Clinical Social Work Journal
https://doi.org/10.1007/s10615-024-00969-4

ORIGINAL PAPER

Understanding Self-Care: Exploring its Impact of Secondary Traumatic Stress Among Social Work Students

Hanni B. Flaherty[1] · Lisa A. Henshaw[1] · Soohyoung Rain Lee[1] · Charles Auerbach[1] · Nancy L. Beckerman[1] · Eleni Toumarides[1] · Molly K. Miskiewicz[1] · Ava Rose[1]

Accepted: 23 October 2024

Abstract
This study explores the relationship among self-care practices and Secondary Traumatic Stress experiences (STS), among Master of Social Work (MSW) students in field training. The exploratory, quantitative study adopted a cross-sectional design. Data were collected from 141 graduate students. Despite there are no significant direct effects of self-care on STS, a notable relationship was observed between traumatic stress experiences and professional mental health support. Specifically, while trauma exposure was associated with increased arousal levels ($STDYX = 0.42$; 95% CI [0.27, 0.57], $p < .05$), the receipt of professional support for COVID-related secondary trauma significantly mitigated arousal ($STDYX = -0.18$; 95% CI [-0.34, −0.02], $p < .05$). Contrary to expectations, we observed no significant direct effects of self-care on STS. However, this seemingly paradoxical finding points to a compelling narrative, highlighting the intricate interplay between self-care practices, traumatic stress exposure, and the crucial role of professional support systems.

Keywords Secondary truamatic stress · Self-care · MSW students · COVID-19 · Path analysis

In recent years, the recognition of the profound impact of secondary traumatic stress experiences (STS) on mental health professionals has garnered increasing attention within the field (Arpacioglu et al., 2021; Buselli et al., 2020; Cavanagh et al., 2020). As caregivers navigate the complex terrain of trauma exposure, the quest for effective coping mechanisms and support systems has become paramount. The concept of self-care has appeared as a pivotal domain, often hailed as a crucial buffer against the effects of STS (Clark et al., 2024; McMakin et al., 2023; Figley, 2013a). However, the nuanced relationship between self-care practices and STS remains a subject of ongoing research with the global pandemic of Covid-19 prompting increased attention to this area of research and practice (Whitt-Woosley et al., 2022). This study explores the relationship among self-care practices, Secondary Traumatic Stress experiences (STS), and the utilization of professional mental health support within the context Social Work student's well-being. The focus of the current study is to explore the mediating effects of self-care on Secondary Traumatic Stress.

Literature Review

The global pandemic of Covid-19 has been conceptualized in the literature as a traumatic event (Karatzias et al., 2020; Kira, 2022, Kira et al., 2021; Bridgland et al.,

✉ Hanni B. Flaherty
Hanni.Flaherty@yu.edu

Lisa A. Henshaw
Lisa.henshaw@yu.edu

Soohyoung Rain Lee
Rain.lee@yu.edu

Charles Auerbach
auerbach@yu.edu

Nancy L. Beckerman
beckerma@yu.edu

Eleni Toumarides
toumarid@yu.edu

Molly K. Miskiewicz
mmiskiew@mail.yu.edu

Ava Rose
ava.rose@mail.yu.edu

[1] Wurzweiler School of Social Work, Yeshiva University, 2495 Amsterdam Avenue, New York, NY 10033, USA

Published online: 20 November 2024

2021; Shevlin et al., 2020). Mental health professionals, including students in field practicum, may be exposed to the traumatic effects of Covid-19 in a myriad of ways; direct exposure, indirect exposure or both may impact persons in the context of the collective trauma of this global pandemic. Indirect exposure to trauma through listening to clients' stories may lead to experiences of vicarious trauma, secondary traumatic stress, or compassion fatigue (Knight, 2019). The lived experience of shared trauma refers to the dual exposure that occurs when clinicians are directly exposed in their personal lives and indirectly exposed through client work to the same traumatic event (Tosone et al., 2016). While it is important to note the uniqueness of Covid-19 as a shared traumatic stressor, it is not the focus of this article. This article explores the potential lived experience of secondary traumatic stress among MSW students, a singular, indirect exposure, which leads the individual to experience symptoms mirroring those of posttraumatic stress disorder (Bride, 2007; Holmes et al., 2021; Knight, 2019).

To comprehensively explore the lived experiences of MSW students in their field practicum during the pandemic, our parent study explores and evaluates *both* shared traumatic stress and secondary traumatic stress, reporting findings across several studies. For a detailed report on evaluation of shared trauma and validation of the COVID-19 Quality of Professional Practice Survey (C19QPPS) among MSW students please see Henshaw et al. (2023).

Collective Trauma

When an entire community, country or society is destabilized by the same natural disaster, war, genocide or global pandemic, that population will have simultaneously shared in being affected by that trauma (Kira et al., 2020). When this dynamic occurs, it is referred to as collective trauma (Hirschberger, 2018). Like any other trauma, the individuals in the population may likely all experience the event somewhat differently depending on the many complex intersecting variables such as pre-morbid mental health and prior traumas as well as access to resources during the event. While there may be varying levels of psychosocial impact from the traumatic event, the essence of destabilization is fundamentally shared as a group that lived through the event. Those who have not emotionally processed the trauma or received mental health counseling, may develop PTSD (Post Traumatic Stress Disorder) and may rigidify the norms they developed in the face of the acute trauma and even pass the trauma down to the next generation (Parker, 2024). While some individuals may develop PTSD, many others demonstrate resilience and utilize positive coping strategies and social support to foster recovery and growth (Bonanno & Gupta, 2009).

In the modern era as well as historical eras, there has been limited attention paid to the collective psychological aftermath of pandemics (or plagues) (Huremović,2019). The mental health impact of historical pandemics (e.g., Spanish flu of 1918, the Black Death plague 1334–1400) were not studied as it was prior to scientific understandings of infectious disease and public health, nor more contemporary epidemics such as SARS in 2002/3 (Huremović, 2019).

When the novel COVID-19 virus emerged in 2020, entire cities and countries across the globe experienced mounting deaths and infections, and the world-wide tally has continued with infections (702,871,779) and deaths (6,980,500) in the period since 2020 (Worldometer, 2024). With the multitude of deaths of loved ones, illness, loss of employment, and lack of resources, dire warnings and misinformation, community-wide levels of COVID-19 trauma were experienced with subsequent negative mental health effects (Kira et al., 2020). The mental health sequelae of COVID-19 have had significant psychological aftermath. Kira et al. (2021) studied ($n = 1374$) across Arab countries and found a significant portion of respondents experienced serious mental health issues as a direct result of the pandemic.

Xiong et al. (2020) conducted a robust meta-analysis of mental health impacts related to COVID-19, encompassing a diverse array of studies worldwide, including the United States. This comprehensive review highlights the widespread psychological effects of the pandemic, including increased rates of anxiety, depression, and PTSD across different populations. Their findings underscore the universal nature of collective trauma while also pointing to variations in specific stressors and coping mechanisms influenced by cultural and socioeconomic factors.

Additionally, studies by Holman et al. (2020) and Galea et al. (2020) provide detailed examinations of the collective trauma experienced in the U.S. context during the pandemic. Holman et al. (2020) found that exposure to COVID-19-related media coverage was significantly associated with acute stress and depressive symptoms among Americans. Galea et al. (2020) explored the mental health toll of COVID-19 in the U.S., emphasizing the exacerbation of pre-existing mental health disparities and the importance of targeted interventions to support vulnerable populations. These studies collectively enrich our understanding of collective trauma, illustrating the multifaceted nature of psychological distress during global crises and the need for contextually relevant interventions.

When COVID-19 emerged, the information to the global public was that the virus could be lethal and citizens worldwide were directed to quarantine and isolate (Kira et al., 2020). For this social workers and social work students

carried an individual set of challenges and a professional set as well (Holmes et al., 2021). Social workers who had lost loved ones, were simultaneously being asked to provide counseling to clients over the phone or through teletherapy (Henshaw et al., 2023). Social work students were physically isolated from their peers, supervisors and educators and experienced different levels collective trauma experiences with their clients (Henshaw et al., 2023).

