

Baptism by Fire: Field in the Time of COVID-19

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Abstract: This paper explores our lived experiences as undergraduate social work students in our practicum placements during the first year of COVID-19, including our reactions to seeing COVID-19 unfold in our agencies, the impacts on clients, how we developed social work skills given all of the restrictions, and how we managed our own physical and mental health. We struggled with getting sick—and so did family, clients, and co-workers, some of whom did not live. We highlight the importance of support networks, supportive supervision, and self-care. We utilize the concept of shared trauma to illustrate how, despite the collective nature of the pandemic, each of us brings a unique perspective, especially given the wide range of practicum placements. Finally, we include reflections on systemic vulnerabilities that COVID-19 revealed and frustrations with engaging and supporting client needs.

Keywords: undergraduate students, social work, shared trauma, practicum placement

Introduction

In the spring of 2020, COVID-19 abruptly interrupted higher education, resulting in the vast majority of learning moving online. With continued uncertainty in the fall, colleges and universities across the nation instituted a myriad of approaches to begin the new academic year. This uncertainty was compounded for social work educators by the question of how to manage practicum education, where hands-on learning is essential to developing skills, yet not all community agencies were ready or willing to accept students. Thankfully, our undergraduate program was able to adapt by developing flexible options ranging from fully in-person to fully remote, sometimes shifting back and forth depending on the needs of the student or agency. Given the nature of this unprecedented situation, we felt it was important to share our experiences in our own words. An assignment was developed within the senior seminar class to specifically reflect on our year—this manuscript serves as a narrated summary of all of our responses.

Key questions we addressed were these:

- 1) How did COVID-19 impact the clients we served and our field experiences?
- 2) How did COVID-19 impact our physical and emotional health?

While many have offered reflections on the pandemic, rarely has a full cohort of social work students presented this kind of collective narration. Students' narratives have been anonymized and will appear as block quotes.

COVID-19 as a Shared Trauma

No one could have predicted in March of 2020 we would be living through a pandemic lasting more than a year, with effects continuing to unfold. Yet through it all, social workers are needed to show up day after day and clients in our field continue to need our support, perhaps more now than ever. As both professionals and clients navigate this experience, we all (including faculty, supervisors, and students) are inevitably connected through what has become known in the field as *shared trauma*, a term which provides a foundation for understanding the profound impact of a single catastrophic event. According to Tosone (2021), “shared trauma is the response of professionals who experience both primary and secondary exposure to the same traumatic stressors as their clients ... both the client and the practitioner are survivors of the same traumatic event” (p. viii). In this instance, the trauma is a collective experience impacting everyone in unique ways. Students in their senior year experienced both primary and secondary traumatic stressors as they learned to navigate the pandemic in their personal lives while providing support and services for the clients they served. Well-documented primary stressors have included the strains of being sick and caring for sick loved ones, while secondary stressors included burn-out associated with the ambiguity of the pandemic as well as the strain of its social and economic consequences (e.g., social isolation, job loss, reduced access to resources; Schwartz et al., 2021).

Over the last two decades, researchers have explored some of the impacts of shared traumatic events on social work students specifically. Students in social work programs in New York City after 9/11, for example, were found to experience isolation and difficulty making personal connections (Matthieu et al., 2007), and many needed additional support in coping with grief (Colarossi et al., 2007). After Hurricanes Katrina and Rita, some students reported feeling that the events had triggered previous traumatic feelings (Lemieux et al., 2010). Eerily, in Padgett’s (2002) description of the experience of trauma after 9/11—“unexpected, sudden, intentional, foreboding, witnessed by millions, prolonged over several months, and intensely political” (p. 186)—we can hear echoes of our current situation. A key difference is extension of this uncertainty into the future.

At the time of writing, we are a group of 22 undergraduate senior social work students finishing up a full year of our practicum placements. For 16 hours per week, we worked almost entirely in-person in agencies including in-patient psychiatric hospitals, hospice, domestic violence outreach, community mental health, oncology hospital units, child and adult protective services, and long-term care facilities, among others. Our reflections in this manuscript have been gathered from our own journal writings this year (associated with our field seminar classes). We analyzed the common themes and pulled quotes that best represented those themes, with the goal to capture the breadth of our experiences and allow every student’s voice to be included. The sections that follow demonstrate our stark realizations as we witnessed the traumatic impacts of COVID-19 on our own lives and the lives of our clients.

