

# *REFLECTIONS*

NARRATIVES of PROFESSIONAL HELPING



“The Promise of the New Day” Photograph Larry Jones 2008

Artist Statement: I captured this image during a trip to the Rio Grande Valley. Over the years, Martin Refuge has been a place where I can escape the day-to-day routine and relax. John and Audrey Martin have provided an open door and opportunity to explore the wildlife and scenery unique to the Valley. I shot this photo early one morning as I set out on a nature photography outing at Martin Refuge. The sunrise provided a dramatic promise for the new day even though the vines and other foliage tried unsuccessfully to constrain its power.

## The Impact of COVID-19 on Preparing Future Helping Professionals and on Practice with Individuals, Families, Groups, and Communities (Issue 2)

Guest Editors: Katherine Selber and Lynn Levy

Volume 29 (2023)

Number 1

# REFLECTIONS

## NARRATIVES of PROFESSIONAL HELPING

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# Reflections from the Guest Editorial Team: The Impact of COVID-19 on Preparing Future Helping Professionals and on Practice with Individuals, Families, Groups and Communities (Issue 2)

Katherine Selber and Lynn Levy

**Abstract:** In this Guest Editorial, we introduce the second of two special issues of *Reflections* focusing on the impact of COVID-19 on professional education and practice. In this issue, authors in the professions of social work, nursing, gerontology, public health, and education offer endless insights into the impact of COVID-19 on students, educators, and field practice experience as well as on their personal and professional lives. Reflecting on their lived experiences, authors share the strategies they used to adapt to an ever-changing world during the COVID-19 pandemic. The important topics of shared or collective trauma and resiliency are explored from a variety of perspectives.

**Keywords:** adaptation, collective trauma, resiliency, online engagement

We are so pleased to be able to offer the second of two Special Issues on The Impact of COVID-19 on Preparing Future Helping Professionals and on Practice with Individuals, Families, Groups and Communities. In this issue, the authors primarily focus on the professional and personal impact of COVID-19 on students, their professors, and field practice experiences. Providing meaningful field practice experiences as the primary form of pedagogy for students in the helping professions as students move toward professional practice was a hurdle that could have been insurmountable had it not been for the extraordinary professionalism of our colleagues. The abrupt interruption in service to clients forced us all into a new realm of educating and training our students for the “real” world of practice. We all engaged in the process of rethinking and re-imagining how providers, field supervisors, educators, and students could regroup under these stressful conditions without eliminating necessary and critical services to clients. This offered unique opportunities for creativity and thinking outside the box, but as you will read, the experiences were at times intense and the timing gave little room for thoughtful reflection; it was all about action. Fortunately, these issues have given us the rare gift of seeing the pandemic through the lens of our authors, students, educators, and field instructors, who were both encouraged and, at times, discouraged, but they pressed forward nonetheless.

As social work educators, we are excited to highlight authors in the professions of social work, nursing, gerontology, public health, and education who offer endless insights into the impact of COVID-19 on students, educators, and field practice experience as well as on their personal and professional lives. They share multiple perspectives with us about coping skills, resiliency, and the adaptability of people, in general and of our profession.

## **Highlights in this Issue**

In this issue, the important topic of shared trauma between faculty, students, field instructors, and clients is explored from a variety of perspectives. In the first article written by four educators from four different universities, Galan-Cisneros, Hildebrandt, Vasquez, and Gomez relate how trauma-informed teaching during the pandemic encouraged their own introspective insights and the implications for their personal experiences and the collective, cultural, and shared trauma that permeated their educational environment. Mitchell Dove provides a personal view of how shared trauma throughout the pandemic shifted our engagement with colleagues and students, how we teach and promote authentic engagement. Our shared trauma challenges us to examine outdated practices and think outside the box.

Welleford's personal narrative explores confronting unwanted change with her partner that the two were unprepared for as a prelude to COVID-19. The author confirms the meaning of resilience, the ability to adapt to and transcend unimaginable events with grace and a bit of self-love and compassion. The following article by Sloane, Goins, Rowe, Meuser, Banks, Lux, and Black continues to build on the theme of resiliency as they intersperse their narrative with a compelling collection of prose and poetry pieces written by Fearless Writers, a group developed to disrupt neighborhood segregation with inner-city public high school students. Going online and spreading to additional schools during the pandemic, this project created a unique opportunity for youth voices to be heard during a time of health and racial crises.

There are two articles that focus specifically on the field experience. One by Henton, Collins, Wickman, Huang, and Idris Alemi provides a series of personal reflections from a survey of Canadian students' experiences in field education. The results offer us best practice recommendations for the future based on lessons learned. The other by an interdisciplinary team of social work and public health faculty (Weber, Barkdull, Walch, Karikari, and Evenson) and students (Kuntz, Gabel, Possis, Scallon, Wavra, Leben, Boushee, and Comeau) in the US explores a public health initiative to promote the widespread use of masks. They highlight how they built interdisciplinary partnerships that improved students' applied learning experiences by directly addressing community needs that influenced and effected community change.

The field experience would not be fully explored without the perspective of field educators and supervisors, who were working diligently to ensure students received the field education and connections that would support their professional development. Morgan explores how a professor of education reimagined the preparation of student teachers as they transitioned from in-person teaching to a virtual classroom. What was reinforced for all of us was the need to be flexible with our students and to meet them with authenticity. LaBarre, a field instructor, presents a lovely metaphor of a Baltimore oriole building a nest in a maple tree outside the window and weathering the changes in climate to represent how students learned coping strategies as they moved from in person to virtual field placements in the early days of the pandemic.

Rossmassler's article reveals how the author moved from working as a clinical nurse practitioner to teaching nurse practitioners just as the pandemic struck. Teaching students how to

conduct a physical examination virtually resulted in the creation of video-based assignments in which students could demonstrate their developing skills. Similarly, Dozier and Fletcher describe adaptive strategies used to develop therapeutic relationships when using telehealth to meet with clients. They reveal the importance of establishing routines for addressing the inevitability of technical issues.