Secondary Traumatic Stress

Secondary traumatic stress (STS) is among distinct phenomena elucidating the adverse consequences of indirect exposure to trauma and has been extensively studied in helping professions such as social work (Figley, 1995). STS is defined as the indirect traumatization and psychosocial distress sustained by professionals who provide direct services to traumatized populations. STS can mirror the symptoms of their client, including PTSD (Chrestman, 1999). STS symptoms typically include the three broad planes of PTSD: (1) re-experiencing the traumatic event shared, (2) avoidance, and/or numbing in response to reminders of this event, (3) and persistent arousal and hypervigilance (Bride et al., 2004; O'Brien, 1998; Cunningham, 2004; Figley, 2013b; Quinn et al., 2019; Sabin-Farrell & Turpin, 2003). STS is related to but not synonymous with compassion fatigue, burnout, and vicarious trauma (Cappiccie et al., 2020). Vicarious traumatization, compassion fatigue and burnout happen slowly over time while secondary trauma can happen quickly and unexpectedly (Beckerman & Wozniak, 2018).

The effects of STS present a serious risk to individuals in helping professions and the populations they serve. STS compromises the quality and efficacy of services rendered and is associated with impaired decision-making and poor professional judgment, factors that increase the likelihood of misdiagnosis, poor case conceptualization, inadequate treatment planning, and client abuse (Bride et al., 2004). STS may also lead to premature job departure, emotional and physical disorders, strained interpersonal relationships, ineffective parenting, burnout, and substance abuse (Bride, 2007; Cappiccie et al., 2020; Quinn et al., 2019).

The prevalence of STS among social workers was first measured by Bride (2007). In the sample of 282 workers, 97.8% reported working with traumatized populations and 70.2% reported experiencing at least one symptom of STS in the prior week. Responses from the Secondary Traumatic Stress Scale (STSS) found that 15.2% of participants met the diagnostic criteria for PTSD and 55% met at least one core symptom cluster, illustrating rates double that of the general U.S. population at the time. The relationship between social work's high trauma exposure and STS has since been well documented (Badger et al., 2008; Boscarino et al., 2004; Bride, 2007; Choi, 2011; Owens-King, 2019; Quinn et al., 2019). Quinn et al. (2019) examined the prevalence of secondary traumatic stress (STS) among 107 licensed social workers. Their study revealed that 22% of the participants met the full diagnostic criteria for STS, as defined by Bride's (2007) STS scale, which includes all three symptom clusters. Notably, 80% of the respondents met the diagnostic criteria for at least one of the three STS symptom clusters, and 47% met the criteria for at least two clusters (Quinn et al., 2019). Subsequent studies have similarly found high prevalence rates in other helping professionals including child welfare workers (Caringi et al., 2017), domestic violence clinicians (Beckerman & Wozniak, 2018), and substance abuse counselors (Bride & Kintzle, 2011). STS has been an evolving area of research and concern in the social work field (Gil & Weinberg, 2015; Kintzle et al., 2013) and consequently, STS has been conceptualized as an occupational hazard for social workers and to some extent, social work students in training (Ben-Porat et al., 2021, Bride et al., 2004, Bride, 2007; Figley, 1999) and a "cost of caring" (Figley, 2002).

Secondary Traumatic Stress and Social Work Students

STS has been less studied among social work students; however, research suggests that student-trainees may be at an increased risk for experiencing the harmful consequences associated with indirect trauma exposure. Often referred to as the signature pedagogy of the profession (CSWE, 2015), fieldwork provides future social workers with countless experiential learning opportunities and frequently requires students to work with traumatized populations (Conroy et al., 2022). Increased trauma exposure, age, inexperience, and emotional immaturity are believed to contribute to greater STS susceptibility (Ben-Porat et al., 2021), and inadequate preparation for working with trauma survivors has also been deemed an aggravating factor (Butler et al., 2017). Because trauma-training has historically been absent from social work education, many students enter fieldwork with an ill-prepared knowledge base, skill deficits, and underdeveloped coping strategies (Caringi et al., 2017; Knight, 2013; Litvack et al., 2010).

A recent study ($n=259$) examined the background variables, personal resources, and environmental factors associated with STS in Israeli social work students. Among the 259 participants, 75% reported suffering from secondary traumatization (Ben-Porat et al., 2021), and findings supported earlier studies illustrating the relationship between STS rates and colleague/peer support (Lowery & Stokes, 2005), job mastery (Caringi et al., 2017; Mackie &

Anderson, 2011), self-differentiation (Badger et al., 2008; Shlomo et al., 2012), and supervision satisfaction (Knight, 2010). Results additionally strengthened existing literature connecting indirect trauma susceptibility and personal history of trauma among students (Butler et al., 2018).

While this area has been studied, further research is needed to determine the extent to which mental health counseling and self-care practices among social work students serve as protective factors against STS.

Secondary Traumatic Stress and COVID-19

The unprecedented ramifications stemming from COVID-19 have been experienced globally and have posed novel challenges to frontline professions including social work. In a study measuring COVID-19-related STS in social workers, Holmes et al. (2021) found that approximately half of the participants ($n = 181$) reported the presence of moderate STS symptoms following the first wave of the pandemic. Further, 26.21% of social workers met the DSM's diagnostic criteria for PTSD, indicating a prevalence five times higher than the current national average estimate of 5.3% (Kilpatrick et al., 2013) and a significant increase from the 3.7% of social workers with self-reported PTSD in 2015 (Senreich et al., 2021).

The significance of COVID-19 and STS among social work students has received little attention, however, preliminary research illustrates severe impairments to biopsychosocial functioning which may prove to be an additional STS risk factor in future workers Gur et al. (2024) studied ($n = 104$) Israeli social workers at the height of COVID-19 and reported that self-efficacy and supervision were a modest indicator of protective factors against STS. In addition to concern about the virus itself, Apgar and Cadmus (2022) found that undergraduate social work students exhibited anxiety surrounding abrupt transitions to online learning and field education. Doctoral social work students reported job-related role strain and described a reduced sense of professional mastery, a known predictor of STS (Ben-Porat et al., 2021; Berger et al., 2021).

Apgar and Cadmus (2022) utilized video interviews provided by 19 undergraduate social work students to explore changes in coping strategies and self-regulation skills, known safeguards against STS (Gil & Weinberg, 2015; Lewis & King, 2019). As a result of social distancing requirements, traditional coping methods, such as exercise and socialization, were infeasible for most. Because of social support's role in mitigating trauma's effects, isolation places a survivor at an increased risk of developing primary and secondary posttraumatic symptomatology (Knight, 2013; Michalopoulos & Aparicio, 2012); this suggests that quarantine likely added to STS susceptibility in social work students (Apgar & Cadmus, 2022; Holmes et al., 2021).

Self-Care in Social Work

The concept of self-care is historically rooted in both the healthcare field among professions such as nursing, medicine and social work and sociopolitical movements such as Black Feminism (Butler et al., 2019; Godfrey et al., 2011; Nayak, 2020; Tan et al., 2023). An increase in collective traumas at global and community levels, combined with new knowledge about the effects of indirect trauma on clinicians, has led to an increased focus with burgeoning research (Butler et al., 2019; Godfrey et al., 2011; Sheperd & Newll, 2020). However, attempts to operationally define self-care are ongoing within the social work profession and literature and often a source of debate; nominal research and the lack of a collective conceptual definition has led to ambiguity about how social work professionals should effectively achieve self-care (Lee & Miller, 2013; Lee et al., 2018; NASW, 2021b).

Self-care has been operationalized in numerous ways, most often separating personal from professional self-care, and recently identifying as many as six domains of self-care practices, which include physical, professional, relational, emotional, psychological, and spiritual (Collins, 2021; NASW, 2008; Smullens, 2015). Personal self-care is largely described as intentional practices that support the workers' well-being in a holistic manner (Lee & Miller, 2013). In a systematic review of the literature, Tan et al. (2023) searched publications from 2017 to 2021 and found that related terms linked to self-care included wellness, awareness, resilience, compassion and mindfulness.