First-Hand Witnesses to Loss

We saw firsthand how COVID-19 impacted the lives of clients, whether it was through loss of desperately needed engagement with family and friends, loss of school, a job, a home, or loss of life itself:

These clients have lived through wars, heartbreak, and loss in their lives, and deserve to live their final years in peace ... COVID-19 robbed some of a precious year, others of their lives.

We worked in programs fighting to stay open and offer support to clients in the best way they could—some congregate shelters had to close but food was still made available. Agencies had to dramatically scale back services knowing funding would not be as plentiful. This was an observation already being made at the start of the pandemic across the world in social services. As Lewis (2021) from Australia noted, “practice seemed reduced to its bare bones” (p. 49). We observed what happens when you take away the needed consistency of resources and support from vulnerable populations. This student, who worked with clients with intellectual disabilities, noticed that the loss of a structured daily program was having negative impacts:

Our program operates similar to a school day, with lessons, lunch, recess, and free time. Each day, the clients know what to expect, and many of them find comfort in the repetition. Without the program, the clients lacked their routine, which resulted in increased levels of anxiety, anti-social behaviors, and aggression. Clients were forced into isolation, where their emotional and behavioral states worsened.

Eradicating social isolation is one of the Grand Challenges for Social Work (Lubbin et al., 2015); COVID-19 has rendered this challenge nearly impossible to address. One student who worked with clients with severe mental illness discussed the isolation as inhibiting progress and exacerbating anxiety:

My clients reported experiencing extreme anxiety over catching the virus. They would call and say how they felt their paranoia getting worse because they didn't have the community resources to maintain psychiatric stability.

Another student noticed how the loss of connection had specific impacts on clients' abilities to make progress even among infants and their families in early intervention services:

A child I observed was a one-year-old boy with a loving and involved family. He had been talking for a month or so with no problem. He was able to both communicate his needs and play with his grandparents. Then the pandemic happened and the world shut down. Within a few weeks, he stopped speaking. Instead of going to daycare, he was now home all day. Instead of seeing his grandparents every week, he was now seeing them over FaceTime. Instead of going to parks or playgrounds, he was now limited to his small

backyard. The boys' environment completely changed within a night and there was nothing mom and dad could do to make it normal.

A student who facilitated supervised visitation with parents who have lost custody of their children reflected on the impact COVID-19 has had on their basic rights as well as their ability to work on skills needed to regain custody:

Canceled sessions due to potential COVID-19 exposure were a regular occurrence. I can hear the heartache and disappointment that is laced in their silence as I tell them the session has to be cancelled ... meaning, they could go over a month without seeing their child [again].

Many of us were frustrated by seeing some populations put at even greater risk due to the isolation required by COVID-19 lockdowns—especially those in hospital or rehabilitation facilities who struggled to get well or just simply retain a quality of life without the daily visits from loved ones. For older adults and those nearing the end of life, the restrictions were often too much to bear, even from the onset of COVID-19 (Fox et al., 2021; Morris et al., 2020):

They are no longer allowed to have in person visitation with their loved ones. Residents are able to Zoom call their loved ones, which has been a great alternative, but it is still hard on the residents and their families to not be able to see each other in person or even hug one another. This has left many residents feeling isolated and lonely. They have also lost the interactions with other residents in the facility, like eating together and doing group activities.

Many of our clients have dementia and do not have the mental capacity to understand what the virus is let alone why they have to wear masks and social distance. It has been a challenge to communicate with them and explain why they can't have visitors—they feel left behind.

Most challenging for many of us was witnessing the physical and emotional toll felt by clients who contracted COVID-19, some of whom did not live through it. The reflections below highlight these difficulties, including one from a student engaging with a resident at a long-term care nursing facility and another who worked with individuals with intellectual disabilities:

As she spoke, she breathlessly kept repeating how she wished she had never contracted COVID-19. Fighting back tears, this resident said that if she had never contracted COVID-19, she and her husband would not be fighting over the financial repercussions of the hospitalizations, cost of medication, and care at the facility. She felt as if COVID-19 had crushed her relationship with her husband. She expressed how she had not been able to see her closest daughters in person for this entire year—how she felt alone and isolated. She could not attend the social gatherings like church ... and that took a toll on her overall energy and wellbeing.