In almost all the articles in this issue, the overarching themes were resilience, adaptability, and the emergence of new skills and strengths while confronting a global pandemic that affected the authors, their families, their students, their colleagues, and their clients. As you read these articles, you will likely see yourselves, your colleagues, and your students. We appreciate all the authors who shared their lived experiences by contributing to these two Special Issues on The Impact of COVID-19 on Preparing Future Helping Professionals and on Practice with Individuals, Families, Groups, and Communities. We hope this issue reminds us of what we already knew: We are all better collectively than individually.

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We appreciate your commitment to this journal and its authors!!

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# The New Normal That Never Happened: Faculty and Students Navigating Through Collective and Shared Trauma

Patricia A. Galan-Cisneros, Erika J. Hildebrandt, Jennifer Vasquez,  
and Rebecca J. Gomez

**Abstract:** This article explores our experiences as four social work professionals in higher education during COVID-19. Utilizing the lens of collective, cultural, and shared trauma, we reflect on our experiences as academic educators, field educators, and academic administrators across three institutions. Our perspectives and responses from a large public institution, small private religious institutions, Hispanic Serving Institutions, and a Primarily White Institution are shared. We highlight the role of trauma-informed teaching in supporting students, staff, and faculty to explore approaches to promote professional post-traumatic growth outcomes.

**Keywords:** collective trauma, cultural trauma, social work education, COVID-19 pandemic, shared trauma, feminist trauma theory framework

The COVID-19 pandemic has undoubtedly impacted the lives of most Americans. Many of us working in social work education have unique insight into this impact on university systems; social work departments, programs and courses; and the lives of leaders, staff, faculty, and, perhaps most acutely, the students we serve. While this public health crisis presents new challenges in higher education across the country, social work leaders and faculty have a singular responsibility to respond as educators and advocates according to our shared code of professional ethics. In this moment of widespread and local suffering, we define ourselves as social workers by our ability to respond, adapt, and manage our struggles while providing support, guidance, and advocacy to diverse students with complex needs. Through continually changing circumstances, we are called to make sense of these unprecedented times for ourselves and for the profession. Drawing from the strength and wisdom of social work literature, we understand this pandemic experience in terms of collective trauma, cultural trauma, and shared trauma. We utilize feminist trauma theory to frame our discussion to empower our students and ourselves at a precarious and vulnerable time. To this end, we discuss the implications of trauma-informed care in the context of education and make recommendations for what we call trauma-informed self-care to support professional post-traumatic growth outcomes in the wake of our shared trauma experiences (Tosone et al., 2016). Moreover, this article explores the perspectives of four social work professionals in higher education across various types of institutions and roles and how we have responded to the needs of our social work programs and students in the early days of this historic global pandemic.

## Literature Review

Feminist trauma theory framework (FTTF) distinguishes itself from current trauma models by providing a framework of personal empowerment to women victims (Tseris, 2013). While current trauma models address the impact of life-threatening experiences on the individual, they do not emphasize the implications of social and political contexts (Hildebrandt, 2020). Additionally, mainstream trauma approaches are highly pathologized through the diagnostic



process, treatment approaches, and the historically patriarchal worldview of the medical system (East & Roll, 2015). By contrast, feminist trauma theory and practice acknowledge trauma as an experience commonly situated in dynamics of power and control, systemic and structural racism, prejudice, gender bias, homophobia, ableism, ageism, and religious and ideological dominance in addition to mechanisms of poverty, access to care, resources, and education.

The FTTF is not only fully aligned with social work values and ethics; philosophically, it has been successful in its application to support diversity, transform marginalization, and address trauma, both globally and locally (Brown, 2004). FTTF has made a significant contribution to our understanding and response to interpersonal violence, domestic violence, rape and sexual assault survivors, campus sexual assault policy, mental health and substance use disorders, gender variance, LGBTQ issues, and the oppression of ethnic and racial minority women (Elliot, 2009; Goodman et al., 2009; Richards et al., 2017).

The FTTF guides social workers and social work educators to respond to COVID-19 challenges from an empowerment and advocacy standpoint. Clients, students, and mentees come from diverse communities and circumstances. They are often oppressed, marginalized, underserved, underrepresented, and underprepared (Chin et al., 2018). They may encounter unemployment, limited resources, access to care issues, sole caregiver and childcare responsibilities, and traumatic stress reactions. Compounding the strain on our clients/students/mentees is the likelihood that each of us working in the capacity of clinician/educator/mentor is also experiencing a traumatic response resulting from quarantine and social distancing measures, internet fatigue due to distance education workspaces, caregiver and childcare responsibilities, and the strain of professional leadership in uncertain times with no “end” in sight. As such, it is fair to say we are working through the experience of collective and shared trauma while shouldering the additional burden of cultural trauma. To be successful in our effort to create positive outcomes, for ourselves and our clients/students/mentees, we need the support of empowerment, collaboration, and self-determination offered by the FTTF.

## **Individual Trauma Consideration**

### ***Bio-Psycho-Social-Spiritual Framework***

Extending the scientific approach, Engel (2003) introduced the bio-psycho-social model to incorporate unaccounted dimensions of the biomedical model. This paradigm accounts for an individual’s health and wellbeing within a holistic approach (Garland & Howard, 2009). The bio-psycho-social model acknowledges the integration, interconnection, and interdependence of biological, psychological, and social factors (Engel, 2003). Most social work professionals understand the value of a holistic approach, recognizing the impact on an individual’s bio-psycho-social and spiritual wellbeing (Healy, 2016).

### ***Individual Trauma***

The American Psychological Association (n.d.) defines trauma as “any disturbing experience that results in significant fear, helplessness, dissociation, confusion, or other disruptive feelings

intense enough to have a long-lasting negative effect on a person's attitudes, behavior, and other aspects of functioning" (para. 1). Similarly, Figley (2012) described trauma as a sociocultural construct impacting neurobiological processes, narratives, sociocultural events, and emotional experiences. Trauma can distress a person's body, mind, and spirit. The mind is reorganized and therefore impacts perceptions, imagination, sensations, and relationships (van der Kolk, 2014). Likewise, Porges' (2003) Polyvagal Theory connects the evolution of the autonomic nervous system to the impact left on the mind, brain, and body shown through "affective experience, emotional experience, facial gestures, vocal communications, and contingent social behavior" (p. 503).

