N A S W

National Association of Social Workers
NASW California Chapter Online CE Program
www.socialworkweb.com

Title: Managing Stress and Preventing Burnout During COVID-19

Instructor: Stan Taubman, LCSW, PhD, and Lora Pierce, MS

Hours/CEUs: 3

Format: Mixed-media 1: Read online content that incorporates case vignettes, reader exercises, and web-based video clips. **High-Speed Internet Access Required.**

Process: Register and pay for course. After completing the course content, pass the online posttest with a score of 80% or better to print a certificate of completion.

Course Outline

Pretest Questions and Answers

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Section 6: The Biological Impact of Coping with Crises

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Section 7: The Social Aspects of Coping with Crises

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Section 8: The Psychological Aspects of Coping with Crises

    A. Non-judgmental Acceptance, Serenity, and Surrender
    B. Maintaining a Sense of Identity
    C. Developing and Maintaining Daily Routines
    D. Required Video: Relaxation Steps at Work (1:43 minutes)
    E. Optional Video: 10 Minute Mindfulness Meditation (10:35 minutes)

Section 9: Case Vignette

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Online Posttest

Pass the online posttest with a score of 80% or better to print a certificate of completion.

Online Customer Service

Email questions and special requests to support@naswca.org.

Pretest Questions

The purpose of this pretest is to introduce key learning themes. The score is not recorded.

1. The term "stress" is defined as an experience requiring an adaptive change in response to stressors in the social and physical environment.

   a. True.
   b. False.

2. The public health term "quarantine" refers to the need for persons who may have become infected with an infectious disease to avoid contact with others while waiting to see whether they become ill as a result of exposure.

   a. True.
   b. False.

3. The duration of stay-at-home orders (or quarantine) contributes to the psychosocial effects people experience.

   a. True.
   b. False.

4. According to the Centers for Disease Control and Prevention (CDC), stigmatization is especially common during disease outbreaks, such as epidemics and pandemics.

   a. True.
   b. False.

5. Resilience, the capacity to recover from difficulties or exposure to stress factors, is a personality trait that *only* some people possess.

   a. True.
   b. False.

Pretest Answers

1. A. True.

2. A. True.

3. A. True.

4. A. True.

5. B. False. While certain factors might make some individuals more resilient than others, resilience is not necessarily a personality trait that only some people possess. On the contrary, resilience involves inherent tendencies that can be enhanced by learned behaviors, thoughts, and actions. The inherent nature of resilience, as well as the ability to enhance resilience, are among the reasons that resilience is ordinary, not extraordinary.

Section 1: Course Overview

This section provides an overview of the course, including the course description, target audience, continuing education approval, learning objectives, course outline, and instructor biography.

A. Course Description

This course was developed to support social workers, behavioral health practitioners, and other service providers as they personally and professionally respond to the COVID-19 public health and economic crises. In the best of circumstances, being a service provider can be challenging, but the current crises are significantly changing the world, along with the roles, responsibilities, and settings for social work, behavioral health, social services, and health care professionals. The course begins by providing an overview of key public health practices utilized during a pandemic and briefly explores the psychosocial impact of prolonged stay-at-home orders. Next, strategies and tools for managing stress, preventing burnout, and increasing resilience are presented with attention to both practitioners and clients. Additionally, topics include the biological, social, and psychological aspects of coping during crises. Throughout the content, there are short, web-based video clips, tips related to coping, and numerous resources that are applicable to practitioners and their clients (in addition to their families, colleagues, and others).

B. Target Audience

This course is designed to provide information, resources, and support to social workers, behavioral health professionals, and other social service providers who must manage and balance their personal and professional lives in the midst of the COVID-19 public health and economic crises.

C. Learning Objectives

After completion of this course, readers will be able to do the following:

- Identify public health purposes, goals, and terms including "social distancing," "quarantine," and "isolation," along with known effects of short-term and prolonged stay-at-home orders.

- Identify strategies to prevent or minimize practitioner stress and burnout.

- Identify biological, social, and psychological aspects of coping with the COVID-19 pandemic along with relevant coping strategies and resources for practitioners, which can be shared with others, including family, friends, and clients.

D. Instructor Biographies

Dr. Stan Taubman, LCSW, PhD, has served as director of Alameda County Medi-Cal Behavioral Health Plan. He has provided clinical services in various settings, including mental health, health care, child welfare, and private practice. Dr. Taubman served on the faculties of the University of California, Los Angeles Neuropsychiatric Institute; the University of Southern California; San Diego State University; and most recently the University of California, Berkeley. He is the author of the Berkeley Training Associates Treatment Plan Library (for electronic health record systems), as well as having published numerous journal articles related to both clinical and administrative issues. Dr. Taubman is the author of the book *Ending the Struggle Against Yourself*.

Lora Pierce, BSW, MS, has been employed with the National Association of Social Workers California chapter since 1998, serving in several capacities including as the director of online continuing education since 2010. She has an extensive background in social services, training and

development, adult education, curriculum development, as well as having studied meditation and other stress management techniques for more than 30 years.

E. Online System Reminders

- Registrants have access to course content for two years from the date they register for an online course.

- Content is accessible around the clock (24/7), and the system automatically returns registrants to the last web page viewed in the online content.

- To navigate online content, readers can utilize the "Course Outline," in which every section of content and subsequent topics are linked.

- Certificates are available indefinitely in the user's online account and are individually stamped with the date and time the posttest was passed with a score of 80% or better.

- **A high-speed internet connection is required to view web-based video clips.**

F. Online Customer Service

Email questions and special requests to support@naswca.org.

G. Copyright Information

Section 2: Introduction

This course was developed to support social workers, behavioral health practitioners, and other service providers as they personally and professionally respond to the COVID-19 public health and economic crises. In the best of circumstances, being a service provider can be challenging, but the current crises are significantly changing the world, along with the roles, responsibilities, and settings for social work, behavioral health, social services, and health care professionals. The course begins by providing an overview of key public health practices utilized during a pandemic and briefly explores the psychosocial impact of prolonged stay-at-home orders. Next, with the focus on practitioners, the course presents strategies and tools for managing stress, preventing burnout, and increasing resilience, all of which can be used or shared with clients. Additionally, topics include the biological, social, and psychological aspects of coping during crises. Throughout the content, there are short, web-based video clips, tips related to coping, and numerous resources that are applicable to practitioners and their clients (in addition to their families, colleagues, and others).

A. A Message from the National Association of Social Workers (NASW)

There is one thing about a pandemic: Everyone is affected. Although each of us has our own unique experiences of this public health crisis, we also share collective experiences, such as social distancing. We have been touched personally, and we have been touched professionally. We are becoming aware that life as we knew it will change. It will be different going forward. Many are starting to use the phrase "a new normal" to describe what we will face as we move past the pandemic and into the future.

Source: NASW Blog: Social Work Responds
http://www.socialworkblog.org/practice-and-professional-development/2020/05/whats-the-meaning-of-this/

NASW California chapter would like to take this opportunity to acknowledge social workers, behavioral health professionals, and other social service providers for their continued dedication in supporting clients and their communities during COVID-19. Worldwide, practitioners are finding ways to respond to very fluid, evolving circumstances, while at the same time balancing ongoing changes to personal and professional roles and responsibilities. NASW is devoted to providing timely and factual information, practice guidelines, and resources, while continuing to advocate for best policies during COVID-19. NASW recognizes all service providers for their ongoing commitment to make a difference in the lives of others and the world at large during these unprecedented times.