As part of the conceptualization of differentiating among professional and personal self-care, use of self is sprinkled in the social work literature as an important component. Bressi and Vaden (2017) note, "…self-care draws on the idea of a self in balance in its aim at protecting the integrity of the personal self in an effort to be one's best at work, alongside facilitating a protection of the professional self through cautious use of self on the job" (p.35). Bloomquist et al. (2015) expand upon the meaning of professional self-care as steps that social workers can take within their organizations to support their professional competence and resilience, including setting boundaries, use of regular supervision, engaging in training, advocating for one's organizational needs and regularly participating in peer debriefing and discussions among colleagues.

The National Association of Social Workers (NASW) revised Code of Ethics in 2021 (NASW, 2021b) for the first time included self-care in both the Purpose and Ethical Principles sections of the Code of Ethics. This paradigm shift for

social work formally holds both social work professionals and organizations accountable with self-care, as the Code asserts that for social workers to behave in a trustworthy, competent manner they, "should take measures to care for themselves personally and professionally" (p.12).

Importantly, NASW (2021a) cites the global pandemic of COVID-19 and racial and social justice crises as the impetus for the amendments that included self-care. This aligns with the focus of our research study, as we aim to contribute knowledge on the role of self-care and mental health treatment in buffering potential symptoms of secondary traumatic stress related to the shared and collective trauma of COVID-19. We also acknowledge this shared collective trauma as superimposed on racial and other identity-based traumas that continue to occur in real time, though it is beyond the scope of this article to address its potential impact.

However, while NASW (2021a) acknowledges these changes have been informed by the empirical knowledge base, they also state "The self-care language in the NASW Code of Ethics is aspirational and not prescriptive. Adherence to professional self-care cannot be easily measured and is therefore seen more as a goal that social workers and organizations should STRIVE to uphold and achieve" (p.2). Disappointingly, this is not far from the claim made by NASW in 2008 that the construct of self-care had yet to be fully examined by the profession of social work (Miller et al., 2018). That self-care has been included in the Code 13 years later is certainly a feat but is it enough that self-care remains aspirational? Amidst the ongoing collective traumas of the pandemic, war, community and racial violence, we aspire to contribute to the knowledge base to assess more directly the relationship among STS and self-care.

Previous research indicates that self-care needs to become a skill clinical social workers implement because this workforce is regularly exposed to secondary traumatic stress (Lee et al., 2018; Bride & Figley, 2009; Christopher & Maris, 2010; Berthold & Fischman, 2014; Bourassa, 2009; Ben-Porat & Itzhaky 2009; Kintzle et al., 2013; Ting et al. 2011). Furthermore, clinicians need to routinize self-care practices, and should have access to support, education, and ongoing training around skills for dealing with practice-based challenges (Miller et al., 2018).

Method

Research Design

The focus of the current study is to explore the mediating effects of self-care on Secondary Traumatic Stress. This study is part of a larger parent study, which employs an exploratory and mixed-methods research design. The parent study is cross-sectional and includes both quantitative and qualitative methods, including The Quality of Professional Practice Survey (C19QPPS), the STS Scale, demographic questions, and six open-ended questions for analysis in order to explore MSW experiences of secondary trauma and shared trauma in their field placement during COVID-19. The survey was anonymous and does not include any identifiable information. Regarding ethics, this research was submitted for approval through the WCG Institutional Review Board, and an exempt status was determined after review of the study protocol.

Data Collection and Sample

The study adopted a cross-sectional design, utilizing a non-probability purposive sampling technique to gather data from Master of Social Work (MSW) students. Inclusion criteria consisted of any MSW student enrolled in field placement at Wurzweiler School of Social Work, Yeshiva University, which students were advised in the instructions of the survey. Exclusion criteria included any MSW student not in field placement. There were no incentives provided to respondents. Wurzweiler School of Social Work hosts three different MSW Programs: a traditional, face-to-face/live online program; an online program; and religious programs. Students were recruited across all three programs.

Approximately 500 students were invited to participate in the survey through email. Two hundred seventy-six respondents started the survey, 218 responded to at least one question, and 75 answered only a few questions. Data were collected from September 2021 through March 2022. Students were invited via email to complete a voluntary survey online via Qualtrics about their experiences of shared traumatic stress and STS during COVID-19. In the end, 145 surveys were usable, representing 52.7% of those who started the study. The final sample size for the analysis was 141, accounting for missing data. The sample of this study consisted of MSW students ($N = 141$) currently enrolled in one of the graduate programs at Wurzweiler School of Social Work, Yeshiva University.

Participants

The study cohort comprises 141 participants, predominantly cisgender females (82.05%) with an average age of 34.06 (SD = 10.73). The participants' racial and ethnic background is varied, with white individuals constituting of 52% of the cohort, followed by black or African American (15.13%), Hispanic, Latino or Spanish Origin participants (11.76%). Employment status among the participants is mixed, with approximately 30% reported having full-time employment

and an equal proportion in part-time employment. The majority of the participants are enrolled in traditional face-to-face programs within the WSSW (55.46%), while around 35% participate in online programs.

Measures

Self-Care

The self-care engagement of MSW students was quantified through a series of four meticulously crafted questions designed to capture the frequency and challenges of self-care practices. The questions included: (1) I practice self-care more than once a week; (2) I find it difficult to find time for self-care; (3) I do not practice self-care; and (4) I practice self-care at least once weekly. 2) I find it difficult to find time for self-care; 3) I do not practice self-care; and 4) I practice self-care at least once weekly. These items aimed to assess both the regularity of self-care activities and the obstacles students face in maintaining such practices. The response options for these itmes were on a likert sccale ranging from 1 (strongly disagree) to 5 (strongly agree).

The process of generating these items involved existing literature on self-care practices among helping professionals (Lee & Miller, 2013), to ensured that the questions were comprehensive and relevant to the context of MSW students. The internal consistency of this self-care measure was moderately good, alpha = 0.82.

Mental Health Support

The extent to which students have sought professional mental health services for support in managing stress related to the COVID-19 pandemic was determined through a single item: "Are you currently receiving professional mental health support assistance in coping with the stress of COVID-19?" The responses were captured on a dichotomously (1 = Yes, 2 = No).

Secondary Traumatic Stress

The survey employed the Secondary Traumatic Stress Scale (STSS) by Bride et al. (2004) to evaluate MSW students' levels of secondary traumatic stress (STS). The STSS, utilizing a 5-point Likert scale (0 = Never, 1 = Rarely, 2 = Occasionally, 3 = Often, 4 = Very Often), assessed 17 indicators across three domains: Intrusion, Avoidance, and Arousal. Example questions from the STSS of intrusion were, *' My heart started pounding when I thought about my work with clients'*; *'It seemed as if I was reliving the trauma(s) experienced by my client(s)';* example questions of avoidance were *'I felt emotionally numb'; 'I felt discouraged about the future* and example questions of arousal were included, *'I had trouble sleeping'; 'I felt jumpy.'* Higher scores represent higher levels of secondary traumatic stress. While this scale has been previously validated (Henshaw et al., 2021), the internal consistency of this scale was excellent; Cronbach's α was 0.92. Participants were asked to answer these questions while reflecting on their experiences during the COVID-19 period to assess secondary traumatic stress due to the pandemic.

In the analysis of Secondary Traumatic Stress (STSS) in this study, the continuous STSS subscales were transformed into ordinal measure (low, mild, high) to enhance the interpretability and clinical relevance. This transformation allows for clearer communication of the levels of stress experienced by participants, facilitating the design and implementation of targeted interventions. Analytically, transforming continuous data into categories mitigates the influences of outliers, ensuring a more robust analysis. Further, categorizing the STSS scores aligns with clinical practice, where categorical frameworks are commonly used to assess symptom severity and guide treatment plans (Ben-Porat et al., 2021; Bride et al., 2004).