One client contracted COVID-19 in December and has been fighting for her life since then. She is only twenty-two years old and has many health issues in addition to her underlying brain injury. Since her hospitalization, the other clients continue to ask about her and worry if she will be okay. All of us were fearful that she was not going to make it. We all cried. I had a hard time comprehending that a young woman around my age was fighting for her life.

One of our clients died due to COVID-19. This greatly affected those who lived in the same intermediate care facility as her. Due to their intellectual disabilities, they had a difficult time understanding that she had passed away. They would often sit at the window waiting for her to come home.

This student highlighted the difficulty of enforcing COVID-19 safety measures in a hospital setting when patients are at the end of their lives:

The visitation policy at my hospital has been extremely difficult for patients and their families. ... There have been a couple of times where a patient has passed away on our floor or has been close to passing, and their family members have come to the floor to say their goodbyes but we can only let one person in the room. It is always extremely heartbreaking.

Fighting to Learn and Connect

Not knowing what lay ahead, we embarked on our practicum education journey with mixed reactions to beginning this experience. We were both eager and nervous trying to figure out how to safely navigate this process:

Even though I have been extremely grateful to be in person at my field placement, I have still had some mixed feelings about being in this type of environment, with vulnerable individuals. I have felt anxious about possibly exposing the residents to COVID-19 since I am not just an intern at [agency]. ... In a weird way, I am thankful for those anxious feelings, because it made me take a step back and realize that I don't need to be going and doing all these extra things where I could be putting myself and others at risk.

Some of us were uncertain if we even wanted to see clients in person:

Being in an in-person field placement has certainly presented many challenges. To start, my mental health was not great coming into senior year. Coming out of quarantine and having minimal social interaction and having to get back into the swing of things was tough. I was excited to be in-person, but I had my anxieties.

I was unable to [keep my job] because my placement did not permit me to attend large gatherings of people. My funds were running thin and I thought I [may not be] able to

continue my education. It made me question whether I should be seeing clients in person at all due to the risk. This created panic for me.

Learning how to engage with clients is one of the key areas of skill development for undergraduate social workers in their practicum placements. COVID-19 presented many challenges to the engagement process and students recognized that this was brand new territory, even for seasoned professionals:

Our first visits were awkward for me because I was unsure of my role as a social work intern. I knew that I was supposed to be observing the music therapist and noticing the patient's behaviors but it was hard to focus when I had to adjust my face shield or make sure I was six feet away from the patient's bed.

Both direct and indirect engagement were impacted. Many of us wrote about the challenging experience of trying to engage and connect with clients while following distancing guidelines and wearing full personal protective equipment (PPE). The use of PPE made interaction with clients who have cognitive or communication disorders all the more difficult and frustrating:

We stayed six feet back, wore our masks religiously, and yelled our questions through muffled masks—not ideal in most situations, but it got the job done.

One client has gotten very frustrated with having to wear masks. She will express this by shouting “Man, I’m so sick of wearing masks! I want to be done.” I empathize with her—I understand how frustrating it can be for me to wear a mask so I can only imagine how she feels—she has a condition that makes her drool from the mouth resulting in her mask always being wet even when we try to change it at least once an hour if not more.

Hospital and in-patient settings were the most challenging because of the full PPE that was often required. This student struggled with her own comfort which impacted her ability to connect:

I struggled being present. In one instance, I was conducting an extensive resident assessment that took about 45 minutes. I wore a gown, gloves, an N95, and a face shield. This resident had her room at a very high temperature. PPE in combination with the temperature of the room caused me to overheat and begin sweating profusely. I found myself drifting away from what was being said by the resident and thinking about my own condition. It was a fight to adapt to this situation; it was a situation in which I had sacrificed how I felt to fully engage the client.

Touch is an important form of engagement and communication, particularly with certain populations like children, elder adults, and adults with cognitive disabilities. According to Green and Moran (2021), we often underestimate the impact of touch on the therapeutic relationship; touch deprivation can lead to serious negative outcomes. Early in the pandemic, Lewis (2021) noted the paradox of social workers “sitting with human suffering, trying to ameliorate it

through human, distanced contact, wondering if that suffering would visit you soon” (p. 49). We also took notice and reflected on the loss of touch brought about by distancing restrictions:

It has been challenging for our [adult] clients [with intellectual disabilities] to understand that hugs, hand-holding, and sitting close to each other is not safe now. Typically, the clients show affection and gratitude through physical touch, which is something that is linked to both the developmental stages of the clients, as well as sensory stimulation.