## **Group Trauma Consideration**

### ***Collective Trauma***

Collective trauma describes the impact of a cataclysmic event such as war, genocide, natural disaster, or even a public health crisis on a society (Hirschberger, 2018). Like individual trauma, collective trauma impacts individuals and interpersonal relationships at each level of human functioning and experience: biological, psychological, social, relational, and spiritual (Duane et al., 2020). Additionally, collective trauma impacts beliefs and behaviors at the collective group level and negatively impacts the health of the society (Duane et al., 2020). The impact of collective trauma on society can be seen at the family level, with lack of trust among family members and changes in important relationships (Jansen et al., 2015). Communities are also impacted due to prevalent mistrust and suspicion among the people in addition to the breakdown of systems and structures in place to support daily functioning (Somasundaram, 2007). While collective trauma poses significant threat to individuals, families, and communities within the society, there's room for transformation at the structural level. Importantly, the possibility for change can occur in both practical and esoteric ways, such as the improvement of emergency response systems and the reconstruction of meaning and identity (Brady, 2018; Nytagodien & Neal, 2004).

### ***Cultural Trauma***

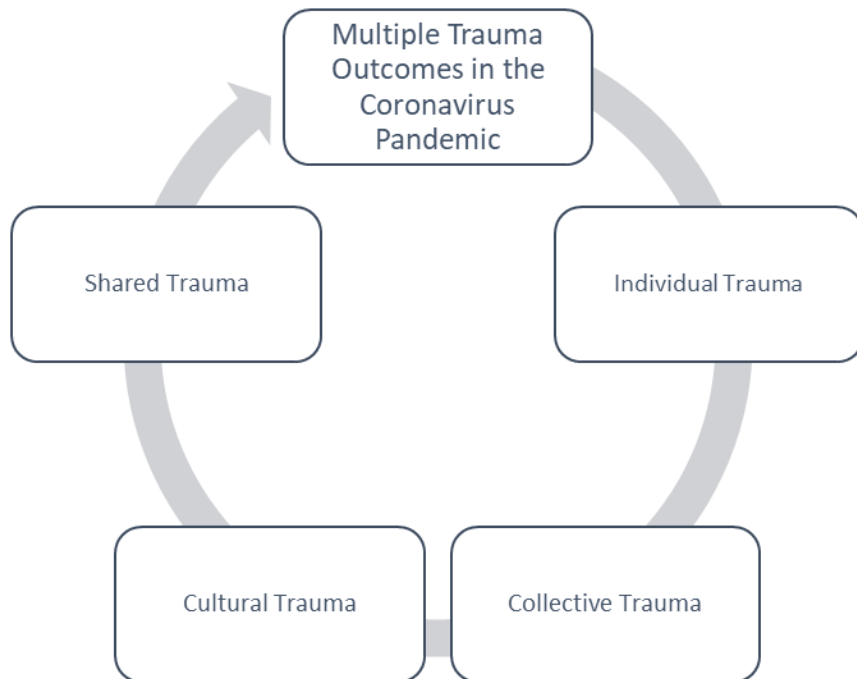
Cultural trauma refers to the unique ways specific culture groups suffer both during and following human rights violations, religious persecution, or other large-scale traumatic events specific to a culture group (David, 2008). Examples of cultural trauma can be seen among Jews suffering from the Holocaust and continued anti-Semitism and related hate crimes; African Americans suffering from slavery, segregation, and continued structural racism and hate crimes; and Native Americans suffering from European colonization, relocation, and continued structural imposition and marginalization. Cultural trauma is defined by its long-lived impact, narrative presence and force across generations, and significant contribution to cultural identity processes (Eyerman, 2020). Cultural trauma is distinctly different from collective trauma because it highlights the in-group and out-group mechanisms that support intercultural tension. As such, reconstruction and resolution remain painfully slow and require advocacy and support from both in-group and out-group leadership to create awareness and transformation (Bryant-Davis, 2019).

## ***Shared Trauma***

Shared trauma describes a professional practice circumstance when the clinician/teacher/mentor and client/student/mentee are subject to the same traumatic event during their work together. Shared trauma in social work practice has been identified and explored in the wake of the 9/11 terrorist attacks in New York in 2001, frequent rocket fire exposure throughout Israel in 2014, and destructive earthquakes with 14,000 aftershocks in New Zealand in September 2010 (Freedman & Mashiach, 2018; Sampson, 2016; Tosone et al., 2012). The impact of shared trauma is specific to the working relationship and how the personal experiences of the clinician/teacher/mentor and of the client/student/mentee engage with in the process of therapeutic/educational/professional collaboration.

### **Figure 1**

*Multiple Trauma Outcomes in the COVID-19 Pandemic*



## ***Professional Post-Traumatic Growth***

Following her experiences during the terrorist attack of 9/11 as the director of New York University Silver School of Social Work, located near the disaster site, Dr. Carol Tosone began to collaborate with her students and mentees to identify the unique vulnerabilities and insights that came from living and working in lower Manhattan in the wake of this traumatic event (Tosone et al., 2016). Through several years studying social workers and social work students across the region, Dr. Tosone and her colleagues identified the outcome of shared traumatic and professional post-traumatic growth; they have since developed and validated the Shared Traumatic and Professional Post-Traumatic Growth Inventory (Tosone et al., 2016). Through this research, Tosone's team (2016) found that Manhattan social workers reported the events of

9/11 to be the impetus for enhancing personal self-care, changing clinical modality, and forging new skills in addition to experiencing increased compassion and connectedness in the therapeutic relationship. The researchers also found social workers felt ill-equipped to work in the 9/11 devastation and encountered an increased sense of vulnerability and disappointment with professional organizations (Bauwens & Tosone, 2010). The findings of Dr. Tosone et al. (2016) offer inspiration to social work professionals facing the COVID-19 pandemic when we may feel some resonance with the experiences of working in a social work leadership and social advocacy capacity at a time when our own lives, along with those of our clients and students, are radically altered. We offer our discussion and insights on the experience of teaching and leading in three social work programs across the nation during the pandemic while supporting faculty and students and strengthening social work programs at this critical time.