Analysis

Statistical Package for Social Science (SPSS) Version 25 was used to produce demographic information. STATA version 18 was used to perform path analysis to determine how active self-care and professional mental health support impact STS among social work students.

The path analysis in this study was conducted to explore the mediating effects of self-care on Secondary Traumatic Stress (STS) among MSW students. Specifically, this study aimed to examine the direct effects of pandemic-related stress on STS and the indirect effects mediated through self-care practices and mental health service utilization. The choice of mediation analysis over moderation was made to understand the relationship through which pandemic-related stress influences STS. Mediation analysis is suitable for identifying the process by which one variable affects another through a mediator. Therefore, mediation analysis provides insights into the pathways of these relationships (Ben-Porat et al., 2021) (Table 1).

Results

The categorized of STSS score is displayed in Table 2. Within STSS, there are sub-categories including intrusion, avoidance and arousal. The average score of Intrusion was 9.58 (SD = 4.11; range = 0, 23). Therefore categorized participants' level of intrusion were 1.00–1.40 as a low

Table 1 Demographics

	M (SD)	*N* (%)
Cis Gendered		
Male		15 (12.71)
Female		98 (82.05)
Age	34.06 (10.73)	
Race		
Asian		5 (4.20)
Black or African American		18 (15.13)
Hispanic, Latino, or Spanish Origin		14 (11.76)
Middle Eastern or North African		1 (0.84)
White		63 (52.94)
Multi-racial		8 (6.72)
Others		4 (3.36)
Not to disclose		6 (5.04)
Employment		
Full-time employment		37 (31.90)
Part-time employment		35 (30.17)
Unemployed (not looking for work)		28 (24.14)
Other		16 (13.79)
Program Types		
Online program		44 (36.97)
Religious MSW programs		9 (7.56)
Traditional face-to-face program		66 (55.46)

Table 2 Categories of STSS score ($N=133$)

STSS	Low (%)	Mid (%)	High (%)	Total
Arousal	46 (34.59)	56 (42.11)	31 (23.31)	133
Avoidance	30 (22.56)	28 (21.05)	75 (53.39)	133
Intrusion	35 (26.32)	69 (51.88)	29 (21.80)	133

intrusion, 1.6–2.4 as a mild intrusion, and 2.6–4.6 as high intrusion. As for avoidance, 1–1.16 as low avoidance, 1.33–1.16 as mild avoidance, and 1.83–4.16 as high avoidance. Lastly, 1–1.12 as low arousal, 1.5–2.5 as mild arousal, and 2.75–5 as high arousal (Tables 3,4,5).

Path Analysis

Overall, the fit indices of the path model suggests the perfect fit, with non-significant chi-square values for all three domains ($p=.05$ for Intrusion; $p=.51$ for Avoidance; $p=.55$ for Arousal), ($\chi2=194.73$, df$=15$, $p<.01$; CFI$=1.00$ and TLI$=1.00$. While this indicates a perfect fit, it is important to interpret these evalues cautiously, as perfect fit indices are rare and could suggest overfitting or a just-identified model (Browne & Cudeck, 1993).

Despite there are no significant direct effects of self-care on STS, a notable relationship was observed between traumatic stress experiences and professional mental health support. Specifically, while trauma exposure was associated with increased arousal levels ($STDYX=0.42$; 95% CI [0.27, 0.57], $p<.05$), the receipt of professional support for COVID-related secondary trauma significantly mitigated arousal ($STDYX=-0.18$; 95% CI [-0.34, -0.02], $p<.05$).

Limitations

While the study provides valuable insights into the mediating effects of self-care on Secondary Traumatic Stress among MSW students, it is important to acknowledge several limitations inherent in the research methodology. The study utilized a non-probability purposive sampling technique, potentially introducing sampling bias. As participation was voluntary, it may not represent the entire population of MSW students accurately. The sample is also from a single university. Despite this university being diverse in many factors this may affect the generalizability of the findings. The reliance on self-report measures for variables such as self-care engagement, professional mental health support, and secondary traumatic stress introduces the possibility of response bias. Participants may have provided socially

Table 3 Test of independence

Trauma			Low	Mid	High	χ^2
Arousal	Receiving Mental Health	Yes	5	11	14	12.51 (0.002)
		No	35	43	15	
Intrusion		Yes	5	15	10	3.70 (0.15)
		No	27	49	17	
Avoidance		Yes	3	6	21	3.38 (0.18)
		No	23	20	50	

Table 4 Bivariate

	Coefficient	Standardized beta (β)
Self-care → Arousal	0.16	0.08
Self-care → Intrusion	−0.003	−0.01
Self-care → Avoidance	0.03	0.16
Receiving mental health → Arousal	−0.51*	−0.29*
Receiving mental health → Intrusion	−0.27	−0.17
Receiving mental health → Avoidance	−0.30	−0.16

Table 5 Path analysis: intrusion

	Coef	95% CI	StdYX[1]	95% CI
[2]Trauma → Professional mental health	−0.07**	−0.12, −0.02	−0.27**	−0.44, −0.10
[2]Trauma → Selfcare	0.23	−0.37, 0.84	0.08	−0.14, 0.31
[2]Trauma → Intrusion	0.10*	0.02, 0.18	0.22*	0.05, 0.40
[2]Professional mental health → Intrusion	−0.17	−0.46, 0.10	−0.11	−0.28, 0.06
[2]Selfcare → Intrusion	−0.00	−0.03, 0.02	−0.04	−0.22, 0.14
[3]Trauma → Avoidance	0.13**	0.03, 0.22	0.24**	0.07, 0.41
[3]Professional mental health → Avoidance	−0.19	−0.52, 0.14	−0.10	−0.27, 0.07
[3]Selfcare → Avoidance	0.03	−0.00, 0.06	0.16	−0.01, 0.33
[4]Trauma → Arousal	0.20**	0.12, 0.28	0.42**	0.27, 0.57
[4]Professional mental health → Arousal	−0.32*	−0.60, −0.04	−0.18*	−0.34, −0.02
[4]Selfcare → Arousal	0.00	−0.02, 0.03	0.03	−0.14, 0.20

[1]*StdYX* = standardized covariance using the variances of *y* and *x*

[2]χ^2 (140) = 0.44, p = .50; RMSEA = 0.00; RMSEA 90% CI [0.00, 0.19]; CFI = 0.10, TLI = 1.25

[3]χ^2 (140) = 0.42, p = .51; RMSEA = 0.00; RMSEA 90% CI [0.00, 0.19]; CFI = 0.10, TLI = 1.19

[4]χ^2 (140) = 0.35, p = .55; RMSEA = 0.00; RMSEA 90% CI [0.00, 0.18]; CFI = 0.10, TLI = 1.09

*$p \leq .05$. ** $p \leq .01$

desirable responses, impacting the accuracy of the data. Participants may have also reported that they are receiving mental health services for things other than STS. The study did not control for potential confounding variables such as measuring specific trauma exposure, prior trauma exposure, personal coping strategies, or levels of social support, which could influence the relationships between self-care, professional support, and STS.

Furthermore, while validated instruments were used to assess self-care, professional mental health support, and STS, these measures may not capture the full complexity of these constructs. Specifically, the extent to which students seeking professional mental health services for support in managing stress related to the COVID-19 pandemic was determined through a single dichotomous item. While this provides a basic measure of mental health service utilization, it does not assess the various types of available mental health practices for trauma. Although, even as a dichotomous measure is meaningful as it indicates whether students are accessing any form of professional support during a critical period, and this information can highlight the prevalence of mental health service utilization and serve as a basis for more detailed investigations into the types and effectiveness of support services, future research should include more detailed questions differentiating between types of mental health support, such as individual therapy, group therapy, and trauma-specific interventions. Further research using qualitative methods or comprehensive scales could provide a more nuanced understanding of students' experiences. Acknowledging these limitations is critical for interpreting the study's findings accurately and guiding future research efforts aimed at addressing the complex interplay between self-care practices, professional support systems, and the psychological well-being of MSW students facing secondary traumatic stress.