Overall, as a group, we seemed to take things in stride, navigating the discomfort and relishing the meaningful contact whenever and however they could. We began to learn how to manage the awkwardness and difficulty of wearing PPE and how to explain things to clients who often had difficulty communicating or understanding or even using masks themselves. We found new ways of communicating through language and nuanced “upper” facial expressions:

As social workers we are taught to view body language, facial expressions, and non-verbals as ways of communicating, but with a mask covering the majority of my clients’ face, how was I now supposed to distinguish between a smiling face and a frowning one? Through this experience, my engagement with clients has changed for the better. My clients and myself were forced into a new way of communicating. I began to notice how important enunciation and projecting my voice was when speaking to others. I picked up on new non-verbals, such as a sly eyebrow raise or a frightened widening of the eyes, and pretty soon the mask no longer was a hindrance to my engagement process but rather a challenge to see how well I could adapt to the new language of COVID-19.

Primary Impacts of COVID-19 on Students

Dekel and Baum (2010) identified the impact of shared trauma for practitioners as having both negative and positive implications. We were just beginning to dip their toes into professional practice and recognized the critical role we were playing while, at the same time, we worried about the seriousness of COVID-19 and the multitude of disruptions it placed on our daily lives and educational experiences. We expressed a wide range of emotions concerning our own physical health and mental wellness, and that of our family, friends, and clients we served. These shared experiences were expressed in unique ways by each of us as we balanced the roles of student and intern.

Life Disruptions, Loss, and Fear of the Unknown

In a typical trajectory, the final year of college brings with it the anticipation of life changes ahead as young adults move toward greater independence. This year was anything but typical and COVID-19 significantly impacted our lives, leaving many to express feelings of grief. The pandemic not only disrupted our practicum education but also our jobs, social lives, physical health, mental health, and general wellbeing. Much of this was associated with the fear of the unknown: Would the college remain open? How would the virus spread? Who would be impacted? According to a survey conducted in the spring of 2020 by the State Council of Higher

Education for Virginia, nearly three in four college students in Virginia experienced anxiety, worry, or other challenges related to their mental health, while 80 percent reported struggling with academics and 45 percent expressed concern related to employment. Similar findings in a study at Texas A&M University found 71 percent of students have increased stress and anxiety levels (Wang et al., 2020). Here is one student reflecting on the losses in her senior year:

I have tried not to entertain all of the “what-ifs” about this year—how much more could I have worked on and experienced if COVID-19 hadn’t happened?—because I am really grateful and happy for the opportunities that I have [had]. However, it is frustrating to know that I’m never going to know a world where COVID-19 doesn’t exist. I can never go back to pre-COVID-19 times and have a redo of my senior year.

Dekel and Baum (2010) noted that students can experience feelings of loss, fear, pain, sorrow, grief, and helplessness in the immediate aftermath of traumatic events such as war, natural disasters, or terrorist attack, and as much as a year later. These emotions were seen and expressed among our cohort. In addition, many of us reported uneasiness about engaging with clients due to the increased risk of personal exposure as well as our concern for potentially spreading the virus to our already vulnerable client populations. In some cases, these feelings became overwhelming at times, to the point of feeling paralysis:

To be completely honest I was terrified to go into the field on my first day. On top of being new and adjusting to the agency, I was worried about contracting COVID-19 or possibly unknowingly giving COVID-19 to a client or coworker. The stress became overwhelming and manifested itself into intrusive thoughts at all times. I was afraid to go anywhere out of fear of possibly putting myself and my clients at risk.

This student, who worked in a hospice setting, had a mix of concerns regarding the possibility of inadvertently infecting clients but also worried for herself:

I was initially nervous about this [placement] because it meant I would have to work with people who are vulnerable to getting [sick]. I also had to make hard decisions regarding my own comfort level with COVID-19, such as whether I was comfortable seeing patients who were getting hospice at home [or] patients [who] live in assisted living facilities. I knew this meant I would be in situations where I could contract the virus or be a virus-carrier. [It] forced me to think about the activities I do and choose which ones are most important to me. Many students were still going out on weeknights to restaurants or bars but I knew doing this was irresponsible and could cause me to come in contact with the virus. I was constantly aware of where I was and who I was coming in contact with. The mental energy I spent thinking about this virus has been somewhat traumatizing for me and I am still recovering from it.

