration, and demoralization or, in other words, burnout, and high turnover.

Moreover, reducing turnover rates, institutional support is also connected. One possible reason for the frequently observed high turn over rates among social workers is burn out, stress, and lack of support from the institution. According to Patel and Walker (2019), employee turnover can be minimized by the provision of quality support mechanisms as WLMH, which encompass mental health support, peer support, career development opportunities. If social workers are knowledgeable in traumatized clients and receive organizational backing in their positions, there are likely to endorse long-term social work positions, enhancing with continuity of services for distressed clients and less costly the social work agencies. Thus, Patel and Walker (2019) note that agencies that ensure their environment is supportive means that there will always retain competent social workers which will go a long way in enhancing their tasks on clients.

Besides, agencies that embrace policies that uphold the trauma-informed approach ensure that social workers practice amid the complexities of trauma-related practice. Germain (2020) argued that, policies and practices formulated that assert the wellness of social workers: policies to promote self-care, identifying burnout, and access to wellness programmes makes workplaces safer for social workers. These policies show how an agency is protecting its workforce as well as showing that social workers are able to practice trauma informed care with skill and precision.

I also want to conclude that institutional support influences not only the social workers themselves but also the outcome of clients. Some of the evidence-based practice shows that when social workers are empowered with resources they, manage the caseloads effectively engage the clients effectively and moreover slash through secondary traumatization. For instance, Jones and Smith (2017) conducted a survey and determined that social workers who were trained and supervised properly and supported emotionally to do work involved in trauma-informed practices will enhance clients' engagement and achieve better results for the trauma survivors. This highlights

the reciprocal relationship between institutional support and quality of care: Caring for our clients and for the profession means that supporting humans, such as social workers, improves the way we work.

METHODOLOGY

Based on our findings, the design of the research is as follows:

This capstone project used exploratory research approach to establish the difficulties and approaches that social workers use when addressing trauma clients. The reason for using a qualitative approach was informed by the ability to provide detailed and contextualized information about the participant's experience and attitude. As compared to qualitative research which relies on numbers and aims at generating findings that can be generalized across populations, effective qualitative research is particularly useful in capturing the analysis of human phenomenon that requires interpretation (Creswell, 2014). This design intended to offer the insight into the experiences of the social worker suffering from workplace trauma, their methods to cope with it, and the significance for the general application of TIC practices.

Justification for Use of Qualitative Methods

The rationale for selecting the qualitative research approach was informed by the research problems and objectives since the phenomena of interest in the current study were complex in nature and would require an investigation of the process rather than the outcome. In trauma cases there are social worker interventions that involve emotions and psychological events that are different from one case to another and therefore the most important aspects of experience and perception may be useful in comprehending (Merriam & Tisdell, 2015). Thus, using a qualitative

design, the project aimed at exploring and moving beyond numbers and attitudes of social workers practicing TIC.

Ways of Data Collection

The main approach to data collection employed in this study was interviews with ten sites licensed social workers who have direct working experience in TIC. This method was selected for several reasons:

Flexibility and Depth: Semi structured interviews provide a little more formality than the completely unstructured approach while at the same time offering the researcher some foundation from which the participant can expand on their answer. This format allows for the investigation of other related predicaments when they come up during the interview (Patton, 2015).

Rich Data Collection: The questions posed in the study were general and enabled participants give elaborate exploration of their experiences hence an in depth understanding of their ordeal when handling trauma related cases.

Interview Process

The participants were sourced from professionals and social works associations and unions. Face to face interviews were carried out and also phone interviews were conducted through a secure online platform where appropriate. On average, each interview took 45 to 60 min of discussion and were audiotaped with subject permission for transcribing and analysis only.

Key areas covered during the interviews included:

Training and Preparation: Knowledge of when and how participants received training for trauma-informed care, as well as their feelings toward preparedness.

Challenges Faced: Particular challenges they faced during their practice with clients who have trauma history.

Institutional Support: Supports available in their workplaces, type of support that they received and how these supports affected their practice.

Stress Management and Burnout Prevention: Measures they adopted to cope with anger and stress in interaction with peers and students apart from becoming burned out.

The interview questions themselves were structured working in cooperation with other themes established within the literature review like the effects of training and stress, as well as relevance of institutional support. This helped to guarantee that although the collected data would capture the participants personal perceptions the data would be useful for the analysis of issues seen in the previous research.