Discussion and Implications

This study examined the dynamics surrounding self-care, secondary traumatic stress experiences, and the role of professional mental health support. While prior research has explored the direct effects of self-care on mitigating Secondary Traumatic Stress (STS) (Owens-King, 2019; Ben-Porat et al., 2021; McMakin et al., 2023) our findings reveal a nuanced perspective. Contrary to expectations, we observed no significant direct effects of self-care on STS. However, this seemingly paradoxical finding points to a compelling narrative, highlighting the intricate interplay between self-care practices, traumatic stress exposure, and the crucial role of professional mental health support systems. Finding that those students who received professional mental health counseling was a protective factor in developing STS, the dialogue about self-care for students should include professional mental health counseling for those that might be exposed to indirect trauma and vulnerable to experiencing secondary traumatic stress.

As social work students witness the devastating impact of trauma on individuals and communities, they may experience secondary traumatic stress. To address this, it is crucial for social work programs to implement policies and practices that not only provide rigorous clinical training but also foster resilience for future professional roles (Watts & Mcafee, 2021). One of the top priorities in policy is to establish provisions that specifically address the wellness needs of students who are exposed to trauma during their clinical training. This could involve mandating comprehensive trauma-informed education throughout the MSW

curriculum so that students can gain a clear understanding of the complex nature of trauma responses and evidence-supported approaches to building personal and professional resilience strategies. Additionally, prioritizing holistic self-care can help prepare students for traumatic situations in the field (Armes et al., 2020). For example, legislation could require students who work with trauma clients during field placements to complete a specialized advanced-level course on trauma-informed care. This would equip them with the theoretical knowledge and practical skills needed to interact effectively with this population.

Also, the Council on Social Work Education, Council on Social Work Education (2022) Educational Policy and Accreditation Standards for Baccalaureate and Master's Social Work Programs (CSWE EPAS) (2022) focuses on creating and sustaining an ADEI environment in both implicit and explicit curriculum. Learning that mental health support was a protective factor for students suggests that student counseling and peer counseling be made affordable, accessible and culturally sensitive to all students. Recognizing the potential for students' secondary traumatic stress responses as a result of practicum experiences with clients or communities, schools have an ethical responsibility tostrive to ensure that this protective factor be made welcoming and available to each student.

Social work students may encounter significant emotional challenges when working with historically marginalized communities, survivors of mass violence, or those oppressed by systemic injustice. Engaging with communities impacted by natural disasters, catastrophic events, terrorism, or various forms of oppression based on race, gender, or class can disrupt the emotional stability and professional identity of social work students (Ben-Porat et al., 2021). Simply training a student in MSW programs for a social worker's role without promoting comprehension and awareness of secondary traumatic stress is impractical. To prepare students adequately, incorporating principles of trauma-informed care, addressing systemic oppression, and advocating for social justice within the curriculum is essential. These approaches can equip students with the skills and resilience to manage secondary traumatic stress effectively. Interns should also be encouraged to think critically and discuss their exposure to secondary trauma during training to help them grasp its intricacies, thereby enabling them to recommend systemic change. Understanding how secondary trauma is incorporated and encountered by MSW students can provide valuable insights for programs to better support their students in facing challenges during field placements. This can ultimately foster the growth of empathetic and competent social workers.

Including real-life cases that demonstrate effective identification and proactive management of secondary trauma will aid learners in making clinical decisions when faced with challenging ethical dilemmas involving distressed clients (Berrios & Zarate, 2020). This requires learners to have open access to layered supervision mentorship, mental health support in university counseling facilities, and community resources (Ben-Porat et al., 2021). These supportive measures, such as the multilayered Vicarious Traumatization Resilience Model, are critical in ensuring the safety and trust of learners within the system while also building coping capacity and promoting good health. MSW programs have a significant responsibility to provide learners with practical knowledge and tools for the successful management of secondary traumatic stress responses when working with survivors of trauma (Lewis et al., 2022). In addition to offering trauma-informed educational programs, educational institutions must integrate discussions on secondary trauma dynamics throughout the MSW curriculum.

In addition, educators can support students by incorporating self-care practices like mindfulness and expressive interactions into their classes. This approach serves as a foundation for training and provides a reference point for subsequent learning experiences. Furthermore, it involves intensive field seminars that offer valuable communal spaces for learners to discuss and share their raw indirect, secondary trauma encounters and stress responses in real time within their placement settings. These sessions facilitate peer learning, validation, and psychoeducation opportunities under the guidance of experienced faculty supervisors. By participating in this type of trauma-informed education, students gain direct experience in understanding emotionally depleting ideas and acquire the acute clinical skills necessary to navigate secondary trauma.

Moreover, implementing culturally responsive programming enhances the development of interpersonal "trauma stewardship" roles. It is not feasible for any individual to bear the burden of trauma alone on behalf of a distressed community. Assistance has been promised without reservation. Additionally, learners should expand their knowledge of self-care practices by participating in activities that demonstrate their emotional self-awareness, establish standards for appropriate therapeutic boundaries to prevent fatigue and engage in holistic self-care techniques that prioritize rejuvenation as much as academic excellence amongst nursing learners (Jensvold, 2022). This is especially beneficial in reflective assignments such as self-authored journals, which explore emerging trauma responses, triggering factors, sources of professional fulfillment, early signs of burnout, and areas requiring improvement to enhance placement experiences.

Through collaboration and sharing of experiences, field supervisors can support learners in overcoming the challenges and emotional distress caused by cases where there is

potential exposure for secondary trauma. In addition, mental health professionals can provide specialized assistance in dealing with the layered impacts of trauma exposure (Grover et al., 2022). By establishing reliable peer support networks that are strengthened through consistent communal processing sessions before and after emotionally intense internship days, learners can develop deeper layers of resilience over time. This fosters validation and vulnerability modeling, allowing learners to interdependently co-construct nuanced systems of meaning and purpose that speak to the realities of their lives. Ultimately, this process anchors learners in discovering an integrated trauma stewardship identity.

Unexpectedly, our findings revealed no significant direct impact of self-care on STS. However, this result underscores the complexity of the relationship between self-care, exposure to traumatic stress, and the protective influence of professional mental health support. Specifically, students who received counseling demonstrated greater resilience against developing STS. This suggests that self-care discussions should go beyond individual practices and incorporate the value of professional mental health counseling, particularly for students exposed to indirect trauma and at heightened risk of secondary traumatic stress or collective trauma.

Extensive literature on organizational justice and support underscores the importance of fair treatment and adequate support in fostering a workplace environment conducive to self-care practices. Organizational justice, characterized by fairness in resource distribution and decision-making, enhances trust and reduces stress among employees (Colquitt et al., 2001). Perceived organizational support (POS) further reinforces this by ensuring that mental health providers feel valued and supported, which is essential for effective self-care (Rhoades & Eisenberger, 2002). Consequently, self-care practices, reinforced by a just and supportive organizational framework, can significantly reduce the impact of secondary traumatic stress, leading to better overall mental health and job satisfaction for providers.

Conclusion

Our study offers valuable insights into the complex dynamics surrounding self-care, and Secondary Truamatic Stress (STS), and the use of professional mental health support among social worker students. While the direct impact of self-care on mitigating STS did not appear as significant, our findings underscore the nuanced nature of coping mechanisms in the face of trauma exposure. The discernible association between STS and the engagement with professional support services highlights the pivotal role of institutional frameworks and organizational support in fostering resilience and well-being.

Moving forward, our study calls for a reassessment of current perspectives on self-care within the framework of trauma-informed care. It underscores the importance of integrating comprehensive support systems that incorporate both individual self-care practices and institutional resources. Through an examination of these dynamics, our research contributes to the ongoing discourse aimed at enhancing the psychological well-being of social workers and other mental health professionals.