Feelings of anxiousness and uncertainty are common among senior year practicum students entering into practice for the first time, but this year they were compounded by fear.

I have noticed that every day that I enter the office, I become anxious. I used to think that it was because I was nervous to conduct my own sessions with clients, but I realize that it was because I was nervous about the virus.

To others, the reality of losing a sense of normalcy in their learning environment prompted strong negative reactions:

Like most of the world, I experienced a variety of emotions throughout the COVID-19 pandemic. In regards to my field placement, the most prominent emotions I felt were disappointment, frustration, anger, and fatigue.

In addition to getting used to the “new norm” of wearing masks, donning PPE equipment, and temperature checks, we took our own safety measures to try and protect ourselves. This student writes about extensive steps she took throughout each day while she worked in an inpatient psychiatric facility that was experiencing widespread infection rates:

I would wear a tight-fitting mask on my face and would never take it off unless I was in my office alone. I would wipe down my office desk and anything I touched with alcohol wipes and used hand sanitizer frequently after touching doorknobs, items, and just anytime I felt like I needed it. ... Because of how contagious coronavirus is I feel like I have been obsessed with making sure high-touched surfaces are clean and sanitized with Lysol or Clorox wipes. I used to make sure my work clothes were separated from my clean clothes at home.

As if worrying about ourselves and our clients wasn't enough, we were also concerned for our loved ones as we returned home after spending the day at our practicum placements:

I was more concerned about contracting the virus and bringing it home without my knowledge to my family, who are transplant recipients and to the primary supporters of the family.

I live with someone who has an autoimmune deficiency who is extremely susceptible to the virus. If I have a client who has symptoms or has been in contact with someone who tested positive for the virus, I have to isolate myself from my home. It has been a challenge juggling both.

Hecht (2021) reflected on similar experiences by seasoned medical professionals where the staff “was terrified, terrified of getting sick, terrified of not being able to do their jobs. It created a palpable sense of anxiety within the hospital walls” (p. 16). In another example, the psychological impact of healthcare workers in 34 Chinese hospitals was noted to fall on female nursing staff who worried about contaminating family members and negotiating how to balance the responsibility of family members and patients (Lai et al., 2020).

The Inevitability of Getting Sick

Whether it was from a positive test or as a result of exposure to COVID-19, the need to quarantine presented challenges for completing practicum hours and increased worry and anxiety beyond what most of us were already experiencing. Some of the notable feelings consistently expressed were the challenge to stay motivated and the worry of fulfilling the required practicum hours.

Being in quarantine was extremely difficult as I am very extroverted and love to socialize with others. I struggled with finding the motivation to complete school work and felt very anxious about not being able to complete my field hours remotely, as the majority of the day to day tasks asked of me were set up to be completed in person. Although there were remote options set into place by the social work department, I still struggled with earning enough hours. I quickly realized that I struggled with keeping my motivation up while only being able to move around my 1000 square foot apartment.

Even with best practices and precautions in place, it was inevitable some of us would get sick and test positive:

More recently, I tested positive for COVID-19. I had gotten two negative tests on two different days with the testing protocol at [agency] and the third day, I tested positive. This was alarming to me as I had just been working the past two days and was interacting with residents. ... I definitely felt the lingering effects of COVID-19 those first couple days back, with feeling extremely fatigued and worn out, but I was happy to be back.

There was a sense of shame and guilt in testing positive and a strong sense of stigma associated with the virus:

About a month into my field placement, I tested positive for COVID-19. I was upset, scared, and felt like [I was] a disappointment. I even remember feeling embarrassed, fearing judgement from those around me. Navigating remote work for a field placement that was not meant for it, combined with the COVID-19 symptoms I was dealing with, was difficult to say the least. I struggled to keep up with my schoolwork and was counting down the seconds till I would be cleared from isolation ... transitioning back into my field placement was also tough. After about two weeks of remote work and social isolation, I lacked motivation. I felt stuck and struggled to find a routine again.

This was especially true as many of us tested positive despite doing all the right things, but felt others would perceive us as reckless college students:

I felt like I was going to be judged or someone would think I had the virus. There is this negative perception from the public about COVID-19 and that it had to have been the patient's fault they got sick. That the patient was not following guidelines or the patient was being "careless and reckless." Unlike other diseases in which the patient is the victim

such as the flu, or common cold. These perceptions have been put on students especially, due to students being perceived as being party-goers and rule-breakers to society. These stereotypes have added to the anxiety of getting the virus because I do not want my peers to see me in a negative light. I do not want to feel like I am at fault for anyone's death.