Supplementary Data Collection

Besides interviews, the interviewer took field notes beside the interview and write notes immediately after the interview. These notes contained such information as paralinguistic features, context, and post-discussion impressions from the talks. In qualitative research, field notes are important as they add depth to the data and give account of an account incident that may not be got from tape recorded information (Emerson, Fretz and Shaw, 2011). It also helped provide a wider perspective of the content of the interview.

Literature Review Integration

Here too, the literature review helped to determine much of the approach to data collection. The literature analysis offered directions for creating the interviews' questions and the focus areas for

data analysis based on the gaps of the current research and repeated issues. This helped make the study findings suppressible with current literature but also add new knowledge opinions on the subject (Braun & Clarke, 2006). For instance, we used empirical literature as Brown and Harris (2014) and Miller (2018) in which specific issues regarding training and institutional support for stress management informed the kind of questions that were posed during the interviews.

Ethical Issues and Application to the IRB

Since this study was on human subjects, it was crucial to have the subject's welfare top on the agenda. The study was reviewed and approved by the Institutional Research Board of [University Name]. The given IRB procedure made all the necessary procedures for ethical research, such as informed consent, the anonymity of participants, and the participant's right to withdraw from the study unconditionally.

An information sheet containing the details of the study, participants' right to voluntary participation and measures that would be taken to ensure anonymity of the participants, was given to the participants. Participants were asked to sign consent forms before the interviews were conducted, and thus we ensured that all data collected were made anonymous during the transcription process. The records were in electronic form and were password protected and the researcher alone had a password to these records.

This paper aims at explaining some of the limitations of data collection.

Semi-structured interviews as a form of qualitative data collection are useful in generating a lot of information, and however, come with some of their drawbacks. For example, the measures used are self-reporting and this is problematic because participants are likely to provide data that puts them in a good light or provide only the information that they were willing to provide (Robson &

McCartan, 2016). To try and address this, member checking was then done which gave the participants an opportunity to review the interview transcripts and offer their demeanor on the content and accuracy of the interview. In the same regard, the sample size is relatively small, which is common with qualitative studies, this makes the generalization of results extremely limited. However, it is assumed that the depth of perspective given will provide valuable prescriptions for practice and research agendas.

This study was informed by a sound literature review and adopted qualitative research paradigm that involved the use of semi structured interviews supported by field notes. This was made possible by the ethical consideration and the approval by the IRB which enhanced the credibility of the study. While the shortcomings mentioned are rather obvious, this approach enabled the recipients to gather comprehensive, contextualized information concerning the experiences of social workers regarding clients affected by trauma.

Interview Questions

The questions in the semi-structured interviews were designed to focus on key areas:

- Summary of training of social workers for TIC and the extent to which it was conducted in relation to the schedules.
- Difficulties that are experienced when caregivers are dealing with trauma clients.
- The degree and kind of patronage that they can get from an institution and how it impacts their job.
- Individual measures and actions that allow to prevent/cope with a stress-related disorder, prevent/vest the risk of burnout, and ensure professional effectiveness.

Apart from the spoken responses, notes were taken to detailed non-verbal sign, the physical environment as well as conducting observations that helped in enhancing the analysis (Emerson et al., 2011). The inclusion of field notes also came as a way of triangulation where some findings were supported by, for example, the participant's verbal responses to some questions, coupled with observed actions or emotional expressions.

Ethical considerations refer to practices and behaviors that establish the right or wrong way of conducting an activity. There are two main ethical considerations for research: Reward and punishment and conflicts of Interest and Dual Loyalties.

This study proposed the need to exercise high levels of ethical consideration since data was being gathered from people. To ensure that the research complied with the highest levels of ethical practices an application for permission of research proposal was made and granted by the Institutional Review Board (IRB) of [University Name]. This was meant to ensure that the research involved participants offered the rights, safety and welfare of the willing participants and that the standards for ethical research were followed by getting the approval from the IRB.

Participants Details and Consent

To promote transparency and informed participation, each participant received an information sheet outlining the purpose and scope of the study, including:

Preferences, behavior and attitudes” and “The specific objectives of the research.

An information about the participant to be involved in the study.

An explanation of how their data was going to be both gathered and managed for purposes of analysis.