Considering these findings, future research should further explore the mechanisms underlying the observed associations, with particular attention to the efficacy of diverse self-care modalities and the optimization of professional support frameworks.

References

Apgar, D., & Cadmus, T. (2022). Using mixed methods to assess the coping and self-regulation skills of undergraduate social work students impacted by COVID-19. *Clinical Social Work Journal*, *50*(1), 55–66. https://doi.org/10.1007/s10615-021-00790-3

Armes, S. E., Lee, J. J., Bride, B. E., & Seponski, D. M. (2020). Secondary trauma and impairment in clinical social workers. *Child Abuse & Neglect*, *110*, 104540. https://doi.org/10.1016/j.chiabu.2020.104540

Arpacioglu, S., Gurler, M., & Cakiroglu, S. (2021). Secondary traumatization outcomes and associated factors among the health care workers exposed to the COVID-19. *International Journal of Social Psychiatry*, *67*(1), 84–89.

Badger, K., Royse, D., & Craig, C. (2008). Hospital social workers and indirect trauma exposure: An exploratory study of contributing factors. *Health & Social Work*, *33*(1), 63–71. https://doi.org/10.1093/hsw/33.1.63

Beckerman, N. L., & Wozniak, D. F. (2018). Domestic violence counselors and secondary traumatic stress (STS): A brief qualitative report and strategies for support. *Social Work in Mental Health*, *16*(4), 470–490. https://doi.org/10.1080/15332985.2018.1425795

Ben-Porat, A., & Itzhaky, H. (2009). Implications of treating family violence for the therapist: Secondary traumatization, vicarious traumatization, and growth. *Journal of Family Violence*, *24*(7), 507–515. https://doi.org/10.1007/s10896-009-9249-0

Ben-Porat, A., Shemesh, S., Even Zahav, R., Gottlieb, R., S., & Refaeli, T. (2021). Secondary traumatization among social work students—the contribution of personal, professional, and environmental factors. *The British Journal of Social Work*, *51*(3), 982–998. https://doi.org/10.1093/bjsw/bcaa056

Berger, R., Mallow, A., Tabag, K., White, C. T., Fiore, C., Schachar, A., & Hirsch, E. (2021). Teaching and learning in a time of Corona: A social work experience. *Clinical Social Work Journal*, *50*(1), 43–54. https://doi.org/10.1007/s10615-021-00804-0

Berrios, R., & Zarate, M. (2020). *CSUSB ScholarWorks CSUSB ScholarWorks Electronic Theses, Projects, and Dissertations Office of Graduate Studies VICARIOUS TRAUMA AMONG SOCIAL WORKERS: THE IMPACT VICARIOUS TRAUMA AMONG SOCIAL WORKERS: THE IMPACT OF CLIENT TRAUMA OF CLIENT TRAUMA*. https://scholarworks.lib.csusb.edu/cgi/viewcontent.cgi?article=2132_context=etd

Berthold, S. M., & Fischman, Y. (2014). Social work with trauma survivors: Collaboration with interpreters. *Social work*, *59*(2), 103–110.

Bloomquist, K. R., Wood, L., Friedmeyer-Trainor, K., & Kim, H. W. (2015). Self-care and professional quality of life: Predictive factors among MSW practitioners. *Advances in Social Work*, *16*(2), 292–311.

Bonanno, G. A., & Gupta, S. (2009). Resilience after disaster. *Mental Health and Disasters*, 145–160. https://doi.org/10.1017/CBO9780511730030.009

Boscarino, J. A., Figley, C. R., & Adams, R. E. (2004). Compassion fatigue following the September 11 terrorist attacks: A study of secondary trauma among New York City social workers. *International Journal of Emergency Mental Health*, *6*(2), 57–66.

Bourassa, J. (2009). Psychosocial interventions and mass populations: A social work perspective. *International Social Work*, *52*(6), 743–755. https://doi.org/10.1177/0020872809342646

Bressi, S. K., & Vaden, E. R. (2017). Reconsidering self care. *Clinical Social Work Journal*, *45*, 33–38.

Bride, B. E. (2007). Prevalence of secondary traumatic stress among social workers. *Social Work*, *52*(1), 63–70. https://doi.org/10.1093/sw/52.1.63

Bride, B. E., & Figley, C. R. (2009). Secondary trauma and military veteran caregivers. *Smith College Studies in Social Work*, *79*(3–4), 314–329.

Bride, B. E., & Kintzle, S. (2011). Secondary traumatic stress, job satisfaction, and occupational commitment in substance abuse counselors. *Traumatology*, *17*(1), 22–28. https://doi.org/10.1177/1534765610395617

Bride, B. E., Robinson, M. M., Yegidis, B., & Figley, C. R. (2004). Development and validation of the secondary traumatic stress scale. *Research on Social Work Practice*, *14*(1), 27–35. https://doi.org/10.1177/1049731503254106

Bridgland, V. M., Moeck, E. K., Green, D. M., Swain, T. L., Nayda, D. M., Matson, L. A., Hutchison, N. P., & Takarangi, M. K. (2021). Why the COVID-19 pandemic is a traumatic stressor. *PloS One*, *16*(1), e0240146. https://doi.org/10.1371/journal.pone.0240146

Buselli, R., Corsi, M., Baldanzi, S., Chiumiento, M., Del Lupo, E., Dell'Oste, V., & Carmassi, C. (2020). Professional quality of life and mental health outcomes among health care workers exposed to Sars-Cov-2 (Covid-19). *International Journal of Environmental Research and Public Health*, *17*(17), 6180.

Butler, L. D., Carello, J., & Maguin, E. (2017). Trauma, stress, and self-care in clinical training: Predictors of burnout, decline in health status, secondary traumatic stress symptoms, and compassion satisfaction. *Psychological Trauma: Theory Research Practice and Policy*, *9*(4), 416–424. https://doi.org/10.1037/tra0000187

Butler, L. D., Maguin, E., & Carello, J. (2018). Retraumatization mediates the effect of adverse childhood experiences on clinical training-related secondary traumatic stress symptoms. *Journal of Trauma & Dissociation*, *19*(1), 25–38. https://doi.org/10.1080/15299732.2017.1304488

Butler, L. D., Mercer, K. A., McClain-Meeder, K., Horne, D. M., & Dudley, M. (2019). Six domains of self-care: Attending to the whole person. *Journal of Human Behavior in the Social Environment*, *29*(1), 107–124. https://doi.org/10.1080/10911359.2018.1482483

Cappiccie, A., Sullivan, D. J., & Hyppolite, M. (2020). Front-line social work jobs and secondary trauma: Impact on parenting. *Journal of Human Behavior in the Social Environment*, *30*(7), 892–904. https://doi.org/10.1080/10911359.2020.1764897

Caringi, J. C., Hardiman, E. R., Weldon, P., Fletcher, S., Devlin, M., & Stanick, C. (2017). Secondary traumatic stress and licensed clinical social workers. *Traumatology*, *23*(2), 186–195. https://doi.org/10.1037/trm0000061

Cavanagh, N., Cockett, G., Heinrich, C., Doig, L., Fiest, K., Guichon, J. R., & Doig, C. J. (2020). Compassion fatigue in healthcare providers: A systematic review and meta-analysis. *Nursing Ethics*, *27*(3), 639–665.

Choi, G. (2011). Secondary traumatic stress of service providers who practice with survivors of family or sexual violence: A national survey of social workers. *Smith College Studies in Social Work*, *81*, 101–119. https://doi.org/10.1080/00377317.2011.543044

Chrestman, K. R. (1999). Secondary exposure to trauma and self-reported distress among therapists. In B. H. Stamm (Ed.), *Secondary traumatic stress: Self-care issues for clinicians, researchers, & educators* (2nd ed., pp. 29–36). Sidran.

Christopher, J. C., & Maris, J. A. (2010). Integrating mindfulness as self-care into counselling and psychotherapy training. *Counselling and Psychotherapy Research*, *10*(2), 114–125.