For more information, please visit the following websites, which are routinely being updated:

NASW National Office COVID-19 Information and Resources
https://www.naswca.org/page/covid-19-resources

NASW Blog
http://www.socialworkblog.org/

NASW News Releases
https://www.socialworkers.org/News/News-Releases

NASW Social Work Talks (Podcasts)
https://www.socialworkers.org/news/nasw-social-work-talks-podcast/

NASW Workforce Issues
https://www.socialworkers.org/Practice/Infectious-Diseases/Coronavirus/Education-and-Workforce

NASW California Chapter COVID-19 Information and Resources
https://www.naswca.org/page/covid-19-resources

Section 3: An Overview of Public Health Practices During a Pandemic

Clinical health and public health are related, but very different concepts. Clinical health care services focus on the diagnosis and treatment of individuals for conditions that disrupt healthy physical functioning. Public health is much more concerned with the health of populations, the spread of infectious diseases through a population, and social circumstances in communities and society that affect the health of individuals. While clinical health care is more akin to counseling, psychotherapy, or other direct social services, public health is more akin to community organization and community development.

A. Defining Key Terms: Social Distancing, Quarantine, and Isolation

"Social distancing," "quarantine," and "isolation" describe public health practices that are often conflated in common usage, but distinctions between these terms are important.

- **Social distancing** refers to members of the general population keeping a safe distance from others (approximately six feet in response to COVID-19) and

avoiding gathering spaces such as schools, places of communal worship, concert venues, and public transportation.

- **Quarantine** refers to the need for persons who may have become infected with a disease to avoid contact with others while waiting to see whether they become ill as a result of the exposure.

- **Isolation** involves separating an individual who has become infected with a virus or other infectious agent in order to prevent the individual from spreading it to others.

The distinction between these three strategies involves testing (the way in which public officials are able to determine which of the three strategies is relevant to individuals). Without testing—or without adequate availability and accessibility of testing—the level or severity of the public health response must be greater because it is not known who or how many of a community's population actually need quarantine or isolation.

In response to a worldwide pandemic, the duration of stay-at-home orders is a matter of social policy rather than clinical intervention. A comparison of varied worldwide and state-by-state responses to the COVID-19 pandemic indicates that the duration and severity of stay-at-home orders is influenced by how early these orders are established during increased incidents of infection and by the extent to which testing is available and accessible.

B. Stressors Related to Short-Term "Shelter in Place" Orders

Ordered in response to some natural disasters, short-term "shelter in place" (SIP) orders are more commonly needed than the persistent stay-at-home orders used in response to a pandemic. Consequently, the effects of SIP orders have been more thoroughly studied than severe or prolonged stay-at-home orders. Dailey and Jungersen summarize what has been learned about mental health effects of short-term SIP orders in an article that can be found at https://ct.counseling.org/2013/06/the-mental-health-effects-of-sheltering-in-place/ (S. Dailey and T. S. Jungersen, "The mental health effects of sheltering-in-place," *Counseling Today*, June 13, 2013). An excerpt from their article is presented here:

> *Several factors can determine whether people comply with a SIP order. Practical issues such as loss of income, lack of supplies or lack of adequate shelter may affect an individual's decision to shelter-in-place. Some may have caretaking obligations of family members or children. Others may struggle with the emotional effects of virtual confinement, separation from family members and the group dynamics that evolve when sheltering with coworkers, extended family members or strangers. Another issue relates to the event that set the SIP order in motion in the first place. Individuals evaluate the credibility of the source of the SIP order, the perception of actual danger and the degree of perceived personal relevance of the event. Previous disaster or trauma experience can also affect this perception.*

Many of the most common responses to SIP orders are also common to severe or prolonged stay-at-home orders. One major difference is that SIP orders are often viewed as guidelines or recommendations, while severe or prolonged stay-at-home orders (in the case of COVID-19) are more likely to be enforced through civil or criminal penalties, orders to suspend business operations, and other legal measures.

C. Known Effects of Severe or Prolonged Social Isolation

During severe or prolonged stay-at-home orders, people are removed from their usual routines and, as a result, they tend to experience a decrease in previously meaningful activities, exposure

to sensory stimuli, and social engagement. For individuals, whose income depends on direct social contact (i.e., who are unable to work from home), prolonged stay-at-home orders result in a decrease or loss of income and a loss of meaningful participation in the community. The situation also involves a loss of access to familiar coping techniques that depend on direct social contact, such as working out at a gym, participating in clubs and other organizations, attending entertainment events with family and friends, and/or attending religious services.

As a result, under conditions of persisting stay-at-home orders, individuals can experience the following:

- **Fear and anxiety**: Feelings of fear and anxiety occur as people worry about becoming infected while performing essential tasks such as grocery shopping, during medical appointments, and while obtaining services like plumbing, electrical, and other home repair services.

- **Depression and boredom**: Experiences of depression and boredom occur as people mourn the loss of active relationships with family, friends, coworkers, and others in their usual community-based social support networks.

- **Anger, frustration, and/or irritability**: People often experience anger, frustration, and irritability in response to the loss of personal freedom, and feelings of resentment against authorities responsible for prolonged stay-at-home orders that create economic hardships.

- **A sense of insecurity**: People often experience a sense of insecurity, especially those who are most vulnerable and whose usual access to medical supplies, assistance from caregivers, and special foods required for special diets is disrupted.

History has shown that both the economic and psychosocial effects of prolonged social isolation on individuals and communities can most effectively be managed when the three public health practices (social distancing, quarantine, and isolation) are matched to individuals and communities through testing. With adequate testing, individuals who are known to have post-infection immunity and those who are free of the infectious agent can become more socially active and economically productive.

D. Psychological Effects and Major Stressors During Quarantine

In their extensive review of 25 studies of the psychological impact of quarantine, Brooks et al. (2020) identified the following major stressors for individuals subject to quarantine involving prolonged stay-at-home orders, all of which will be briefly addressed in this section:
- Duration of the quarantine

- Inadequate information

- Fear of infection

- Inadequate supplies

- Boredom

- Exposure to stigma and prejudice

- Financial loss

1. Duration of Quarantine

The duration of stay-at-home orders (being quarantined) contributes to the psychological effects felt by people. Studies have found that longer durations are associated with poorer

mental health, especially with regard to posttraumatic stress disorder (PTSD) symptoms. One study found that individuals who are quarantined for more than 10 days showed significantly higher incidence of PTSD symptoms than those quarantined for less than 10 days (Hawryluck et al., 2004).

2. Inadequate Information

Since the first COVID-19 case was reported in the United States, there has been a patchwork approach to the pandemic and varying degrees of leadership from state governors and city officials, rather than cohesive, well-coordinated leadership at the federal level. Most elected (federal, state, and local) officials do not have sufficient knowledge of public health issues in general, but most especially a worldwide pandemic, and therefore often rely on epidemiologists, medical practitioners, and other scientists for factual information and recommendations.

In contrast to understanding a doctor's advice to stay at home while ill, a clear understanding of public health strategies and their effectiveness (i.e., stay-at-home orders, social distancing, wearing of facial masks) involves a basic understanding of descriptive and inferential statistics, trajectories, correlations, transmission patterns, and infection vectors (any agent that transmits a pathogen to another organism). These kinds of information explain why hospitals have been overwhelmed with COVID-19 patients, but not patients with influenza. Similarly, it has been noted that suicide, domestic violence, and substance abuse tend to increase during a stay-at-home order, but these psychosocial problems are not contagious. They do not increase exponentially during stay-at-home orders, unlike the exponential increase in COVID-19 infections when people return to regular interactions in the community.

To understand the very fluid, fast-paced evolution of COVID-19, it is crucial that people seek and share credible information from authoritative sources such as the World Health Organization (WHO) or the Centers for Disease Control and Prevention (CDC). Both agencies are providing timely information that demonstrates the eventual effectiveness of stay-at-home orders, social distancing, and wearing of facial masks in reducing the incidence and severity of illness in the community, especially in the most vulnerable populations. See Section 4 for resources that offer reliable, fact-based information regarding COVID-19 and related public health issues.

3. Fear of Infection

As helpful as it may be for people to have credible information related to COVID-19, individuals also need to have good information about their personal health status. Many individuals harbor unfounded fears of being infected or infecting others, especially when experiencing symptoms of common conditions such as a cold or the flu, or if individuals fall into one or more of the at-risk groups (e.g., age 65+, serious underlying health conditions). People need to be supported in accessing a clinical assessment of their individual physical and medical conditions to facilitate the appropriate level of concern and treatment.