Emotional Health and Wellness and the Need for Self-Care

Concerns related to the virus spilled over into emotional wellness, managing academics and fulfilling practicum hours, adjusting to a new living environment, and limiting social relationships. This parallels Bell and Robinson's (2013) description of difficulties with concentration, memory problems, dissociation, flooding, and numbing or avoidance as symptoms experienced from vicarious trauma:

While I tried to manage all of my emotions, I could not prevent my own struggles from affecting my schoolwork. Regarding my field placement, starting the year remotely proved to be extremely difficult. I often felt that I was not contributing to my full potential, and I was not engaging with the clients to the extent of some of my peers. Aside from the content of my work, I felt extremely isolated during my field placement days, as I was constantly in my room and on my computer. When I was finally able to attend Arc of Abilities, I was incredibly behind on hours and my mental state had declined. Towards the middle of the Fall semester, I took a break from school, where I was able to go home and get the rest that I needed. Upon returning to campus, I managed to complete my classes, and I was able to fulfill a majority of my hours.

Layers of extended exposure to trauma led to undeniable feelings of exhaustion. Research by Cohen-Serrins (2021) supports an estimated rate of burnout during the height of the pandemic—and specific to social workers—to be 60 percent, with signs manifested internally and externally, including decreased empathy, depersonalization, increased absenteeism, job turnover, and depression:

To say I have felt a range of emotions is an understatement. I spent the entire first semester isolating myself from friends and family terrified I would bring COVID-19 back to my field placement. I would start arguments with my family when I was home, frustrated they did not take the virus as seriously as I did. I did everything in my power to keep my clients safe and having that safety in mind all the time provided some relief as I went into work. But because my social outlet was very limited I became increasingly and increasingly burned out. I was overwhelmed with school work, field, my on-campus job, and my limited social outlets.

Despite the roller coaster of emotions, we were able to discern meaning as we unpacked the dual trauma felt in our own lives alongside the lives of those we served. Piccolino (2021) talks about this not as the silver lining to an unthinkable time in our history, but rather the reality that pain and loss exists, and through this we can make meaning of suffering and choose how we respond.

In part, we were able to do this through the support of our peers in class and by processing our feelings with our supervisors:

All in all, I learned to give myself grace. I realized that I am a human going through a pandemic and that not everything would be perfect. I focused on only worrying about things I could control while bettering my communication with my professors and supervisor. They say self-care in social work is important, and they are not lying. Remembering that COVID-19 is a traumatic experience that everyone is going through relieved my pending anxiety—it made me feel not alone. I paid more attention to myself and my mental health, and the rest positively followed.

Self-care and self-awareness practice, both vital to the profession, were needed now more than ever. At times, we recognized the vulnerable circumstances in which we found ourselves and were able to remind ourselves to be gentle and kind:

A lesson that I have learned throughout my experience as an intern working during a pandemic is to be gentle with yourself. It is important to recognize that your best before the pandemic will look different during a pandemic and that is okay. Living through a pandemic has its detrimental effects and I have learned that it is okay to let yourself rest when your mind and body [require] it. As practicing social workers, we must participate in self-appreciation. Remember to take care of and love yourself. We cannot serve our clients to the fullest potential if we are constantly worn out and pouring from an empty cup.

The pandemic also brought out the importance of connection with others:

If COVID-19 has taught me anything, it is the importance of having relationships with your friends and family. We as a society before COVID-19 oftentimes were [so] caught up in our own lives and responsibilities that we forgot about the important things in life.

And feelings of gratitude:

Although living through a pandemic has not been ideal, it has made me stronger and more resilient [as] a person. It has made me realize that I took life for granted before the pandemic hit and I now take each day to live in the moment.

Overview of Findings and Discussion

Our compilation of reflections focuses on our experiences throughout our senior practicum placement year, highlighting the impacts we observed on our clients, on our ability to work with clients, on agency functions, and on our own physical and mental well-being. Pulling quotes from practicum seminar journaling, we were able to bring the perspective of 22 students, demonstrating the importance of delivering our personal voices. It was clear to us that, like students who lived through traumatic events like 9/11 and Hurricane Katrina, we have also lived

through a shared trauma. We experienced both direct and indirect impacts of the pandemic (each in our own way) and spent most of the year navigating the ambiguity and ever-changing circumstances wrought by COVID-19.