Clark, S. L., Miller, B., Akin, B. A., Byers, K., Wright, K., Carr, K., & Hunt, M. K. (2024). Exploring the relationships between self-care and well-being outcomes among child welfare professionals. *Journal of Public Child Welfare*, 1–31. https://doi.org/10.1080/15548732.2024.2306151

Collins, S. (2021). Social workers and self-care: A promoted yet unexamined concept? *Practice*, *33*(2), 87–102. https://doi.org/10.1080/09503153.2019.1709635

Colquitt, J. A., Conlon, D. E., Wesson, M. J., Porter, C. O., & Ng, K. Y. (2001). Justice at the millennium: A meta-analytic review of 25 years of organizational justice research. *Journal of Applied Psychology*, *86*(3), 425.

Conroy, D., Benaton, T., Babicova, I., & Eate, E. (2022). Investigating secondary trauma in student placements: An exploratory study. *The British Journal of Social Work*, *52*(7), 4280–4298. https://doi.org/10.1093/bjsw/bcac052

Council on Social Work Education. (2022). Educational Policy and Accreditation Standards for Baccalaureate and Master's Social Work Programs. https://www.cswe.org/accreditation/policies-process/2022epas/

Council on Social Work Education (CSWE). (2015). *Educational policy and accreditation standards*. Author.

Cunningham, M. (2004). Teaching social workers about trauma: Reducing the risks of vicarious traumatization in the classroom. *Journal of Social Work Education*, *40*(2), 305–317. https://doi.org/10.1080/10437797.2004.10778495

Figley, C. R. (1995). Compassion fatigue as secondary traumatic stress disorder: An overview. In C. R. Figley (Ed.), *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized* (pp. 1–20). Brunner/Mazel.

Figley, C. R. (1999). Compassion fatigue: Toward a new understanding of the costs of caring. In B. H. Stamm (Ed.), *Secondary traumatic stress: Self-care issues for clinicians, researchers, & educators* (2nd ed., pp. 3–28). Sidran.

Figley, C. R. (2002). Compassion fatigue: Psychotherapists' chronic lack of self care. *Journal of Clinical Psychology*, *58*(11), 1433–1441.

Figley, C. R. (2013a). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*. Routledge.

Figley, C. R. (Ed.). (2013). *Treating compassion fatigue*. Routledge.

Galea, S., Merchant, R. M., & Lurie, N. (2020). The mental health consequences of COVID-19 and physical distancing: The need for prevention and early intervention. *JAMA Internal Medicine*, *180*(6), 817–818. https://doi.org/10.1001/jamainternmed.2020.1562

Gil, S., & Weinberg, M. (2015). Secondary trauma among social workers treating trauma clients: The role of coping strategies and internal resources. *International Social Work*, *58*(4), 551–561. https://doi.org/10.1177/0020872814564705

Godfrey, C. M., Harrison, M. B., Lysaght, R., Lamb, M., Graham, I. D., & Oakley, P. (2011). Care of self–care by other–care of other: The meaning of self-care from research, practice, policy and industry perspectives. *International Journal of Evidence-Based Healthcare*, *9*(1), 3–24. https://doi.org/10.1111/j.1744-1609.201000196.x.

Grover, S., Avasthi, A., & Nischal, A. (2022). Ethical and legal issues in psychotherapy. *Indian Journal of Psychiatry*, *64*(7), 47–61. https://doi.org/10.4103/indianjpsychiatry.indianjpsychiatry_50_21

Gur, A., Peled-Avram, M., Itzchak, G., Megira, S., Reich, A., & Farchi, M. (2024). Perceived stress and secondary traumatization in social workers during coronavirus disease 2019: The moderating effect of psychological capital and social work supervision. *Journal of Social Work*, *24*(1), 93–113. https://doi.org/10.1177/14680173231197629

Henshaw, L., Flaherty, H., Auerbach, C., & Beckerman, N. L. (2023). Assessing Shared Trauma among Master of Social Work students: A validation study. *Research on Social Work Practice*. https://doi.org/10.1177/10497315231183442

Hirschberger, G. (2018). Collective trauma and the Social Construction of meaning. *Frontiers in Psychology*, *10*(9), 1441. https://doi.org/10.3389/fpsyg.2018.01441PMID: 30147669; PMCID: PMC6095989.

Holman, E. A., Thompson, R. R., Garfin, D. R., & Silver, R. C. (2020). The unfolding COVID-19 pandemic: A probability-based, nationally representative study of mental health in the United States. *Science Advances*, *6*(42), eabd5390. https://doi.org/10.1126/sciadv.abd5390

Holmes, M. R., Rentrope, C. R., Korsch-Williams, A., & King, J. A. (2021). Impact of COVID-19 pandemic on posttraumatic stress, grief, burnout, and secondary trauma of social workers in the United States. *Clinical Social Work Journal*, *49*(4), 495–504. https://doi.org/10.1007/s10615-021-00795-y

Huremović, D. (2019). Brief history of pandemics (pandemics throughout history). In D. Huremović (Ed.), *Psychiatry of pandemics*. Springer.

Jensvold, M. L. (2022). A preliminary assessment of compassion fatigue in chimpanzee caregivers. *Animals*, *12*(24), 3506. https://doi.org/10.3390/ani12243506

Karatzias, T., Shevlin, M., Murphy, J., McBride, O., Ben-Ezra, M., Bentall, R. P., Vallieres, F., & Hyland, P. (2020). Posttraumatic stress symptoms and associated comorbidity during the COVID-19 pandemic in Ireland: A population-based study. *Journal of Traumatic Stress*, *33*(4), 365–370. https://doi.org/10.1002/jts.22565

Kilpatrick, D. G., Resnick, H. S., Milanak, M. E., Miller, M. W., Keyes, K. M., & Friedman, M. J. (2013). National estimates of exposure to traumatic events and PTSD prevalence using DSM-IV and DSM-5 criteria. *Journal of Traumatic Stress*, *26*(5), 537–547. https://doi.org/10.1002/jts.21848

Kintzle, S., Yarvis, J. S., & Bride, B. E. (2013). Secondary traumatic stress in military primary and mental health care providers. *Military Medicine*, *178*(12), 1310–1315.

Kira, I. A. (2022). Taxonomy of stressors and traumas: An update of the development-based trauma framework (DBTF): A life-course perspective on stress and trauma. *Traumatology*, *28*(1), 84–97. https://doi.org/10.1037/trm0000305

Kira, I. A., Shuwiekh, H. A., Alhuwailah, A., Ashby, J. S., Fahmy Sous, S., Baali, M., Azdaou, S. B. A., Oliemat, C., E.M., & Jamil, H. J. (2021). The effects of COVID-19 and collective identity trauma (intersectional discrimination) on social status and well-being. *Traumatology*, *27*(1), 29. https://doi.org/10.1037/trm0000289

Kira, I. A., Shuwiekh, H., Rice, K., Ashby, J., Elwakeel, S., Sous, M., et al. (2020). Measuring COVID-19 as traumatic stress: Initial psychometrics and validation. *Journal of Loss and Trauma: International Perspectives on Stress & Coping*, *26*, 220–237. https://doi.org/10.1080/15325024.2020.1790160

Knight, C. (2010). Indirect trauma in the field practicum: Secondary traumatic stress, vicarious trauma, and compassion fatigue among social work students and their field instructors. *Journal of Baccalaureate Social Work*, *15*(1), 31–52. https://doi.org/10.18084/basw.15.1.l568283x21397357

Knight, C. (2013). Indirect trauma: Implications for self-care, supervision, the organization, and the academic institution. *The Clinical Supervisor*, *32*(2), 224–243.