Following understanding are potential benefits and risks of participation.

It is completely voluntary; the respondents were made to understand that they could pull out from the study whenever they wished without having to face any consequences.

[Portion of text redacted]

Everyone connected to the project must be anonymous as well as the data collected throughout the project.

Another important feature of the research methodology related to participant anonymity. Due to the sensitive nature of the responses, interview transcripts were paraphrased to eliminate respondent identification. Every patient was given a code to substitute his or her name and any other aspect that would identify him or her in the course of the study.

Any and all recordings and notes from participants, as well as transcriptions, were saved on an encrypted, password protected drive to ensure participant anonymity and confidentiality. This method ensured that only the right persons had access to the documents and materials in the study. Also, the notes gathered during the interviews were well handled in a way that minimized influence from investigator effects, thus ensuring anonymity of the participants.

In their turn, the rights of the participants and the issue of the informed consent will be discussed below.

The entire course of the research stressed such concepts as the participants' self-determination to make conscious decisions concerning their participation. The informed consent process included:

- The specific ways in which it would be utilized to analyze the findings The particulars of how the data would be employed.

- Clarification of the fact that people on reports only took part in the exercise because they wanted to.
- Specific information to the form of the participants' freedom to withdraw at any point from the study and with no ramifications.

Participants were also told that they also had the right to read back the interview which was conducted with them, and have a chance to edit or request certain portions to be removed (member check). It shall be noted that the aforementioned approach also helped trust and the participants' emancipation which positively affected the reliability of the results.

Risk management and risk minimization.

Despite low risk, precautions were made to mitigate discomforts of participants in discussion of traumatic informed care (TIC). Project was intentionally built around questions related to work-related events and approaches instead of stress or traumatic experiences. The participants were told that if there were any questions that they found uncomfortable, they could leave or decline to answer them at all.

To consider the participants' health needs if further assistance is required post-interview, they were given the contact details of appropriate assistance services. This predator control approach acknowledged the possible emotional effects of talking about trauma job.

Data Retention and Disposal

Consistent with good ethical practice and the guidelines of the university and the profession, data collected will be securely stored for seldom more than five years. All documentation produced in

hard and electronic forms will be destroyed after this period to uphold the participant's anonymity and confidentiality.

Neutralizing Bias or the Problems That Arise in Its Connection

To eliminate or reduce the likelihood of a researcher bias, certain counteractive measures were used including keeping a research journal to constantly observe and write about possible biases that can be produced in the process of data analysis. Member checking also helped the credibility and validity of the data because the participants were able to review the researcher's understanding of the answers given by them.

The focus of the study to pay a keen attention in the ethical aspects and ensuring an adherence to the standard of the IRB was very fundamental in ensuring the research legitimacy. The five principles of respect, beneficence, and justice in conducting research were achieved by gaining informed consent, practicing confidentiality, and reducing possible risks. These are not only protected the rights of participants and contributes to the legitimacy and validity of the study results, but also provide a good ground for meanings and ethical concerns.

FINDINGS

More so, the use of semi-structured interviews with licensed social workers was instrumental in capturing the experiences of practice by practitioners working in the area of trauma. The thematic analysis of the interviews revealed several key findings related to the primary themes explored in the literature: ; training and education, burn and stress, and organizational support.

1. TIC as a Model of Training and Education

Perhaps one of the most prevailing patterns identified here was the complained lack of training and education in TIC. Most of the subjects reported that although they had some introduction to such training during their professional training or in the initial stages of their careers, they found it inadequate for practice oriented work. Several participants noted that the many of the courses for professional development were either missing or could not be required by their employing organizations.

As one of the participants recalled: “The initial training was okay but what happened after the training was something which was not carried out.” The staff and management do not seem to care much about our progress in our practice since I have largely gotten an opportunity to practice while learning as a nurse mostly handling trauma cases. This approximates Williams et al.’s (2021) assertion that more than 65% of the social workers criticized that their TIC training is insufficient. Those patients who could attend special programs, such as special workshops or seminars, reported higher levels of confidence in their work and perceived competency of other staff members; this supports the idea of the need for targeted and ongoing training required in providing trauma care.

2. Males had significantly higher rates of burnout and stress than females, and there were significant differences between social workers who reported experiencing more stress on the job than they did five years ago.