Associated with assessing and pursuing appropriate health care is the trend of avoiding emergency rooms, which has become a critical issue as discussed in the following news article published on May 6, 2020 (https://www.npr.org/sections/health-shots/2020/05/06/850454989/eerie-emptiness-of-ers-worries-doctors-where-are-the-heart-attacks-and-strokes):

Eerie Emptiness of ERs Worries Doctors: Where Are the Heart Attacks and Strokes?

This is the fatal fallout that U.S. doctors have feared for weeks, as they've tracked a worrying trend: As the pandemic took hold, the number of patients showing up at hospitals with serious cardiovascular emergencies such as strokes and heart attacks has shrunk dramatically.

Across the country, doctors call the drop-off staggering, unlike anything they've seen before in their careers. And they worry a new wave of patients is headed their way, patients who have delayed care and will now be sicker and more injured when they finally arrive in emergency rooms.
…

"The numbers had dramatically plummeted, almost everywhere," says Sheth, chief of the division of neurocritical care and emergency neurology at Yale School of Medicine. "This is a big deal from a public health perspective."

4. Inadequate Supplies

Access to supplies is essentially a matter of social policy and of distribution of resources in society. During an episode of stay-at-home orders, practitioners (and the public) are encouraged to become familiar with the various food banks, testing facilities, delivery services, and other resources for obtaining needed supplies. Even individuals who are generally familiar with such resources may not be familiar with those that have emerged or will emerge in response to increased needs during the COVID-19 public health and economic crises.

5. Boredom

Most people's daily social roles provide a sense of structure. In addition to financial benefits, employment provides most people with some degree of camaraderie and sense of participating in and contributing to the community. People who are able to work from home may maintain some of these benefits, while individuals who cannot work from home are left with the sense of loss that can lead to boredom. Given the current crises, for those who are unemployed and at home, worried about feeding their children and paying bills, boredom can be accompanied by other feelings such as fear, anxiety, dread, frustration, and anger.

Maintaining the structure of a daily routine helps people preserve a sense of order and purpose. Consequently, especially during times of prolonged stay-at-home orders or quarantine, establishing new daily routines may be helpful—for example, creating new roles for family members including household chores, meal preparation, sharing meals, exercising, or learning new skills together. Individuals who live alone can use phone calls, text messages, video chats, and social media to participate in social support networks. Self-help groups, such as 12-step meetings and faith-based social and service-oriented groups, establish regularly scheduled virtual meetings using telecommunication platforms such as Zoom and VSee. Practitioners are encouraged to become familiar with how local community organizations have maintained their availability through this type of social involvement and make use of this information for themselves and their family, friends, and clients.

6. Exposure to Stigma and Prejudice

Stigma occurs when people associate a risk with a minority population group, even though there is no evidence that the risk is greater in that group than in the general population.

The CDC reports that stigmatization is especially common in disease outbreaks. Individuals who become infected during an epidemic or pandemic are commonly exposed to stigma that often continues for some time after the public health crisis resolves. Health care workers are especially subject to stigmatizing reactions and rejection by others in their neighborhoods and communities, even among those who proclaim gratitude and support for health care workers in general. Stigmatized individuals notice that people treat them differently than before, social invitations are withdrawn, and those stigmatized are generally treated with fear and suspicion.

The CDC reports that the following groups of people have experienced stigma during COVID-19: "Persons of Asian descent, people who have traveled, emergency responders, and health care professionals."

The Asian Pacific Policy and Planning Council (A3PCON) and Chinese for Affirmative Action (CAA) issued a joint report showing the following trends in the last two weeks of March 2020:

- *Stop AAPI Hate has received 1,135 reports in its first two weeks.*

- *AAPI [Asian American and Pacific Islander] women are harassed at twice the rate of men.*

- *AAPI children/youth are involved in 6.3% of the incidents.*

- *Despite shelter-in-place policies being implemented across the nation, the number of discriminatory incidents remains high.*

- *With shelter-in-place, a significant number of incidents are now taking place in grocery stores, pharmacies, and big box retail.*

The rise in violence and stigma against Asian Americans led the CDC to include the following warning on its website (https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/reducing-stigma.html):

It is important to remember that people—including those of Asian descent— who do not live in or have not recently been in an area of ongoing spread of the virus that causes COVID-19, or have not been in contact with a person who is a confirmed or suspected case of COVID-19, are not at greater risk of spreading COVID-19 than other Americans.

7. Financial Loss

Throughout the US and the world, severe and prolonged stay-at-home orders have created an economic crisis, which continues to develop as millions file for unemployment and companies struggle to stay in business. Food banks are seeing unprecedented numbers of people who are in need of food and other essentials, and nonprofits are scrambling to meet the ever-growing needs of their communities. The impact of the economic crisis is broad, is creating untenable situations for those in low-paying jobs, and is leaving millions without health insurance.

Note: Readers will find a variety of loans and other forms of financial assistance briefly discussed in Section 11 of the course content.

Section 4: Fact-Based Resources for Public Health Information

As noted in the previous section, unreliable, inadequate information exacerbates the problematic negative effects of social isolation during public health crises. Thus, this section presents reliable sources of information on COVID-19 and related public health issues.

A. Required Video: Fauci Dispels COVID-19 Rumors, Advocates Change (5:03 minutes)

As part of the course, readers are required to view a short, web-based video clip in which Dr. Anthony Fauci of the U.S. National Institute of Allergy and Infectious Diseases (NIAID), in an exclusive interview with National Geographic, addresses misinformation about the origins of COVID-19 and what he hopes will change to prevent a similar crisis from happening in the future.

Video Instructions:

- This video opens in a new tab or separate window. Once finished viewing the video, close out of the tab or window to return to the online content.

- A high-speed internet connection is required to view or download web-based video clips. If the video does not load on one device, try another device or connection.

- For optimal sound, external speakers or headphones are recommended.

- Many employers block websites such as youtube.com, so it is best to use a personal device.

- If registrants decide not to view the video clip in one sitting, they should note the time at the bottom of the video so that they can return to the place where they left off rather than starting at the beginning of the video.

- Email questions to support@naswca.org.

  Required Video: Fauci Dispels COVID-19 Rumors, Advocates Change (5:03 minutes)
  https://www.msn.com/en-us/tv/news/video-exclusive-fauci-dispels-covid-19-rumors-advocates-change/vi-BB13CQSF?ocid=UP93DHP

B. Optional Video: The Dangerous Global Flood of Misinformation Surrounding COVID-19 (7:49 minutes)

While not required for course completion, readers may wish to access the following video published on April 28, 2020:

The Dangerous Global Flood of Misinformation Surrounding COVID-19 (7:49 minutes)
https://www.pbs.org/newshour/show/the-dangerous-global-flood-of-misinformation-surrounding-covid-19

C. Optional Article: COVID-19: Study Highlights Sources of Misinformation

While not required for course completion, a news article published May 5, 2020, by *MedicalNewsToday* found:

Though the new coronavirus that causes COVID-19 is still relatively new, people already know much about it, including its means of transmission, and how we can slow that transmission down.

Conveying this information to the public, however, can be difficult. Now, a study of more than 1,000 people in the United States finds that their understanding of SARS-CoV-2 closely aligns with the sources of their information.

People in the U.S. who learned about COVID-19 from conservative outlets, social media, and online news aggregators are more often misinformed about the disease, the research concludes.

Optional Article: COVID-19: Study Highlights Sources of Misinformation
https://www.medicalnewstoday.com/articles/covid-19-study-highlights-sources-of-misinformation

D. Optional Article: How Contact Tracing Can Help the U.S. Get Control Over Coronavirus

The following optional article was published on May 5, 2020, and focuses on how "U.S. public health and technology experts are also working to figure out how to develop and utilize digital tools that can track a person's health status without compromising their privacy or civil liberties, and how to scale up such a system safely."