### **Context of Represented Universities**

Social work programs have a responsibility to academically and professionally prepare students to serve as practitioners. Student preparedness was impacted by COVID-19. Schools of social work across the nation responded by adapting their delivery method and supported their students while simultaneously addressing logistical, instructional, professional, and personal demands. Nationwide, universities were required to transition from an on-campus delivery method to an online format.

This article represents 117 students (BSW, MSW, and PhD level), three instructors, and one administrator from three academic institutions. Two are private religious institutions with enrollment below 7,000 students while the third is a public institution with enrollment of almost 40,000 students; two are Hispanic Serving Institutions (HSIs) located in south Texas and the third is a Primarily White Institution (PWI) on the east coast. HSIs are colleges, universities, or systems/districts where the Hispanic population constitutes a minimum of 25 percent of the total enrollment (Hispanic Association of Colleges and Universities, n.d.). Institutions of higher learning in which Whites account for 50 percent or greater of the student enrollment are identified as PWIs (Brown & Dancy, 2010). PWIs typically have a historical presence and culture dominated by whiteness (Bourke, 2016). Adding to the differences among our institutions, private and public differ in how they are funded, cost of attendance, availability of financial aid, accreditation, religious affiliation, size, program offerings, level of athletics and extracurricular activities, diversity of the student population, and prestige factors (Garnett, 2020).

All three social work programs embody in their missions themes of service and social justice. Because social work is a profession intended to enhance human well-being with a specific intention of attending to the vulnerable and oppressed (National Association of Social Workers, 2017), educators are responsible for demonstrating responsiveness during a time of crisis. Collectively, we experienced a disruption in life, adjusted expectations to allow modifications, adapted to different classroom engagement and environment styles, and were impacted holistically: biologically, psychologically, socially, and spiritually.

We collaborated to examine the pandemic experience and the collective impacts on us and students. Information was captured through various methods: email communication, personal conversations, round table check-ins, daily journal submissions, and a course wall instructional feature. The faculty and student experiences were maintained on a documentation log. These informal processes were valuable in helping us capture a breadth of information reflective of the collective experiences as they unfolded.

## **Faculty and Student Trauma Impacts**

### **Collective Trauma**

The collective impacts on teaching and learning began to emerge as shifts from “normal” to “COVID” living environments became a new evolving reality. There were several common experiences among faculty and students, although the former’s roles carried a responsibility to the latter and to the profession. Examples include personal and familial diagnoses of COVID-19, varying ability to be present for loved ones hospitalized, engagement in traditional medical decision-making and the coordination of care, loss of loved ones and limited ability to attend traditional funeral wakes and burials, and adaptation into working and schooling from home.

Students negotiated deadlines; faculty adjusted curriculum and modified assignments. Faculty offered methods of collective processing through journaling, round table check-ins, attendance flexibility, individual check-ins, and other creative workarounds to support resilience and student success. Collective sentiments included uncertainty; mental stress and anguish; anxiety; depression; mourning of traditional celebrations such as graduation; and missing friends and colleagues after relocations.

### **Cultural Trauma**

Levels of anxiety and suffering were experienced as COVID-19 disproportionately impacted communities of color. For example, some encountered limited access to clear and accurate protective information, some were essential workers needing their employment, and others inherited caregiver roles for children and elders. While a portion of students and faculty experienced early onset illness and death of loved ones, others were unable to successfully complete course work and incurred delays in course completion or graduation resulting in increased financial and time obligations. Examining cultural trauma requires a genuine acknowledgment of social, economic, and political inequalities. Social workers recognize the nature and value of human life. Educators understand that for complete professional development to transpire, students engage in multiple educational relationships with faculty, administrators, field instructors, liaisons, and others (Farber & Reitmeier, 2018). The interactions within these relationships provide a context for the profession within a bio-psycho-social-spiritual context.

The holistic bio-psycho-social-spiritual approach addressing human needs acknowledges “the inter-relationship between physical, psychological, and social functioning” (Harris and White, 2013, p. 16, as cited in Healy, 2016). The bio-psycho-social-spiritual framework is applied to

working with clients in varied settings. During the pandemic, faculty and students experienced physical, psychological, social, and spiritual homeostasis shifts. Social workers recognize that working with individuals requires attentiveness to these paradigms. Assessing and attending to presenting symptoms or behaviors while providing social work instruction was necessary. Just as symptoms are assessed and treated based upon each person's context and situation in direct practice, this approach was needed as faculty and administrators worked and supported students and each other (Marsac et al., 2014).

Reflectively, the spiritual dimension was also salient during this time as faculty, administrators, and students navigated the uncertainties of the pandemic. Paradigms of spirituality and religion are often missing from professional context and conversation (Hodge, 2015). However, two of the universities represented are private religious institutions and acknowledge a spiritual dimension to social work practice. From a social work standpoint, spirituality is a practice dimension. As such, incorporating a spiritual lens allowed faculty, administrators, and students to process and cope during the pandemic by including spiritual and meaning-making perspectives. It is appropriate to address spirituality when there is an expressed preference as this can enhance and promote the healing process (Oxhandler & Pargament, 2014; Koenig et al., 2001).

Collectively we experienced disruption from the everyday normal and experienced distress on multiple levels and with differing intensities. Our bio-psycho-social-spiritual norms were disrupted, acknowledged, attended to, and processed as the experience of a new normal evolved. As the profession navigates social work instruction through the pandemic, implications for teaching and learning are identified through our shared experiences to highlight best practices for positive outcomes.