In this section, the issue of burnout and emotional stress became rather prominent. High caseloads, emotional exhaustion, and secondary trauma were mentioned time and again as leading to burnout by the participants. One of the participant elaborated, “To create a situation that exist in the work itself, where due to the rates of effective clients and the specificity of work, there is no time for healing”. That too requires a lot of work and it becomes stressful both physically and emotionally.”

Like Brown and Harris (2014), it is seen that the pressure from the clients who experienced trauma diminishes their well being and efficiency of performance and increases turnover. In addition, some participants highlighted the role of peer support as a moderating variable, as well. I found that being in the team is important: 'It is always to have support on your side.' I find that we listen to each other and know how to deal with some of the pressure."

However, only few of the participants reported a positive experience of support at workplace and the rest without support expressed a high level of burnout and a low level of job satisfaction. This supports Miller's (2018) observation that compassion fatigue is actually rife in organizations that offer little support to workers.

3. Opportunity: Major Role of Institutional Support

Another interesting finding from the interviews is that of institutional support – or the lack of it. Some of the participants echoed that their organizations had little more than formulas and orientations imparted about trauma-informed care. The words of one participant are: "We discuss TIC at our agency, but even when needed, we do not receive support and extras to apply TIC in practice".

This assertion is not far from Germain's (2020) assertion that, there is need for constant training, growth as well as investment. Probity Sample Participants who stated they worked for organizations with proper backing for example, continuing education, counseling, and low client to practitioner ratio enjoyed their work, and they did not experience burn out. That is why, in their turn, Jones and Smith (2017) concluded that the agencies that promote trauma-informed policies and supportive environment facilitated the management of trauma cases for social workers as perceived by all participants.

However, some of the social workers complained of limited practice due to absence of concrete policies regarding TIC in their agencies or adequacy of supervisions. According to Patel & Walker (2019) turnover is lower in organizations that invest in resources and institutional support; participants reported describing job satisfaction, and appraised sense of professional efficacy when given support.

4. Techniques to reduce Emotional Stress

Respondents also described a number of methods that they practice in handling emotions required in their practice domains. These ranged from peer support groups, mindfulness and setting of work-life protocols to reduce chances of burnout. In that case, one of the respondents said, “Mindfulness assist me to calm my mind before and after challenging interactions.” Not surprisingly, this has been described as a basic but very effective tool.

Several of the interviewed social workers mentioned that self-care was rated high and organizational measures aimed at promoting it. For instance, concerning the wellness programs, those agencies’ offers were seen as useful by participants. Analysis of the questionnaires Some of the comment’s students offered include: “When my agency introduced welfare days and probably extra counselling sessions, there was a considerable difference observed on how stress was managed,” a social worker.

However, other participants perceptions were that their agencies failed to provide adequate support for self-care projects, such that they sought those services on their own. This goes to illustrate the fact that the various organizations adopt varying strategies in the management of the health Systems of their employees and further supports the call for the formulation of correct parameters that will advance the promotion of TIC across agencies.

Interview

Interviewer: It was good to have this interview, thank you. The purpose of this discussion is to gain insight into your interactions with trauma clients and how some of those interactions are challenging and how difficulties are managed. It is important that you know that your responses will be anonymous and will only be used for research purposes of the current study. This interview will last 45-60 minutes inclusive of time utilized in administration of pre- and post-interview questionnaires.

Section 1: Background and Training

Interviewer: What experience do you have in your career and what do you do currently as a social worker?

Participant: I have been a social worker for approximately 7 years with most of my work done in mental health department. At the present time I work for a non-profit community based agency focusing on families affected by domestic violence and substance abuse issues. The tasks that I perform include assessments, case management and linking the clients to appropriate service.

Interviewer: What have you learned about trauma-informed care during your education or in the beginning of your career?

Participant: In my undergraduate and a master's degree I had only two classes that briefly mentioned the phenomenon of trauma. And so we were taught about fundamental disorders regarding our mental health but nothing about trauma-informed care was stressed. I had a little working knowledge of it during internships, and most of what I know was from experience. My

initial proper encounter with TIC was during a continuing education workshop I went to several years into practice.

Interviewer: How well do you think that this training has prepared you for actual practice on the job? Why or why not?