How Contact Tracing Can Help the U.S. Get Control Over Coronavirus
https://www.pbs.org/newshour/health/how-contact-tracing-can-help-the-u-s-get-control-over-coronavirus

Section 5: Social Work Response to COVID-19 and Economic Crises

The International Federation of Social Workers has identified the variety of functions addressed by social workers worldwide in response to the COVID-19 pandemic (https://www.ifsw.org/updated-information-on-ifsw-and-the-covid-19-virus/). These functions include the following:

- *Ensuring that the most vulnerable are included in planning and response*

- *Organizing communities to ensure that essentials such as food and clean water are available*

- *Advocating within social services and in policy environments that services adapt, remain open and pro-active in supporting communities and vulnerable populations*

- *Facilitating physical distancing and social solidarity*

- *As a profession, advocating for the advancement and strengthening of health and social services as an essential protection against the virus, inequality, and the consequent social and economic challenges*

A. Managing Stress and Preventing Burnout

The work performed by social workers, psychotherapists, and social service providers can be emotionally demanding, even during the best of times. During a natural disaster, public health crisis, and economic crisis, the levels of stress and burnout can be amplified when individuals must manage and balance personal roles (as partners, parents, sons/daughters, grandparents, etc.) and responsibilities with their professional roles and responsibilities, all of which are likely changing and expanding.

As readers are aware, professional codes of ethics include standards that establish the primacy of client interests and the need for practitioners to prevent their personal problems and challenges from interfering with their primary responsibility to clients. For example, the NASW *Code of Ethics* establishes the following:

1.01 Commitment to Clients

Social workers' primary responsibility is to promote the well-being of clients. In general, clients' interests are primary …

4.05 Impairment

Social workers should not allow their own personal problems, psychosocial distress, legal problems, substance abuse, or mental health difficulties to interfere with their professional judgment and performance or to jeopardize the best interests of people for whom they have a professional responsibility.

Social workers whose personal problems, psychosocial distress, legal problems, substance abuse, or mental health difficulties interfere with their professional judgment and performance should immediately seek consultation and take appropriate remedial action by seeking professional help, making adjustments in workload, terminating practice, or taking any other steps necessary to protect clients and others.

For their own well-being and that of their clients, practitioners must seek and implement individualized coping strategies that combat the increased levels of stress related to balancing personal and professional role responsibilities, especially during times of crisis.

B. Reviewing the Definition of "Stress"

For this course, the instructor uses the Diagnostic and Statistical Manual of Mental Disorders (DSM) for the following definitions of stress and related concepts:

- *Stress: The pattern of specific and nonspecific responses a person makes to stimulus events that disturb his or her equilibrium and tax or exceed his or her ability to cope.*

- *Stressor: Any emotional, physical, social, economic, or other factor that disrupts the normal physiological, cognitive, emotional, or behavioral balance of an individual.*

- *Stressor, psychological: Any life event or life change that may be associated temporally (and perhaps causally) with the onset, occurrence, or exacerbation of a mental disorder.*

In other words, stress is an experience in response to stressors in the social and physical environment, and most definitions of stress address the issue of change. Everyone has coping skills that serve to meet the stressful conditions of everyday life. However, when an unusual stressor or an unusually severe or prolonged stressor arises, individuals' usual coping skills become insufficient because the severe or prolonged stress "tax[es] or exceed[s] the individual's ability to cope." Consequently, if the stressor does not change, then an individuals' coping responses need to change.

C. Reviewing the Definition of "Burnout"

Burnout has been defined as the end state of long-term stress, especially occupational stress (Maslach, 2003). The syndrome involves three dimensions:

- Mental fatigue or emotional exhaustion

- Negative feelings and perceptions about the people one works with or depersonalization

- A decrease in feelings of personal accomplishment

Burnout has been found to involve some combination of the following factors, any of which could interfere with one's professional judgment and performance:

- Feeling relieved when clients cancel

- Reducing the length of sessions by starting late or ending early

- Losing interest or attention when clients speak

- Forcing one's theory or technique instead of accounting for a client's unique circumstances

- Impaired empathy, associated with emotional exhaustion

- Sleep disturbances

- Blurring boundaries with clients

- Feeling reluctant to go to work and feeling relieved at the end of a workday

D. The Differences Between Stress and Burnout

Whereas stress commonly involves over-engagement and even hyperactivity in response to a variety of stressors, burnout is characterized by disengagement and a sense of lethargy. Stress generally involves a sense of emotional arousal, whereas burnout is associated with blunted emotions. The symptoms of stress are more akin to anxiety, whereas the symptoms of burnout are more akin to depression.

Burnout is essentially an extreme form of a stress reaction to circumstances. Although the term is commonly associated with occupational roles, the features of burnout can also be found among many who are challenged by their role as parents, partners, or caregivers of aging parents or family members who are physically or mentally ill. In any of these social roles, a person might experience any of the following features of burnout:

- Unclear or overly demanding social expectations from supervisors, administrators, family members, or others in the community

- Taking on too many responsibilities, without enough help from others

- Feeling like one has little or no control over meeting responsibilities

- Lack of recognition or reward for effectively meeting responsibilities

- Performing functions that are monotonous or unchallenging

- Performing functions in a chaotic or high-pressure environment

Whether a person is an exhausted social worker or behavioral health professional who has put in day after day of overtime performing crisis response services, biopsychosocial stress responses may include any of the following:

- Feeling persistently tired

- Problematic changes in appetite or sleep habits

- A sense of failure and self-doubt

- Feeling helpless, trapped, and defeated

- Developing a cynical, negative, pessimistic outlook

- Loss of motivation as the individual withdraws from responsibilities

- A sense of detachment, feeling alone in the world, while isolating from others

E. Reviewing the Definition of "Coping"

The term "coping" refers to both conscious and unconscious efforts to reduce stress by solving problems. Coping skills or strategies are adaptive tools used to avoid burnout, and these "tools" might involve thoughts, emotions, and actions that are shaped by a person's ongoing personality patterns. Individualized strategies and techniques must focus on what works for each and every person. Practitioners are familiar with this approach because individualized assessment is the basis for individualized treatment plans, the hallmark of effective intervention.

Coping is generally recognized as having the following qualities:

- It aims to resolve a stressor and return to homeostasis, or a person's usual and familiar state of adaptation.

- Coping results in reducing stress.

- Coping can sometimes produce immediate positive effects that have longer-term negative effects (for example, alcohol can help a person fall asleep, but it interferes with the quality of sleep; protecting a loved one from the consequences of their behavior can avoid an immediate crisis but can serve to maintain the loved one's problematic behavior).

F. Preventing Burnout

An excellent review of the literature on burnout, "The Prevalence and Cause(s) of Burnout Among Applied Psychologists: A Systematic Review" (McCormack et al., 2018), addresses the issue as it affects psychologists and allied professionals. The review has identified a variety of occupational and personal resources that can contribute to the prevention or reduction of burnout.

The Prevalence and Cause(s) of Burnout Among Applied Psychologists: A Systematic Review

Occupational Resources

- *Opportunities for professional development, supervision, and feedback*

- *Autonomy on the job*

- *A supportive supervisor or supervisory team*

- *Regular positive feedback*

Personal Resources

- *Self-efficacy (an individual's belief in his or her capacity to do what is necessary to produce specific performance achievements; confidence in one's ability to exert control over one's own motivation, behavior, and social environment)*

- *Resilience (the capacity to recover quickly from difficulties; or the ability to manage socially, mentally, or physically despite exposure to stress factors)*

- *A comprehensive recovery process*

The CDC has offered the following suggestions to service providers for supporting self-efficacy, resilience, and a comprehensive recovery process.

CDC Suggestions for Service Providers

Responding to COVID-19 can take an emotional toll on you, and you may experience secondary traumatic stress. Secondary traumatic stress is stress reactions and symptoms resulting from exposure to another individual's traumatic experiences, rather than from exposure directly to a traumatic event.