Knight, C. (2019). Trauma informed practice and care: Implications for field instruction. *Clinical Social Work Journal*, *47*, 79–89. https://doi.org/10.1007/s10615-018-0661-x

Lee, J. J., Gottfried, R., & Bride, B. E. (2018). Exposure to client trauma, secondary traumatic stress, and the health of clinical social workers: A mediation analysis. *Clinical Social Work Journal*, *46*(3), 228–235. https://doi.org/10.1007/s10615-017-0638-1

Lee, J. J., & Miller, S. E. (2013). A self-care framework for social workers: Building a strong foundation for practice. *Families in Society*, *94*(2), 96–103. https://doi.org/10.1606/1044-3894.42

Lewis, L., McClain-Meeder, K., Lynch, M., & Quartley, M. (2022). Defining a trauma-informed approach to social work field education. *Advances in Social Work*, *22*(2), 517–532. https://doi.org/10.18060/24941

Lewis, M. L., & King, D. M. (2019). Teaching self-care: The utilization of self-care in social work practicum to prevent compassion fatigue, burnout, and vicarious trauma. *Journal of Human Behavior in the Social Environment*, *29*(1), 96–106. https://doi.org/10.1080/10911359.2018.1482482

Litvack, A., Mishna, F., & Bogo, M. (2010). Emotional reactions of students in field education: An exploratory study. *Journal of Social Work Education*, *46*(2), 227–243. https://doi.org/10.5175/jswe.2010.200900007

Lowery, K., & Stokes, M. A. (2005). Role of peer support and emotional expression on posttraumatic stress disorder in student paramedics. *Journal of Traumatic Stress*, *18*(2), 171–179. https://doi.org/10.1002/jts.20016

Mackie, P. F. E., & Anderson, W. (2011). Reinventing baccalaureate social work program assessment and curriculum mapping under the 2008 EPAS: A conceptual and quantitative model. *Journal of Baccalaureate Social Work*, *16*(1), 1–16. https://doi.org/10.18084/basw.16.1.16616271822n4m63

McMakin, D., Ballin, A., & Fullerton, D. (2023). Secondary trauma, burnout, and teacher self-care during COVID19: A mixed-methods case study. *Psychology in the Schools*, *60*(5), 1442–1458.

Michalopoulos, L. M., & Aparicio, E. (2012). Vicarious trauma in social workers: The role of Trauma History, social support, and years of experience. *Journal of Aggression Maltreatment & Trauma*, *21*(6), 646–664. https://doi.org/10.1080/10926771.2012.689422

Miller, J. J., Lianekhammy, J., & Grise-Owens, E. (2018). Examining self-care among individuals employed in social work capacities: Implications for the profession. *Advances in Social Work*, *18*(4), 1250–1266. https://doi.org/10.18060/22320

National Association of Social Workers (NASW). (2008). *National Association of Social Workers membership workforce study: Overview of survey participants*. NASW.

National Association of Social Workers (NASW) (2021a). Revisions to the NASW *Code of Ethics*, Retrieved from: https://www.socialworkers.org/About/Ethics/Code-ofEthics/Highlighted-Revisions-to-the-Code-of-Ethics

National Association of Social Workers (NASW) (2021b). *National Association of Social Workers Code of Ethics*. https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English

Nayak, S. (2020). For women of colour in social work: Black feminist self-care practice based on Audre Lorde's radical pioneering principles. *Critical and Radical Social Work*, *8*(3), 405–421. https://doi.org/10.1332/204986020X15945755847234

O'Brien, L. S. (1998). *Traumatic events and Mental Health*. Cambridge University Press.

Owens-King, A. P. (2019). Secondary traumatic stress and self-care are inextricably linked. *Journal of Human Behavior in the Social*

Environment, *29*(1), 37–47. https://doi.org/10.1080/10911359.2018.1472703

Parker, M. (2024). Buque, M. Break the Cycle: A Guide to Healing Intergenerational Trauma: New York: Dutton, an imprint of Penguin Random House, 2024, 288 pp., $22.53 (hardcover), ISBN 978-0593472491. *Issues in Mental Health Nursing*, *45*(8), 883–884. https://doi.org/10.1080/01612840.2024.2379188

Quinn, A., Ji, P., & Nackerud, L. (2019). Predictors of secondary traumatic stress among social workers: Supervision, income, and caseload size. *Journal of Social Work*, *19*(4), 504–528. https://doi.org/10.1177/1468017318762450

Rhoades, L., & Eisenberger, R. (2002). Perceived organizational support: A review of the literature. *Journal of Applied Psychology*, *87*(4), 698.

Sabin-Farrell, R., & Turpin, G. (2003). Vicarious traumatization: Implications for the mental health of health workers? *Clinical Psychology Review*, *23*(3), 449–480.

Senreich, E., Sisselman-Borgia, A., & Kahn, J. M. (2021). Early social workers' experiences during the COVID-19 pandemic: A qualitative study. *Smith College Studies in Social Work*, *91*(4), 271–294. https://doi.org/10.1080/00377317.2021.1967835

Shepherd, M. A., & Newell, J. M. (2020). Stress and health in social workers: Implications for self-care practice. *Best Practices in Mental Health*, *16*(1), 46–65.

Shevlin, M., Hyland, P., & Karatzias, T. (2020). Is posttraumatic stress disorder meaningful in the context of the COVID-19 pandemic? A response to Van Overmeire's commentary on Karatzias et al. (2020). *Journal of Traumatic Stress*, *33*(5), 866–868. https://doi.org/10.1002/jts.22592

Shlomo, S. B., Levy, D., & Itzhaky, H. (2012). Development of professional identity among social work students: Contributing factors. *The Clinical Supervisor*, *31*(2), 240–255. https://doi.org/10.1080/07325223.2013.733305

Smullens, S. (2015). *Burnout and self-care in social work: A guidebook for students and those in mental health and related professions.* Washington, DC:NASW press.

Tan, C. C., Sinnasamy, J., & Zakaria, N. S. (2023). Self-care among the helping professionals: A systematic literature review. *Malaysian Journal of Medicine & Health Sciences*, *19*(5). https://doi.org/10.47836/mjmhs.19.5.33

Ting, L., Jacobson, J. M., & Sanders, S. (2011). Current levels of perceived stress among mental health social workers who work with suicidal clients. *Social Work*, *56*(4), 327–336. https://doi.org/10.1093/sw/56.4.327

Tosone, C., Bauwens, J., & Glassman, M. (2016). The shared traumatic and professional posttraumatic growth inventory. *Research on Social Work Practice*, *26*(3), 286–294. https://doi.org/10.1177/1049731514549981

Watts, M., & Mcafee, M. (2021). *CSUSB ScholarWorks CSUSB ScholarWorks Electronic Theses, Projects, and Dissertations Office of Graduate Studies Vicarious Trauma and Implications for Social Work Vicarious Trauma and Implications for Social Work Learners Learners*. https://scholarworks.lib.csusb.edu/cgi/viewcontent.cgi?article=2376_context=etd

Whitt-Woosley, A., Sprang, G., & Eslinger, J. (2022). The impact of COVID-19 and experiences of secondary traumatic stress and burnout. *Psychological Trauma: Theory Research Practice and Policy*, *14*(3), 507–515. https://doi.org/10.1037/tra0001183

Worldometers, Bressi, S. K., & Vaden, E. R. (2017). Reconsidering self-care. *Clinical Social Work Journal*, *45*, 33–38. https://doi.org/10.1007/s10615-016-0575-4. https://www.worldometers.info/coronavirus

Xiong, J., Lipsitz, O., Nasri, F., Lui, L. M. W., Gill, H., Phan, L., Chen-Li, D., Iacobucci, M., Ho, R., Majeed, A., & McIntyre, R. S. (2020). Impact of COVID-19 pandemic on mental health in the general population: A systematic review. *Journal of Affective Disorders*, *277*, 55–64. https://doi.org/10.1016/j.jad.2020.08.001

Dr. Flaherty, PhD, LCSW is an Assistant Professor, Chair of Advanced Clinical Practice at Yeshiva University. Dr. Flaherty's academic training, research and years of clinical social work experience has uniquely positioned her to be an effective teacher of social work education and a researcher informed by her rich clinical experience