Participant: Honestly, no. The training they offer in school is very basic, and the training I got was very basic too, so while I knew about it and had some exposure to it, I was not really ready for it in real life. The specific workshop that I attended was more beneficial, however more practical, daily training would have been more beneficial. Said in another way, trauma knowledge cannot be acquired from a classroom approach; it is something one has to encounter practically then contemplate in the field.

Section 2: After discussing the general characteristics of Trauma-Informed Care, we present readers with some of the real-life cases of its application.

Interviewer: Describe the ways in which you integrate trauma informed principles into your work?

Participant: I make sure to keep my clients' histories a safety net with expectation that their pasts contain some amount of trauma. I like to work from people's strengths and always ensure I protect safety as well as trust. In practice, this means that I think about what I ask and say, let clients make their own choices when appropriate and never make clients feel like they are going through traumatic experiences again because of me. I also engage a lot of time creating a good rapport with clients before probing issues that they may not want to disclose.

Interviewer: Have you come across the situation where TIC was most difficult to apply?

Participant: Yes, I did have one where a client was going in and out of more foster care system because of extreme abuse. She began to become suspicious and avoidant in sessions due to her problem. It was difficult, because I was trying to move forward and get her to talk but, it is something that she could not do. Practicing trauma-informed care also involved being tolerant because reaching out was a sign that the disturbing behaviors were only her survival instinct. The emotional work to keep you focused and reassuring to her was very tiring but it had to be done even if things took time.

Interviewer: Which type, or other form of training or support does the staff member believe would have been more helpful in managing the situation?

Participant: Better training regarding severe trauma and particular strategies on how to develop trust with the client would have been useful. Moreover, knowing a specialized trauma-informed care mentor would have been helpful when I start doubting myself. Often, we do not have time, manpower, or overseer to attend these kind of cases, and sometimes it can be very overwhelming.

Section 3: Emotional stress and Burnout

Interviewer: How do you feel – emotionally – when working with the individuals affected by trauma?

Participant: You bet it is stressful, especially when the sphere you are estimating the company's operations is emotionally sensitive. And there are days when I too burdensome my clients' suffering. It really makes you feel helpless, and you can get quite emotionally involved in those struggles, seeing the same patterns. There's also a lot of secondary traumatic stress – just listening to these stories every day can wear one down.

Interviewer: Capturing more of the particulars of how people deal with stress and burn out at their workplaces.

Participant: It's a constant struggle. More or less, I attempt to be professional with clients and do not mix business with personal life much, well at least I do my best to. I wouldn't say I need mental health support as much as I depend on peer support from colleagues—having people to debrief with is so important. There is also awareness and leisure time outside the office, including meditation, exercise, or reading a book, going for a walk. But it is a process that continues indefinitely, and occasionally, I'm not sure that I'm even managing to tread water.

Interviewer: To what extent do you think your working environment meets your needs in coping with stress stemming from work? If so, how? If not, what is missing?

Participant: Unfortunately, no. There are some people, mostly coworkers, that can offer some level of support, but none of it is official. Some employees may be entitled to have special debriefing after cases that are most employees may require therapy services. Currently, it is still up to the police employees personally to find their ways in dealing with such stress and may not be open in expressing their emotions the job entails.

Section 4: Most of the participants have expressed the need for adequate support and resources from their institutional setup.

Interviewer: It is important to learn about the ways that your organization promotes trauma-informed practices (for example, through workshops, counseling services, reasonable workload)?

Participant: Our agency only offers some sort of TIC training that isn't compulsory or recurrent either. We also have some sort of like handout or online materials but it's not a full-blown program.

At the same time, there is a possibility of further development of the organizational culture of trauma-informed care.

Interviewer: How do you think the need of the social workers who are handling any case that has to do with trauma is being met with the kind of support available? Why or why not?

Participant: No, I don't think it is sufficient. There are simply too many people to see, and not enough time for either supervision or reflection on what is being provided. Additional organization and better guidelines for using trauma informed care approaches would be valuable. It also still lacks duration to respond to secondary traumatization—right now, it is more like “just suck it in”.

Interviewer: What do you think should be done to enhance the use of TIC by social workers?

Participant: I believe that probably making staff training sessions mandatory and continuous would make much of a difference. Secondly, there similarly requires a clear protocol for what to do after sensitive say, for instance after handling a terrible case involving children. Tellingly, a recent study reported that greater amounts of caseloads are related to informing more hospital patients; however, a smaller caseload or more support staff would also be beneficial. Thank you I agree and in order to cope with that we definitely should be able to have time and materials to apply TIC properly, which sometimes is impossible when you are overloaded.