There are things you can do to reduce secondary traumatic stress reactions:

- *Acknowledge that secondary traumatic stress can impact anyone helping families after a traumatic event.*

- *Learn the symptoms including physical (fatigue, illness) and mental (fear, withdrawal, guilt).*

- *Allow time for you and your family to recover from responding to the pandemic.*

- *Create a menu of personal self-care activities that you enjoy, such as spending time with friends and family, exercising, or reading a book.*

- *Take a break from media coverage of COVID-19.*

- *Ask for help if you feel overwhelmed or concerned that COVID-19 is affecting your ability to care for your family and patients as you did before the outbreak.*

Beyond that, practitioners can benefit from the same kinds of coping tools and techniques that benefit clients. Additional coping tools will be reviewed in the subsequent sections of this course.

G. Improving Resilience

Resilience is how well a person can adapt when faced with a tragedy; natural disaster; health concern; relationship, work, or school problem; or other stressful life event. A person with good resilience has the ability to bounce back more quickly and with less stress than someone whose resilience is less developed. Studies indicate that resilience can be learned.

For example, in February 2020 the American Psychological Association published an article titled "Building Your Resilience" (https://www.apa.org/topics/resilience), which points out that …

While certain factors might make some individuals more resilient than others, resilience is not necessarily a personality trait that only some people possess. On the contrary, resilience involves behaviors, thoughts, and actions that anyone can learn and develop. The ability to learn resilience is one reason research has shown that resilience is ordinary, not extraordinary.

…

Like building a muscle, increasing your resilience takes time and intentionality. Focusing on four core components — connection, wellness, healthy thinking and meaning — can empower you to withstand and learn from difficult and traumatic experiences. To increase your capacity for resilience to weather — and grow from — the difficulties, use these strategies.

The Mayo Clinic offers the following "tips to improve resilience" (https://www.mayoclinic.org/tests-procedures/resilience-training/in-depth/resilience/art-20046311):

- *Get connected. Building strong, positive relationships with loved ones and friends can provide you with needed support and acceptance in both good times and bad. Establish other important connections by volunteering or joining a faith or spiritual community.*

- *Make every day meaningful. Do something that gives you a sense of accomplishment and purpose every day. Set goals to help you look toward the future with meaning.*

- *Learn from experience. Think of how you have coped with hardships in the past. Consider the skills and strategies that helped you through rough times. You might even write about past experiences in a journal to help you identify positive and negative behavior patterns — and guide your future behavior.*

- *Remain hopeful. You cannot change the past, but you can always look toward the future. Accepting and even anticipating change makes it easier to adapt and view new challenges with less anxiety.*

- *Take care of yourself. Tend to your own needs and feelings. Participate in activities and hobbies you enjoy. Include physical activity in your daily routine. Get plenty of sleep. Eat a healthy diet. Practice stress management and relaxation techniques, such as yoga, meditation, guided imagery, deep breathing, or prayer.*

- *Be proactive. Do not ignore your problems. Instead, figure out what needs to be done, make a plan, and take action. Although it can take time to recover from a major setback, traumatic event, or loss, know that your situation can improve if you work at it.*

H. Required Video: Coronavirus | Dealing with Anxiety & Mental Health During a Pandemic (4:34 minutes)

Readers are asked to access a short, web-based video clip that was published on April 9, 2020.

Video Instructions:

- This video opens in a new tab or separate window. Once finished viewing the video, close out of the tab or window to return to the online content.

- A high-speed internet connection is required to view or download web-based video clips. If the video does not load on one device, try another device or connection.

- For optimal sound, external speakers or headphones are recommended.

- Many employers block websites such as youtube.com, so it is best to use a personal device.

- If registrants decide not to view the video clip in one sitting, they should note the time at the bottom of the video so that they can return to the place where they left off rather than starting at the beginning of the video.

- Email questions to support@naswca.org.

Required Video: Coronavirus | Dealing with Anxiety & Mental Health During a Pandemic (4:34 minutes)
https://www.youtube.com/watch?v=xzNMABRELPg

I. Optional Webinar Video: The Science of Happiness, Health & Well-Being During COVID-19

Readers can access an optional, free webinar video published by the National Institute for Health Care Management (NIHCM) Foundation on May 6, 2020, described as follows:

Even before COVID-19, one in five US adults reported feeling lonely or socially isolated. This pandemic, marked by increased calls for social and physical distancing, has put a spotlight on the impact of loneliness on an individual's happiness, health and well-being and has led to increased calls for strategies to mitigate its effects. This webinar brought together experts to share research on the impact of loneliness on health and the science of well-being.

Webinar Video: The Science of Happiness, Health & Well-Being During COVID-19
https://www.nihcm.org/categories/the-science-of-happiness-health-well-being-during-covid-19

J. Optional: CDC Website—Stress and Coping

While not required for course completion, readers can access the CDC website that lists information regarding daily living and coping techniques in response to the novel coronavirus (COVID-19) pandemic, all of which are applicable to professionals and the public.

CDC Website: Stress and Coping
https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fprepare%2Fmanaging-stress-anxiety.html#stressful

Section 6: The Biological Impact of Coping with Crises

A. Effects of Crises on Brain Functioning

Stressful events, such as stay-at-home orders, social distancing, and the economic fallout in response to COVID-19, cause changes in the human body, including neurological changes and effects on brain chemistry. The limbic system is a part of the brain that deals with emotions, memories, and arousal. Part of the limbic system, the amygdala, sets off the brain's alarm when it perceives danger. These primitive parts of the brain override the conscious part of the brain by

switching into survival mode, the familiar fight, flight, or freeze responses. When this happens, functions that are not needed for survival are suppressed. The brain begins to release cortisol into the body, thereby helping the person focus on safety while, at least temporarily, reducing the experience of pain. In this biological state, it becomes harder for people to recall events and evaluate them logically, even though perception of immediate sounds and other sensations might be enhanced.

Even though most people do not develop the full posttraumatic stress disorder (PTSD) syndrome following a stressful or traumatic event or events, most people do experience residual symptoms to some extent. Some people have disruptive dreams or other sleep disturbances and/or negative alterations in cognition and mood that interfere with psychosocial functioning for much longer than the six weeks predicted by crisis intervention theory.

In addition to these immediate effects of crisis, chronic stress can also cause long-term changes in brain structure and function. Chronic release of the stress hormone cortisol is believed to "hard-wire" neuropathways in a way that tends to leave the brain in a constant state of fight or flight. This can interfere with learning and memory; lower immune function and bone density; and lead to increases in weight, blood pressure, cholesterol, and heart disease, as well as mental illnesses involving both anxiety and depressed mood.

Despite these effects, the brain has also been found to be quite malleable. Reducing the experience of stress through social support and psychological coping techniques can reverse these negative effects. All of the following strategies have been found to be beneficial:

- Anything that supports feeling socially connected, safe, and self-reliant

- Processing feelings of loss

- Identifying and supporting strengths

- Practicing alternative coping strategies

- Regular exercise

- Mindfulness and meditation

B. Strategies for Maintaining Healthy Defenses

A study at the New York University School of Medicine focused on identifying what distinguishes individuals who get sick and recover from the COVID-19 virus from individuals who get sick and recover but develop severe lung disease. The study found differences between these two groups that are related to three factors (https://medicalxpress.com/news/2020-03-experimental-ai-tool-covid-patients.html):

- Levels of the liver enzyme alanine aminotransferase (ALT; high levels are a problem)

- Hemoglobin levels

- Myalgia (muscle pain)

Those factors are affected by having a serious, co-occurring condition, but for people who do not have a co-occurring condition, authoritative health information readily available on the internet points to lifestyle and behavioral changes that have a positive effect. Two specific examples are presented here:

1. High levels of ALT can be affected/managed by avoiding heavy alcohol use and avoiding or addressing obesity. Source: https://medlineplus.gov/lab-tests/alt-blood-test/

2. Hemoglobin levels (outside of the normal level) can be affected/managed by a healthy diet and activity level. Source: https://medlineplus.gov/lab-tests/hemoglobin-test/

Individuals who feel helpless in response to something as imposing as a worldwide pandemic can gain a sense of self-efficacy by addressing personal issues such as diet, exercise, and sleep, and by ensuring that they are addressing or managing personal health issues (e.g., diabetes, autoimmune conditions, and other serious health concerns).