### **Faculty Experience**

As social work educators we adapted to our roles by designing courses to deliver instructional content for the semester and to provide a presence and space for students encountering significant disruptions. Educator A taught and worked at HSIs while serving as a first responder in a hospital setting. Educators attended to familial needs as their lives were interrupted and required adjustment to working remotely while also being carers. Educator B had the harrowing experience of caring for a spouse ill with COVID-19. For her, it meant carrying additional family responsibility—caring for elder parents and two daughters, one of which required hospitalization—and a shift in established roles. She sought treatment for anxiety and depression to manage teaching requirements and student trauma. Educator B significantly curtailed her extra-curricular scholarly activities, except for this narrative article, to fully prioritize family and students over academic career goals. Educator C's spouse was deployed in response to COVID-19, forcing role shifts; the instructor immediately became primary caregiver to their young child engaged in online education, cared for elderly parents from a distance, and managed teaching responsibilities, while attending to the increased needs of students. Additionally, she gave special attention to mental, emotional, physical, and spiritual needs by engaging in psychotherapeutic services, a 12-step recovery program for overeaters, and increased physical activity, then also prioritized time for prayer, study, and meditation. She fulfilled dual roles of

instructor and PhD student. These added stressors impacted her dissertation year as family and teaching responsibilities became the priority and extended her program completion by an additional year. Educator D, an administrator, also cared for a significant other diagnosed with COVID-19 while attending to the unique demands of the university. The exposure to COVID-19 was a continuous threat necessitating physical, emotional, mental, and spiritual shifts. We served as educators while also helping students grasp the dynamics of the changes occurring in our lives.

The sense of normalcy was changed, and the loss of established routines, lifestyles, and relationships impacted us communally. For this author (Educator A), the pandemic hit during my first semester teaching as a full-time lecturer at a large public HSI. As faculty and students left for spring break, the severity of the COVID-19 pandemic became clear. Students were panicking and concerned that they would not be able to return to their internships and thus would not be able to complete the internship hours required to graduate that semester. My e-mail was flooded day and night by concerned students wanting to know what was going to happen. Spring break was extended an extra week to allow time for the school to develop a plan. I worked through spring break to help determine a path forward for the students enrolled in my four field education courses. The field director and field education team worked behind the scenes tirelessly to develop a plan so that students could successfully complete field internships and graduate on time. When all classes were moved to a remote learning format, I converted my in-person classes to fully online classes using the university online learning management system. In collaboration with field leadership throughout the State of Texas and with guidance from the Council on Social Work Education (CSWE), the field education team created a remote educational learning plan. This policy change allowed for BSW students to complete a total of 400 instead of 420 internship hours remotely. Examples of remote learning activities for each of the nine CSWE social work competencies were developed into a manual and distributed to students and field instructors along with an FAQ based upon the questions the field office was receiving. In spite of the phenomenal, detailed, and timely response by field leadership, students' anxiety levels were higher than ever and required significant extra support and reassurance, which was provided through phone calls and Zoom meetings with students as requested. I developed an immediate response policy in which students' attempts to contact me were responded to immediately during all waking hours. This responsiveness to students, often within five minutes or less, was commonly identified in student evaluations as the most helpful support for semester completion.

Despite the increased responsibilities, I (Educator A) enjoyed working from home, teaching online, and completing work as a PhD student during the week. On the weekend, I worked part-time as a social worker at a large downtown hospital in central Texas, which was a reassuring experience. I witnessed infectious disease doctors plan for addressing COVID-19 and watched firsthand the effective use of personal protective equipment. For me, the hospital setting provided a sense that the community could get through the pandemic safely. Attending to the needs of patients and families impacted by COVID-19 on the front lines offered an opportunity for me to use social work skills as an essential worker. My role included providing crisis intervention and emotional support during the pandemic state of emergency when citizens were on lockdown. As hospital staff, doctors, nurses, and case management came together, a sense of

community was cultivated while facilitating the safe treatment and discharge planning for patients and families during this time.

At a smaller private HSI, I (Educator B) experienced heightened stress teaching asynchronous distance courses. My online students sought more contact despite the same workload and method of instruction required prior to the pandemic. The emotional toll of the experience precipitated increased need for support regardless of distance or face-to-face format. As a social work PhD student enrolled in a fully online program myself at this time, I experienced my own faculty as understanding, communicative, and responsive to the needs of my doctoral cohort. My faculty extended deadlines and sent supportive emails. The social distancing imposed by the pandemic became a refreshing opportunity to spend more time at home with family with a slower lifestyle.

As the COVID-19 raged, I (Educator C), a person of color, lost multiple friends and family members to the virus. A relative of mine experienced two losses within days of each other. The imprint of fear and sadness of losing a loved one to this pandemic is genuine; the grief, loss, and uncertainty of future losses are actualized. Understanding the expression of grief and loss through a bio-psycho-social and spiritual lens expands upon Simpson's (2013) perspective, which understands the lens of grief and loss as fundamental for social work. The constant understanding that another family member or friend will meet their untimely death at any given moment causes pause and reflection about the moral responsibility to recognize and address societal injustices that explicitly contribute to traumatic sufferings endured by underrepresented communities. The racial/ethnic disparities experienced by underrepresented groups through the pandemic illustrates continued sufferings, death, and extensive cultural trauma among communities of color. As social workers, we reflect a commitment and responsibility towards enhancing social justice, equity, and inclusion throughout our careers.

## **Student Experience**

As instructors and in other various roles, we found it necessary to create an environment for students to express their thoughts, concerns, and emotions related to the impact of the pandemic. Students encountered displacement, isolation, and limited access to supports and resources, compounded with the pressures to complete the semester while navigating a virtual platform and shifting time zones, among many other complications.

It is important to acknowledge that the impact of cultural trauma was significantly disruptive to students' lives, particularly at the two HSIs represented here. Students abruptly returned mid-semester to multigenerational homes, economic insecurities, and high-risk work environments. They assumed roles as caretakers aiding family members to understand the risks of COVID-19 linguistically, witnessed inadequate childcare support or provided childcare support for other family members, and struggled with limited internet services impacting school engagement and learning. These circumstances reflect the large-scale macro level societal problems of structural racism beyond the bounds of our academic institutions. Most of the students represented are first-generation college students, navigating the academic world while meeting the needs, responsibilities, and expectations of their familial culture. The pandemic intensifies a dual



responsibility for students who are likely struggling under academic pressures and expectations that do not accommodate their realities. As such, the crises presented throughout the remainder of the pandemic semester required attentiveness to each student's circumstances. The following description elaborates on detailed student impacts and how this faculty responded to vulnerabilities and uncertainties as they arose.