Many of us reflected on the micro-level disruptions to our practicum placements from COVID-19, including the difficulty of engaging with clients due to wearing masks or, in some cases, full PPE. Having to communicate virtually was especially challenging since clients were often distracted or had difficulty accessing virtual platforms (especially those in long-term-care settings and among those with intellectual disabilities). At the mezzo level, group work was not nearly as effective when carried out virtually and many groups ceased to function. From a macro perspective, we witnessed agencies struggling to deal with both staffing and resource shortages. Many of us were discouraged because we felt we were missing out on the full practicum learning experience, but we also learned a lot about coping with ambiguity and what it means to be adaptable. We watched as our supervisors scrambled to provide critical services in new ways. We learned about the potential for remote service delivery and were optimistic about the ways in which telehealth may fill an important need into the future.

Because of the stresses and anxiety we experienced throughout the year, personal impacts were difficult to relay. Some of us struggled financially; others of us were sick with COVID-19 and struggled with our own health and safety or the added strains of caring for loved ones. We knew our priority was to protect our vulnerable clients and, thus, often faced ethical dilemmas when making basic choices about how we spend our time when not in the field. At times, the year was isolating and confusing but we were able to support one another and identify new ways of coping.

Above all, our reflections demonstrate the strengths we each have within ourselves. We came through the year with a more in-depth understanding of our own capacities for taking care of ourselves, for getting help when needed, and for our ability to learn and grow in spite of tremendous obstacles. This year helped us individually gain a better understanding of the kinds of work environments that fit our needs (in-person v. remote v. hybrid). Further, we gained invaluable insight concerning the way a macro-level pandemic can have impacts that trickle down to the day-to-day functioning of our agencies, our co-workers, our clients, and our own lives.

The future of social work and social work education, especially given the systemic limitations introduced by the pandemic, will depend on our ability to connect with one another—to provide opportunities to listen, to write, to acknowledge and understand shared trauma, and to take seriously the need for active adaptation. Our voices as students are paramount in this process since we represent the lived experiences of social work education. We hope that social work education going forward will include renewed attention to trauma-informed teaching, particularly in the area of practicum education. Macro events like pandemics or recessions or localized traumas will always be with us; with informed supervision, these can be invaluable opportunities for learning, growth, and self-reflection. We recommend more intentional curricula that provide a bridge between what is known about the impacts of traumatic events (of

all types and at all levels) and students' real-time experiences. Further, more work is needed to explore how the pandemic will affect the future of in-person field education, employment aspirations of future social workers, and the landscape of social work practice more generally.

Hope, Caution, and a Renewed Emphasis on Social Work Values

Overall, we expressed hope and gratitude for the opportunity to grow and learn about everything the social work profession has to offer and we look forward to continuing to grow as professionals.

This pandemic also caused me to reflect on how grateful I am that I am entering a profession that esteems compassion, social justice, and dignity above all else. I have never been as proud to be in the social work field as I have been this past year.

Hope is tempered with caution. As of this writing, the percentage of Americans who are fully vaccinated is just over 66 percent and even lower for some populations (Mayo Clinic, 2022). The vaccination rate among frontline workers, including social workers, is not much higher (Kaiser Family Foundation, n.d.), and COVID-19 is still spreading with new strains arriving every few months. Luckily, of course, vaccines have tempered the worst outcomes for most. We would all like to think that the worst is behind us, but this pandemic has made us acutely aware of the need to be ready for what is next while, at the same time, staying present and attuned to the here and now.

This reflection also reminds us of the importance of allowing social work values to guide our work, even when faced with a global pandemic. We managed to serve others and to do so competently, while valuing all forms of human relationships and respecting the dignity and worth of individuals, including caring for their own selves along the way.

Each and every one of us performed an act of social justice as we showed up for work at the hospital or the inpatient psychiatric facility or the nursing home or the homeless shelter or the day program or the school or the Zoom skill-building session or the courtroom or the bedside of someone who was dying.

Every day is just another day on the job, COVID-19 or not ... if there wasn't COVID-19, there would be another crisis ... social workers took it in stride, our clients adapted with grace, and together we found solutions and alternatives that will serve us well for years to come.

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