Of the three health factors (diet, exercise, and sleep), sleep is probably the most directly related to psychological well-being, considering its effects on affect, mood, clear thinking, and sense of security. Clearly, someone who feels well rested will be better able to cope with stressful circumstances than someone who feels groggy and irritable after a night of interrupted sleep.

C. Required Video: Sleep Hygiene (5:43 minutes)

Readers are required to view a short, web-based video clip produced by Johns Hopkins Medicine. The video briefly explores a variety of factors that either interfere with or promote physically and psychologically beneficial sleep patterns.

Video Instructions:

- This video opens in a new tab or separate window. Once finished viewing the video, close out of the tab or window to return to the online content.

- A high-speed internet connection is required to view or download web-based video clips. If the video does not load on one device, try another device or connection.

- For optimal sound, external speakers or headphones are recommended.

- Many employers block websites such as youtube.com, so it is best to use a personal device.

- If registrants decide not to view the video clip in one sitting, they should note the time at the bottom of the video so that they can return to the place where they left off rather than starting at the beginning of the video.

- Email questions to support@naswca.org.

Required Video: Sleep Hygiene (5:43 minutes)
https://www.youtube.com/watch?v=ACmUi-6xkTM

Section 7: The Social Aspects of Coping with Crises

A. Exploring the Role of Social Support

Most definitions of resilience emphasize the role of social support. Consider the following definition of social support provided by Dr. Faith Ozbay, MD, who has examined the direct relationship between social support and neurobiological health:

Social support has been described as "support accessible to an individual through social ties to other individuals, groups, and the larger community." The National Cancer Institute's Dictionary of Cancer Terms defines social support as "a network of family, friends, neighbors, and community members that is available in times of need to give psychological, physical, and financial help" (www.cancer.gov).

Theoretical models of social support specify the following two important dimensions:

> *(1) A structural dimension, which includes network size and frequency of social interactions, and …*

> *(2) A functional dimension with emotional (such as receiving love and empathy) and instrumental (practical help such as gifts of money or assistance with childcare) components.*

Most research has found that quality of relationships (functional dimension) is a better predictor of good health than quantity of relationships (structural dimension), although both are important.

While not required, readers can access the following web-based article that discusses social support and resilience to stress (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2921311/):

Social Support and Resilience to Stress: From Neurobiology to Clinical Practice

Numerous studies indicate social support is essential for maintaining physical and psychological health. The harmful consequences of poor social support and the protective effects of good social support in mental illness have been well documented. Social support may moderate genetic and environmental vulnerabilities and confer resilience to stress, possibly via its effects on the hypothalamic-pituitary-adrenocortical (HPA) system, the noradrenergic system, and central oxytocin pathways.
…

In summary, social support seems to moderate genetic and environmental vulnerabilities for mental illness, possibly by effects through other psychosocial factors, such as fostering effective coping strategies, and through effects on multiple neurobiological factors.

B. Social Support for Practitioners

Social workers, behavioral health practitioners, and other professionals need social support just as much as clients do. In addition to the social supports found through communities, practitioners also need social support that is directly related to their work.

The following two factors are most consistently mentioned in the literature on occupational burnout:

1. Unclear or overly demanding social expectations from supervisors, administrators, family members, or others in the community

2. Taking on too many responsibilities, without enough help from others

Practitioners can reduce their risk of burnout by sharing the burdens of their work in the following ways:

- When a client presents an issue that is unfamiliar to a therapist, it can be very stressful to act as if the issue is familiar, and, in many cases, it might even be unethical to do so. This is a time to turn to supervisors, consultants, or other colleagues who are more familiar with the challenging issue.

- When a practitioner is a member of a service team, group cohesion can be very supportive; however, cohesion does not always happen naturally. Instead, cohesion usually develops as team members, especially a team leader, attends to issue(s).

- When working as part of a team, every member has a defined role on that team. A role includes social expectations that, in this case, are established by agency policy and program design and are informally developed among team members. The chances of developing burnout increase when a practitioner performs his or her own role and, in addition, tries to cover for teammates who fail to perform their roles appropriately. Staying within one's role, and expecting colleagues to do the same, can reduce the burden of trying to do too much.

When a community is faced with crises (such as prolonged stay-at-home orders during a pandemic), practitioners are likely to be confronted with many issues, such as finding new resources that have been developed in response to the pandemic, and the need to engage in new practices, such as providing services through telehealth practice. Those who proactively turn to social support from supervisors, consultants, colleagues, and teammates have taken a major step toward inoculation against burnout.

C. Mutual Self-Help Groups/Support

Mutual self-help groups present individuals with opportunities to both provide and receive emotional and practical support, as well as valuable information. Mutual support groups tend to use participatory processes that offer opportunities to pool resources and share knowledge, common experiences, problems, and solutions. These groups are generally voluntary, led by members, and open to new members.

Even prior to COVID-19, many mutual self-help groups relied on internet or other forms of distance communications. During prolonged stay-at-home orders, most if not all of these groups have arranged to hold meetings in this manner.

Examples of several nationwide self-help organizations are listed here. Note the variety and specificity of the various self-help programs.

1. Examples of 12-Step Programs

a. Chemical Dependency

- Alcoholics Anonymous, Al-Anon (friends and family of alcoholics), and Alateen

- Narcotics Anonymous and Nar-Anon

- Dual recovery anonymous ("dual diagnosis" of mental illness and substance use disorders)

- Substance-specific recovery programs such as those related to cocaine, crystal meth, heroin, marijuana, and prescription drug abuse

b. Sexual Addictions

- Sex Addicts Anonymous

- COSA (codependents of sex addicts)

- S-Anon (friends and family of sex addicts)

- Sexual Recovery Anonymous (SRA) and SRA-Anon (friends and family of sex addicts)

c. Other 12-Step Programs

- Batterers Anonymous

- Compulsive Eaters Anonymous and Overeaters Anonymous

- Debtors Anonymous

- Food Addicts in Recovery Anonymous

- Gamblers Anonymous

- Incest Survivors Anonymous

- Parents Anonymous, Inc. (child abuse)

- Workaholics Anonymous

2. Examples of Non-12-step Self-Help Programs

a. Chemical Dependency

- SMART Recovery (all types of addictive behaviors including alcoholism, drug abuse, substance abuse, drug addiction, alcohol abuse, cocaine addiction, addiction to other substances, gambling addiction, and other activities)

- Rational Recovery

- Secular Organizations for Sobriety

b. Other

- Weight Watchers

- Toastmasters International (helpful for those with social phobias and performance anxiety)

- Sibling Support Project (focused on siblings of persons with developmental disabilities; also welcomes siblings of those with physical and mental disabilities)

- National Alliance on Mental Illness (focused on policy development with support groups for family members of the mentally ill)

Some social workers, behavioral health practitioners, or other service providers who refer clients to mutual support self-help groups *do not consider self-referral* even if the practitioners themselves might have similar needs. Some practitioners—who consider self-referral—are reluctant to participate in such groups out of concern for personal exposure and dual relationships in the event that a client or former client appears at the same meeting. However, that problem

can be avoided by participating in a profession-specific group. The following are examples of profession-based affiliations addressing chemical dependency:

- Social Workers Helping Social Workers

- Psychologists Helping Psychologists

D. Optional Resource: How to Stay Connected to Loved Ones Despite Social Distancing

While not required for course completion, readers can access the following article or share it with family, friends, other practitioners, or clients:

How to Stay Connected to Loved Ones Despite Social Distancing
https://health.clevelandclinic.org/how-to-stay-connected-to-loved-ones-despite-social-distancing/

Section 8: The Psychological Aspects of Coping with Crises

A. Non-judgmental Acceptance, Serenity, and Surrender

The first sentence of the well-known Serenity Prayer is about acceptance, surrender, and powerlessness: "God, grant me the serenity to accept the things I cannot change." This concept of serenity is an essential foundation for recovery from addictions, gambling, overeating, anxiety, depression, and all of the various other maladies addressed by 12-step programs. The first of the 12 steps states, "We admitted we were powerless over (whatever the problem), that our lives had become unmanageable." This admission, surrendering to the facts of reality, is the first step toward discovering what one can do to make things manageable once again.