### ***Biological Implications***

Impact on students was evident through changes in appetite, sleep patterns, and physical pain. Some students returned home to different time zones and housing arrangements; others found themselves alone as roommates moved out. The adjustment to these changes disrupted sleep and rest patterns; depending upon their circumstances, students experienced insomnia or hypersomnia as they adapted to their changing physical environments. Students also reported symptoms of headache and muscle tension resulting from increased screen time to attend classes, complete assignments, and socialize with family and friends. As stressors are elevated, hormonal changes can occur, and trauma responses (fight, flight, freeze) became evident in students' outward behaviors (Ranabir & Reetu, 2011). In some cases, the anger response was evident through written emails disclosing frustrations related to matters outside and inside the classroom. Issues included disrupted or cancelled graduation ceremonies and plans; closed and cancelled field placement agencies or difficulties transitioning to virtual client services; adapting to recorded versus real-time lectures; and frustration over receiving an increased volume of emails from faculty, administration, and the university. The withdrawn response was also revealed as students ceased attending live lectures and engaging visually with classmates or seemed to vanish and stop norms of communication. Productivity also became a problem evidenced by limited class lecture engagement, diminished participation, and late assignments even as submission due dates were adjusted. Educators identified and understood these biological impacts as students adjusted to new realities personally and academically. Faculty accepted uncharacteristic behaviors and offered space and opportunity for students to express frustrations, or to redirect them, as was necessary.

### ***Psychological Implications***

The extraordinary events resulting from COVID-19 impacted students' perceptions. Uncertainty weighed heavily on varied dimensions of life, including health, wellness, and safety. Some students navigated coursework and field education responsibilities while others balanced multiple course loads, attended to familial duties, or maintained employment. As the pandemic surged through communities, students grieved the loss of safety and normality in the engagement of daily activities. One student experienced a natural disaster during the pandemic; many single mothers experienced economic disruptions, creating financial insecurities; others experienced the complexity of working from home while homeschooling their children. Some students experienced the death of family members and loved ones and managed complex funeral arrangements; another fled a volatile domestic relationship while caring for children and managing coursework within the realities of the quarantine. One student expressed deep public shame resulting from poor internet connection during a final class presentation. The student paused mid-presentation to redirect family members from using their devices so she could

continue without further connectivity disruption. The student was highly remorseful and expressed her embarrassment regarding low bandwidth in a remote, rural area. In addition to contending with the daily pandemic health stressors, the students with limited economic resources felt the stress of meeting academic standards and requirements while they struggled to work and produce from within their means. Student comments related to these psychological impacts seemed uncharacteristic compared to their typical functioning before the pandemic. Moreover, students showed greater vulnerability, fear, irritability, confusion, limited concentration, cognitive impediments, emotional numbness, anxiety, and disconnection. The collective experiences described by students helped to normalize the unusual and intense emotional expressions as they surfaced, and as the pandemic conditions unfolded.

### ***Social Implications***

Students' social reactions and interactions during the pandemic required adjustment as they adapted to their changing environments. Educators witnessed relaxed boundaries exhibited by students in their physical environments, such as attending online class from bed, wearing non-professional attire, or even inappropriate attire. These behaviors eventually transformed social norms and expectations over time. Faculty also observed excessive personal disclosure of thoughts, feelings, and judgments: students were often unable to self-regulate the depth and duration of their personal commentary, reflecting a noticeable shift in personal boundaries. Educators provided the needed space for students to dialogue, and it was essential to ensure those who wanted to engage were given an opportunity. All students experienced a reduction of traditional on-campus supports resulting from leaving campus and returning home. They navigated learning virtually and engaged in courses while adjusting to familial presence and responsibilities. On occasion, virtual student meetings included the presence of their child or grandchild as they attempted to connect with faculty members. Other students were physically isolated from family and roommates, which was sometimes welcomed and other times left them socially isolated or lonely. Many discovered how to nurture significant relationships virtually. Family and social life were impacted significantly, contributing to feelings of loss and separation from pre-pandemic norms.

### ***Spiritual Implications***

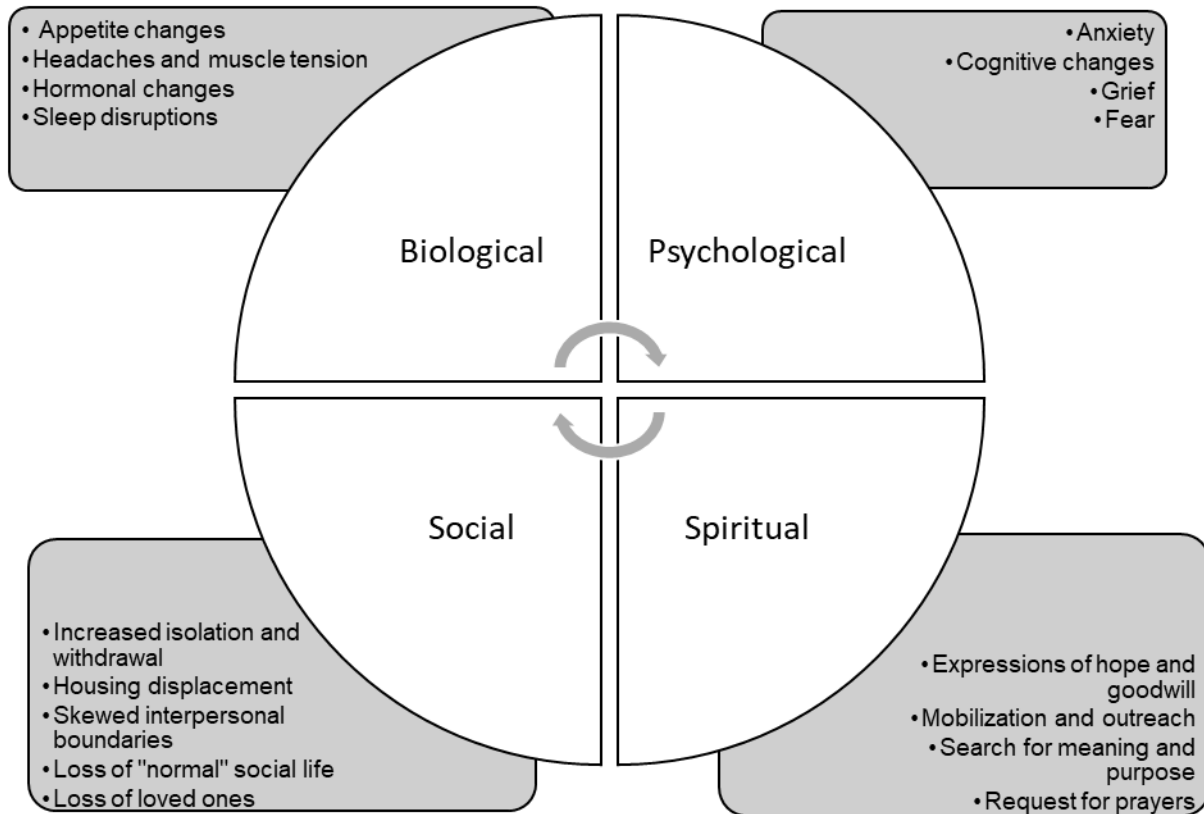
Spirituality and hope are interconnected, and through spirituality individuals attain a profound source of motivation that nurtures hope (Hong et al., 2015; Pargament, 2007). An awareness or relationship with a divine presence seemingly alters one's perceptions and cognitions (Hong et al., 2015). The intersectionality between spirituality, hope, and meaning was reflected through students' engagement with faculty and peers. In some instances, students openly acknowledged the need for prayer and shared concerns about loved ones. For instance, some family members served as first responders while other family members were sick or vulnerable. Many students engaged in prayer and expressed hope for the health and wellness of their family members and all individuals. Some students created meaning and purpose by organizing food and supply drives for homeless groups or for shelters in need of donations; others extended their social work internship to offer support during an unprecedented moment for the agency and clients served. The mobilization and outreach reflected a deep connectedness to others. The profession