Section 5: Ways of going forward and Propositions

Interviewer: How have you enhanced your approach or choose specific practice to apply trauma informed care?

Participant: I count safety and trust in each interaction among the main lessons I have been able to learn. I incorporate a lot of active listening and attempt to believe most of my clients' stories as they

are often uncomfortable to listen to. Again, I keep them informed of what I can and cannot discuss under the context of confidentiality and their capacity to make some decisions. I also attempt to remind myself of this—I am still cutting myself some slack when things do not turn out as expected because it is a difficult role, and I am only doing as well as I can.

Interviewer: What roles do you communicate with other professionals or colleagues in order to effectively address trauma-related individuals?

Participant: We have some kind of a social interaction; not organized but connected in a way you wouldn't think it could happen. Cases we consider challenging are discussed in staff meetings, and necessary materials are also exchanged. I would prefer getting more organized cooperation with other fields, like, for example, cooperation with therapists or other specialists. At the moment it's sort of patchy.

Interviewer: What change would you like to make in the area of trauma informed care in your workplace?

Participant: I would focus on development and encouragement—better and regular tutelage of TIC for everybody throughout the organization. I would formally address all the concerns as I would patrol the officers from emotional stress by providing options for a weekly debrief or to speak to a shrink.

Interviewer: It was very informative to also hear your experiences and perspectives. I appreciate your insights and they will help toward determining how to help individuals such as yourself to apply trauma-informed care adequately. If you have any questions or further comments you would like to add, then please post them below.

Participant: Thank you for listening. It has been a blessing to be able to think of such concepts. Maybe more action might be made to care about them in this field of social work.

Further Research

The results of this study rendered some insights of several important issues the current study aimed to uncover that related to the difficulties of TIC implementation and how the social workers manage such difficulties. But, there is still much research that is needed in the area of social work and trauma-informed practice. Based on the insights gathered from this research, several potential avenues for future studies are suggested:

Future research might be directed toward longitudinal evaluation of the TIC training, its effectiveness on social workers and the quantification of the carry-through on sphere of effectiveness, job satisfaction, and level of burnout. Such studies could then follow the social workers longitudinally to determine the impact of time or increased/ advanced TIC training on the practitioners' well-being, and their clients. A cross-sectional design could be used to compare the learned TIC knowledge of professionals whose training had been ongoing to similar professionals who had not been put through continuous TIC training.

Exploring the Effectiveness of Organizational Support on TIC Implementation Another interesting observation made in the course of this study was the dire shortage of Organizational support in implementing TIC . Subsequent studies could investigate how exactly organizations can support practitioners and prepare the needed resources, for example through adequate mentorship, supervision, peer support, as well as reasonable caseloads in implementing TIC across different contexts. It would be useful also to compare the situation of social workers employed in organizations with effective support for such specialists and the situation of those who work in

organizations where such support is lacking. This could give tangible data concerning the relationship between organizational culture and resources and social workers' actual practice of TIC.

Interdisciplinary Cooperation and Its Importance in Trauma-Informed Practice Some of them pointed to the importance of cooperation with other officers and various specialists, but at the same time, they pointed out the absence of structural cooperation. There is scope for future research to investigate the relation between interdisciplinary collaboration of social workers, psychologists, physicians, as well as other specialists and their effectiveness in performing the different elements of the trauma-informed approach. Research could measure the level of teamwork cooperation, sharing of resources and cross training in relation to the level of care a social worker is able to provide to the client or the future results. Also, this research could explore the nature of effective and integrated care models of best practice in the context of interprofessional working and how these might transfer into social work.

Cognitive, Emotional and Behavioral Effects of Secondary Trauma on Social Workers The finding on the effects of secondary trauma on social workers was established to be an issue of concern in this study. A sample for future studies could be to undertake a qualitative study that investigates the qualitative impact that social workers experience while engaging with traumatized clients with an emphasis on, secondary trauma, compassion fatigue, and burnout. Research could explore factors such as how second-hand trauma can be avoided or minimized and what part personal wellness programs, 'buddy systems', and 'trauma-informed' workplaces play. In addition, the analysis of the factors that distinguish the social workers, who are more resistant to secondary trauma, and the identification of how they can best be helped to cope with these effects might also be useful.