Non-judgmental acceptance of the client has been shown by Carl Rogers (and scores of researchers) to be a key component of psychotherapy and counseling. Non-judgmental acceptance is strongly correlated with effective outcomes. And acceptance of self, others, and the broader reality is a favorable outcome often achieved by clients who have worked their way through whatever denial, avoidance, rationalization, distraction, and other defense mechanisms had been keeping the individual from a conscious recognition of reality. For example, individuals with a major depressive disorder do not need to accept being depressed forever, but it is very important to accept the fact that they are depressed right now. Wishing that one were not depressed does not change the depression.

Similarly, when responding to crises, it is very important that individuals accept the facts of the current situation (for example, during COVID, stay-at-home orders, social distancing, unemployment, potential infection, and so forth). Acceptance is the first step toward making potential changes such as seeking social support techniques and incorporating healthy diet, exercise, sleep hygiene, mindfulness meditation, and other anxiety-reduction methods. Acceptance is the first step toward finding the courage to change the things that one can change.

As noted, one factor consistently mentioned in the literature related to occupational burnout is taking on too many responsibilities. Sometimes, exhausting expectations are introduced by others who demand that the social worker, behavioral health professional, or service provider "do more with less." Practitioners commonly either internalize such expectations or simply feel committed to do the impossible.

For example, when working in a setting that allows only 10 sessions per client, the practitioner might consistently work with clients in the same way as in a setting that had unlimited sessions per client. This way of working may lead to the practitioner feeling angry and resentful toward the

agency and personally exhausted after seeing clients fail to achieve long-term goals in only 10 weeks. An alternative approach would be to accept the fact that the service episode will only include 10 sessions and work toward the kinds of goals that can actually be achieved in that number of sessions.

B. Maintaining a Sense of Identity

Work provides many people with a sense of purpose, meaning, and identity. Even individuals who consider the content of their job to be mundane or meaningless are still able to establish a sense of identity among coworkers and colleagues.

In a study by the Pew Research Center released in 2018 (https://www.pewforum.org/2018/11/20/where-americans-find-meaning-in-life/), Americans were asked to identity what provides them with a sense of meaning. Careers, or jobs, was identified as a source of fulfillment by 34%, second only to family, which was ranked highest by 69%.

During COVID-19, many sources of fulfillment can still be addressed. Family and friend connections can be maintained through phone calls, texting, social media, cards and letters, and virtual family meetings online. Individuals who are unemployed or furloughed and unable to engage in their usual job or career activities can engage in activities that contribute to their sense of meaning and fulfillment, even though the activities may not generate income. For example, individuals can expand their skills and knowledge through online platforms such as the Great Courses, edX, Coursera, Coursmos, Highbrow, and Skillshare. Additionally, there are many opportunities to volunteer in a variety of capacities; some involve in-person activities (done while social distancing and wearing facial masks and gloves), while others can be done from home, such as making "welfare calls" to seniors. Another option for licensed behavioral health practitioners is to provide free counseling to health care professionals. For details about one such volunteer program in California, visit https://volunteer.covid19counselingca.org.

C. Developing and Maintaining Daily Routines

A person's sense of "normalcy" is likely to be disturbed during crises. The structure of daily routines serves to contain emotions such as a sense of anxiety, fear, isolation, and depression. Daily routines reduce anxiety by providing predictability and a sense of security. In losing one's normal routine, individuals can experience uncertainty and lose a sense of purpose.

The predictability of a routine is an important way to manage the disruptions and uncertainties associated with COVID-19. Studies have found that establishing healthy routines helps with physical, emotional, and mental health during stressful times. A daily schedule of activities such as the following can contribute to restoring a sense of order and predictability in one's life:

- A spiritual or religious practice

- Personal hygiene and grooming

- Housecleaning activities

- Exercise

- Mindfulness activities such as yoga, meditation, and breathing exercises

- Meal preparation and mealtimes

- Laundry and other household chores

- Gardening

- Engaging in a hobby or learning a new hobby

- Creative endeavors such as art projects, photography, writing, journaling, and music

- Communicating with family, friends, and others, including mutual self-help groups

- Time for entertaining media

- Sleep preparation

Even though many of these functions can be effectively done without scheduling or planning under normal circumstances, the very fact of performing them according to a schedule yields an important psychological benefit. A few of the activities listed are briefly explored here.

1. **Expressive Writing**

   Expressive writing is a therapeutic technique for putting one's thoughts and feelings into words. It can involve writing in a journal, telling one's story from another person's (or even from a pet's) perspective, or writing a letter to a significant other who is living or deceased. According to the Jefferson Center Foundation for mental health, a large number of studies have demonstrated a relationship between expressive writing and improved physical and mental health, improved immune functioning, better sleep, and improved coping and recovery following traumatic experiences. For details, visit https://www.jcmh.org/about-us/.

2. **Relaxation and Mindfulness Meditation**

   The variety of relaxation and mindfulness meditation techniques can be used by anyone who is anxious at any time as well as during crises. There are a wealth of techniques that can be learned easily and quickly and, depending on the technique, can take only five to 60 minutes to complete. These and other techniques can be accessed from a broad variety of sources through the internet, podcasts, video clips, cell phone applications, and so forth. Just four techniques are listed here, along with one web example:

   - **Breath focus**
     https://www.sharecare.com/health/breathing-exercise-techniques/how-do-practice-breath-focus

   - **Body scan** (blends breath focus with progressive muscle relaxation)
     https://www.verywellmind.com/body-scan-meditation-why-and-how-3144782

   - **Guided imagery**
     https://www.healthjourneys.com/guided-imagery-101

   - **Mindfulness meditation**
     https://www.verywellmind.com/mindfulness-meditation-88369

D. Required Video: Relaxation Steps at Work (1:43 minutes)

Readers are required to view a short, web-based video clip produced by the Wexner Medical Center at Ohio State University. The video briefly explores coping strategies used by intensive care unit (ICU) nurses to avoid burnout.

Required Video: Nurses Cut Stress 40% with Relaxation Steps at Work (1:43 minutes)

E. Optional Video: 10 Minute Mindfulness Meditation (10:35 minutes)

Discover Calm, a web-based application for meditation, offers several 10-minute mindfulness meditations that can be accessed from a computer or mobile device. The following is one example that can be accessed now or later. **Reminder**: Employers often block sites such as Youtube.com.

Video: 10 Minute Mindfulness Meditation—Letting Go (10:35 minutes)

Section 9: Case Vignette

A. Vignette Description

Linda is a therapist at a county behavioral health outpatient clinic. Initially threatened by the prospect of exposure to the coronavirus at work, Linda was relieved to learn that her clinic's services will be provided via telehealth communications, except in emergencies. She has small children and a grandparent who lives with her. Although Linda had not previously used telehealth communications, she assumed that the transition will be fairly simple because, in the past, she had communicated with clients by phone when responding to calls from clients in crisis.

Linda continued to use the treatment methods that she had been using in face-to-face sessions, and sought to help clients achieve the same kinds of goals and treatment objectives as in the past. Within a few weeks, she found that clients were failing to keep telehealth (phone) appointments and that some clients were more guarded than they had been in the past, while others became much more self-revealing, even to the point of "overexposure."

As premature terminations became commonplace, Linda began to develop a sense of burnout, feeling like a failure. She became increasingly depressed. A sleep disturbance, resulting in part from her increased evening alcohol consumption, left her feeling dazed and irritable much of the time, and she found it difficult to concentrate while in session, especially during morning appointments, even after four cups of coffee. Linda kept her feelings to herself to avoid embarrassment, assuming that her colleagues were not having similar experiences with their clients.