of social work, we feel, naturally guides professionals into purposeful action in response to presenting crisis. Attentive and courageous students leaped into action, knowing that their presence and activities were intended for the greater good. They connected with something greater than themselves, greater than their self-concern or fears of inadequacy. As the pandemic surged, students asked how they could help; they identified community needs, mobilized to gather items, and distributed collected resources safely. Their actions demonstrated meaning and purpose during a significantly difficult time. Students' actions reflected profound goodwill for others in the spirit of hope.

The insight learned through managing a collective pandemic experience while educating students and leading programs is offered for future practice considerations. Balancing roles, responsibilities, and the required attentiveness to students is significant. As educators and administrators, we recognized that students' emotional support increased through spiritual and meaning-making pathways, thus impacting the level of attentiveness and intimacy. Student demonstrations expressed both grief and loss and hope through prayer felt by all through the duration of the semester.

**Figure 2**

*Collective Bio-Psycho-Social-Spiritual Experiences During the Pandemic*



**Discussion**

The global pandemic has highlighted inequity across systems, and higher education is no exception to this. Like other institutions, social work educators have been called to re-examine our systems, dismantle barriers, and thoughtfully analyze the how and why of what we do. Understanding the impact and next steps of such an unprecedented event presents difficulty: everything is fluid, from information and delivery systems to human responses. Despite this, the deep disparities impacting our profession require that we rise to this challenge. This article allowed social work educators from diverse institutions across multiple positions and perspectives, and across different parts of the country, to come together and use existing theoretical frameworks to understand COVID-19 in relation to the student experience. This collaboration revealed ways for faculty to focus on resilience and growth, for themselves and for their students.

The perspectives shared are diverse—economically, geographically, racially, and ethnically. The institutions represented are also diverse in terms of religious affiliation, size, and resources. Despite the profound diversity incorporated into this collaboration, much similarity was found. It was evident that elements of both collective and shared trauma were present across student and faculty experiences described through the lens of bio-psycho-social-spiritual impacts. There was a consistent theme of students and faculty “losing time” identified through these narratives. They reported missing appointments and deadlines and even losing track of what day it was. Similarly, there were reports of opposing extremes in separating work and life, with some overworking and not being able to disconnect, while others withdrew and were disconnected. Both experiences were viewed as manifestations of a lack of control and being overwhelmed.

Alternately, stories shared variations in themes of cultural trauma. Faculty and students collectively were subjected to COVID-19 events heightened by concurrent and pre-existing cultural trauma. Black/African American and Latino/Hispanic groups are at an increased risk for illness, death, economic insecurities, and higher rates of exposure to COVID-19 (Laurencin & McClinton, 2020). Latinx and Black students in social work higher education are not immune to these disparities: first-generation and students with limited financial means in our departments appeared to be disproportionately impacted. Non-traditional and underrepresented students appeared to be more acutely impacted by a lack of childcare, limited access to technology, and increased economic hardship. Conversely, many of these students expressed unique strength in the face of these demands. While the authors watched mental health concern soar during the pandemic, many students who experienced depression and anxiety prior reported that they were managing as they always had. All in all, students shared stories of resilience and demonstrated longstanding survival skills to mitigate the impacts of the pandemic.

Despite the variation in institutions, all faculty involved were experienced teaching in a minority-serving institution and implementing trauma-informed teaching practices. Consistent with FTTF, the educators and administrator empowered students to utilize their voice through virtual community forums—collective and individual opportunities to share their experiences, seek support, and attempt meaning-making. Students took these opportunities in high numbers not traditionally seen in the programs pre-pandemic. Although students were likely experiencing trauma and clearly showing the signs of it, they were also responding to the opportunity for change and transformation. Faculty and administrators described a parallel process. They shared

similar effects on individual and interpersonal relationships at each level of functioning and experience: biological, psychological, social, relational, and spiritual. They also utilized the opportunity to process with each other as a group and overcome significant hardship through reconstruction of meaning and identity (Brady, 2018; Nytagodien & Neal, 2004). In response to the complex impacts of the pandemic, faculty and administrators transformed their existing systems to redefine social work in higher education.