Impact of TIC on Clients Despite intentions to concentrate on the experiences of the social workers, other future research could concentrate on the impact of TIC among the clients. Maybe adoption research could benefit from an investigation as to how TIC is received by the clients, how it affects their path to recovering, and their interaction with services. Furthermore, research could focus on asking whether TIC enhances retention in services, increase engagement, and improve overall therapeutic experience as a way of pointing to the value of adopting TIC across social work practice settings.

Comparative Studies Across Social Work Settings Another issue for future research would be cross-sectional research on experiences and coping strategies of teachers of social work in different practice areas including medicine, child protective services, addiction treatment and community and social service bureaucracy. The authors believe that it would be helpful to find out how often the principles of trauma informed care are applied in such contexts, and which methods are more effective in certain situations. Comparative works could also discover specific difficulties characteristic of every environment and provide suggestions on how the trauma care practices in these areas could be enhanced.

A research proposal, Trauma Informed Leadership in Social Work Settings: Exploring Leaderships Influence on the Implementation of Trauma-Informed Care in Social Work Organizations. Further research could explore cultural characteristics such as leaders' behavior and managerial actions, as well as the organization's policies, and how these influenced the practice of TIC and its mechanisms for assisting social workers. Researching if the leadership that is trauma-informed at the organizational level contributes to better practice of TIC can share practical implications what organizations with social workers could improve in order to turn into better places for these workers.

Continuing the Discussion of TIC As we found out, trauma is experienced differently by people based on their cultural characteristics. Moreover, it might be useful to further discuss the application of TIC for culturally, ethnically, or socially diverse people. Research could explore on how the social workers who practice trauma-informed care for clients, might enhance their applicability to the impersonal and minority population. Further investigation into the role of cultural competence in TIC may ultimately result in the delivery of trauma specific interventions for clients that not only involve but also respect culturally diverse cultural populations.

CONCLUSION

This capstone project described how the various practices and methods social workers use in the process of putting into practice TIC for trauma survivors. Holding qualitative interviews with experienced licensed social workers, the following main points were revealed regarding TIC training and burnout, stress, and institutional support factors affecting the quality-of-service provision. These outcomes will suggest the continued need of CPD, with executive support, and calls for strong support mechanisms and frameworks concerning the welfare of social workers.

The research also affirmed that as much as social workers are usually trained in TIC at their initial level, it was also established that this orientation was usually inadequate prepare them for the real and often complicated world. While interviewing social workers, they revealed the desire for more on-going, and specific training to address the complexity of the trauma cases. Moreover, burnout reached a critical focus as factors such as emotionally draining work, heavy workload and exposure to secondary trauma all created very high stress levels. Reality of the aforementioned challenges can influence the job satisfaction of the workers and increases the turnover rates; thus, supportive

mechanisms such as peer support and institutional support were identified essential in mitigating these issues, showing the need for positive working environment.

Analysis of the themes revealed that institutional support was attained as an enabler of appropriate trauma informed care first planning. The social workers who were placed into practice settings where there was an emphasis placed on trauma-informed practice as well as access to support of supervision, training, and consultation, were experienced and more competent in addressing trauma. Therefore, more works are needed to establish trauma-informed working environments since employees from organizations lacking sufficient resources to support individuals revealed the elevated burnout level and the lower job satisfaction rate.

However, as with most investigations, this study has its limitations: one is self-reporting bias; another is a small sample size of the participants. However, the present study enriched the existing literature about TI in social work, providing Concrete recommendations to enhance training knowledge, support structures, and organizational practices. Subsequent research should aim at establishing the delayed effects of the trauma-informed training, leadership practices in the trauma care delivery, the applicability of TIC in various Social Work practice environments. Further, broadening outcome studies to the client's experience of TIC and investigating how care delivery may be optimized for underserved communities will expand our understanding of the general effectiveness and applicability of trauma-informed models.

Thus, in light of these findings, this work underlines the necessity of various and extensive education, organizational support, and sufficient practices concerning the burnout of social workers who work with customers who experienced trauma. If these challenges are well addressed,

social work organizations will ensure that practice environments are sustainable and clients and families that experience trauma receive better support.

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