B. Vignette Discussion

Acknowledging that she had not previously used telehealth communications, Linda requested that her supervisor set up regular weekly virtual meetings so that she and colleagues could compare their experiences with telehealth practice. She also took an online continuing education course on telehealth that helped her to identify the issues that needed to be discussed with her colleagues during these meetings.

Recognizing that some of the treatment methods and techniques that she had been using in face-to-face sessions could not be used effectively with some clients in a telehealth context, Linda re-evaluated treatment plans with each of her clients. This was done at their first telehealth session, as well as several weeks later after both she and each client had enough experience with telehealth to better recognize how it affects the way they communicate.

Linda felt supported as she shared her clinical experiences with colleagues who had similar experiences, and as she and her colleagues were able to support one another by sharing solutions they had discovered. As Linda explored information about the biopsychosocial impact of experiencing crises and the current responses to the COVID-19 pandemic, she recognized the

extent to which she was experiencing many of the same kinds of stress as her clients were experiencing. Linda also recognized that she could benefit from using some of the same stress reduction and coping techniques that she has introduced and used with her clients. As a result, the quality of her sleep was maintained, moderate alcohol consumption was maintained, and her physical health improved as she engaged in a more healthful course of diet and exercise.

C. Setting Goals, Objectives, and Expectations for Telehealth Services

In response to COVID-19, many service providers have had to turn to telehealth communications with clients. California law, and similar telehealth laws in other states, require the following:

> *Business and Professions Code Section 1815.5: Standards of Practice for Telehealth*
> *d (2). Assess whether the client is appropriate for telehealth including, but not limited to, consideration of the client's psychosocial situation.*

Many practitioners recognize that some of their clients cannot participate in therapy sessions or effectively pursue goals under telehealth conditions in the same manner they would in more familiar face-to-face sessions. However, practitioners also recognize that under the terms of stay-at-home orders clients will not be able to attend face-to-face sessions and that telehealth communications are all that's available, so practitioners may persist in providing services based on previously familiar methods, even though they believe those services are not appropriate for the client as telehealth services.

It is possible that virtually all individuals are appropriate for and can benefit from telehealth communications of one kind or another. Telehealth can be used to communicate factual information, teach skills, make referrals, and even engage a client in a process of psychotherapeutic change. The most important consideration is whether the service being provided is appropriate for a particular client under telehealth conditions. It is incumbent on the practitioner to establish goals and objectives for the telehealth service that are realistic and appropriate to the parameters of telehealth communications, as well as the capacities and needs of the client.

Accepting the inherent limits of agency policy, telehealth communications, and the limitations of one's scope of practice and scope of competence is an important step toward avoiding burnout. Once such limits are accepted, practitioners can consider the most effective kinds of services that can be provided within the bounds of those limits, and they can find ways to adapt their practice approach to the reality of their circumstances. Sometimes, that might even mean doing less with less.

Section 10: Financial Resources

A variety of loans and other forms of financial assistance are available to middle-income individuals who have been financially impacted by COVID-19-related stay-at-home orders. Many of these resources are available to individuals with a banking history and established credit history. A good summary is available from the Nerdwallet website under "Where to Get Financial Assistance During the COVID-19 Crisis" at https://www.nerdwallet.com/blog/finance/covid-19-financial-assistance/.

Another good resource that is geared toward those with more limited incomes or problematic financial histories is available from the United Way website 211.org, which provides information and resources regarding the following:

- Health insurance and medical expenses

- Home internet access

- Unemployment benefits

- Federal Family and Medical Leave Act (FMLA)

- Mortgage, rent, and utilities payment assistance

- Supplemental Nutrition Assistance Program (SNAP)/Food Stamps

- Food assistance

- Relief for "gig economy" workers and contractors

- Mental health and crisis

California-specific information is provided at the state government website at https://covid19.ca.gov/get-financial-help/. The website provides information regarding the following:

- The California eviction moratorium

- Mortgage relief from financial institutions

- Unemployment insurance

- Disability insurance

- Paid family leave claims for those who are caring for a sick or quarantined family member

- A variety of other related financial issues

California has also established a COVID-19 Presumptive Eligibility Program for Medi-Cal available for all California residents at https://naswcanews.org/california-surgeon-generals-playbook-stress-relief-for-caregivers-and-kids-during-covid-19/.

For information about financial assistance to nonprofit service organizations, visit https://grantspace.org/resources/knowledge-base/covid-19-emergency-financial-resources/.

Additional resources include:

- IRS Coronavirus Tax Relief and Economic Impact Payments
  https://www.irs.gov/coronavirus-tax-relief-and-economic-impact-payments

- California Legislative Analyst's Office: Broad-Based Cash Assistance in COVID-19 Recovery Actions
  https://lao.ca.gov/Publications/Report/4214

- NASW News Release: $2 Trillion Coronavirus Relief Package Will Support Social Workers, Clients They Serve
  https://www.socialworkers.org/News/News-Releases/ID/2125/2-trillion-Coronavirus-Relief-Package-will-Support-Social-Workers-Clients-They-Serve

Section 11: COVID-19 Related Resources for Special Populations

Children and Youth

"Stay at Home" Orders Are Stressing U.S. Families, Survey Shows
https://www.usnews.com/news/health-news/articles/2020-04-02/stay-at-home-orders-are-stressing-us-families-survey-shows

Top 9 FAQs: How Coronavirus Lockdowns and Stay-at-Home Orders Affect Family Law Matters
https://www.foxrothschild.com/publications/top-9-faqs-how-coronavirus-lockdowns-and-stay-at-home-orders-affect-family-law-matters/

Ethnic Populations

Brookings Institution: How to Reduce the Racial Gap in COVID-19 Deaths
https://www.brookings.edu/blog/fixgov/2020/04/10/how-to-reduce-the-racial-gap-in-covid-19-deaths/

COVID-19 in Racial and Ethnic Minority Groups
https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html

Immigrants

National Immigration Law Center (including COVID-19 resources, FAQs, legal information)
https://www.nilc.org/

Individuals Experiencing Homelessness

CDC: Interim Guidance for Homeless Service Providers to Plan and Respond to Coronavirus Disease 2019 (COVID-19)
https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/plan-prepare-respond.html

CDC: Homelessness and COVID-19 FAQs
https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/faqs.html

LGBTQ Communities

Human Rights Campaign Releases Research Brief on the Vulnerabilities of the LBGTQ Community During the COVID-19 Crisis
https://www.hrc.org/blog/hrc-releases-research-brief-on-lgbtq-community-during-covid-19-crisis

United Nations Human Rights Commissioner: COVID-19 and the Human Rights of LGBTI People
https://www.ohchr.org/Documents/Issues/LGBT/LGBTIpeople.pdf

Older Adults

AARP Coronavirus Information and Resources (including Tele-Town Hall)
https://www.aarp.org/

CDC: COVID-19 Guidance for Older Adults
https://www.cdc.gov/aging/covid19-guidance.html

National Council on Aging: COVID-19 Resources for Older Adults and Caregivers
https://www.ncoa.org/covid-19/covid-19-resources-for-older-adults/

Section 12: Conclusion

As previously mentioned, information related to the dual COVID-19 public health and economic crises is fluid and rapidly evolving. Despite some advances in testing and the attention to producing vaccines, many scientists and epidemiologists expect that the world will be dealing with COVID-19 for the next 18–24 months, even as successful therapeutics and vaccines are developed. Some public health experts believe that, with time, there will be geographic spikes in the incidence of COVID-19 infections, which will require additional stay-at-home orders and ongoing social distancing. However, history has demonstrated that the human race learns quickly how to adapt and is amazingly resilient. Even as the world addresses the ongoing crises, so many have found innovative and courageous ways to serve others. Social workers, behavioral health professionals, and service providers are among the many professionals who continue to lead by example. To ensure their own well-being, as well as that of their clients, it is crucial that social workers, behavioral health practitioners, and other service providers (1) seek current, scientific and factual information; (2) possess a basic understanding of public health issues and practices; and (3) seek and implement effective, individualized stress management and coping skills that prevent burnout—all the while serving the nation's most vulnerable populations.

Section 13: References

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