As of the time of writing, the COVID-19 pandemic continues along with the disparities, inequity, and injustices across the country. Faculty, staff, and students across institutions face constant unknowns and continue to make profound adjustments. It is impossible to currently know the outcomes of this experience on social work education. The possibility of shared traumatic and professional post-traumatic growth provides the opportunity for re-envisioning social work education at this time (Tosone et al., 2016). There is precedent for such change within our systems and professions (Bauwens & Tosone, 2010), and we are now called to address these inequities, empower our students, and galvanize the present moment for growth.

Future research will allow researchers to examine the impact of the pandemic and, eventually, the end of it. Researchers must utilize both quantitative and qualitative means to examine these important consequences while academic institutions look to traditional measures of retention (e.g., grades, progression, academic appeals) to address disparities. Additionally, these institutions will have measures from their helping services (e.g., counseling, emergency financial aid, advising) that can be used to improve access for all students. In-depth qualitative examination of student, faculty, and administrative perspectives would allow institutions of higher education to take a deep dive into understanding the impacts of the pandemic and how each group found resilience. Longitudinal data collection will be particularly helpful to these future efforts as the long-term aftermath of the pandemic is unclear. Longitudinal studies will allow leaders to separate what might be short-term survival behaviors from long-term adaptations in individuals and institutions. There are also opportunities for policy analysis through continued research programs as the pandemic has required revisions to academic policies. For example, add/drop and withdrawal dates, pass/fail policies, and critical requirements for field hours were modified to support best outcomes for students and for the profession. It is important to understand the risks associated with these sudden policy changes and the opportunities for innovation and transformation of our systems. Social work research must continue to examine the impact of the COVID-19 pandemic to gain new understanding of trauma, resilience, innovation, and change from both individual and institutional perspectives.

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# A Professor's Reflection: What the Pandemic is Teaching Us About the Importance of Deconstructing Professionalism

Lakindra Mitchell Dove

**Abstract:** This narrative is an account of my experiences as a professor, teaching remotely during a pandemic. It addresses the impacts that COVID-19 has had on students, shifting how we prepare students to enter the helping professions. I incorporate my personal experiences of how I modified my teaching practices to support students, and in doing so, realized that the ways in which we have historically prepared students to enter the helping professions may no longer be applicable. This narrative examines professionalism and its usefulness for the social work profession, and how the pandemic has challenged us to consider the role of professionalism and how it may contribute to the inhibition of authentic engagement. This is a critical turning point for helping professions to examine outdated practices and explore incorporating inclusive practices that promote authenticity. This narrative discusses the need to deconstruct professionalism and promote the importance of authentic engagement.

**Keywords:** authentic engagement, helping professions, social work education, social work practice, use of self

The field practicum is a critical component of social work education. Through the practicum experience, students have the opportunity to apply learning, receive support and training, and enhance skills prior to entering the helping profession. In the fall of 2020, many students entered field practicums at a critical juncture as a result of the COVID-19 pandemic. Prior to, course preparation focused primarily on face-to-face engagement. The ways in which students had been instructed to practice were no longer feasible due to the shift to virtual practice. None of the students received instruction on how to navigate sitting in the comfort of their home, gathering personal information from a client, and having their child, partner, family members, or pet roaming in sight. These students were looking forward to the hands-on practical experience of being in an office setting, or out in the community, shadowing other professionals and applying skills. They certainly were not anticipating that they would be navigating how to use practice skills in a remote environment, sitting in front of a computer screen, oftentimes without the guidance or support of their field practicum supervisor. During synchronous class sessions students expressed experiences of cognitive dissonance when attempting to maintain standards of professionalism and engage in the ways in which they had been taught. The engagement strategies of tuning into the physical space, paying attention to body language, and sensing what is occurring during the exchange were difficult for students to apply. They were confused by how much they should share about their own functioning and limited capacity. They recognized that they were significantly impacted by the effects of COVID, yet they had been trained to maintain a professional stance. Some students were able to pick up on the nuances of how to adjust in a remote setting, with the support of professors who were willing to name what was occurring, demonstrate vulnerability, and be transparent about the collective impact of COVID, rather than adhere to the status quo of maintaining distance between themselves and students. These experiences raised questions about how we as social work educators and practitioners are

teaching the next generation of helping professionals to engage in practice in a world that has forever been transformed by the effects of the pandemic.

It is a very challenging time to be entering the helping professions, while the world is experiencing collective trauma. This is a distinct experience that will significantly shape the next generation of helping professionals: those who are dedicated to being of service and committed to working with individuals, groups, families, communities, and organizations.

As a professor teaching the practice sequence of social work courses focused on individuals and families, groups, and communities and organizations, I had to adjust my teaching practices to incorporate the current experiences of students by modifying course content to take into consideration the importance of social work practice in the midst of a pandemic. I feel fortunate to have the opportunity to reflect on adjustments to my teaching practices while I am still in the process of shifting. I have found moments of solitude to reflect on how the pandemic is significantly changing the field of social work in particular and the helping professions in general. It is apparent that the pandemic has further illuminated some of the significant challenges within the profession of social work, one being the emphasis on professionalism. Remote learning is yet another example that highlights tensions that exist within the social work profession, beckoning us to seriously examine the implications of professionalism.

From a historical perspective, this is one of the few times in modern history that the “professional” and the “client” have been simultaneously impacted by a massive crisis, specifically COVID-19, creating conditions that are outside of their control, and significantly impacting their environment and way of life because the “professional” and the “client” are not able to escape the reality of COVID. Although the degree of impact may vary, it is felt collectively nonetheless. This raises a critical question. Does professionalism prevent students from engaging in deeper work and has professionalism been used as a mechanism for differentiating roles and maintaining distance? These are thoughts that I pondered as a professor, as I witnessed students grapple with what it means to be a social worker during a pandemic and the role that professionalism plays during such challenging times.

Over the past few decades there have been many calls to reform and or abolish social work, citing concerns regarding sustainability of the profession given its current path of professionalization and the challenges with carrying out its stated core standards and principles (see Maylea, 2021). One of the ongoing concerns is the professionalization of social work. Professionalism has various meanings and interpretations. In the United States, professionalism is usually accepted as a set of standards in which one is expected to act. However, these standards are often perceived as a function of the dominant culture that lack an understanding and integration of diverse perspectives, both for those providing and receiving services. Professionalism at its core is rooted in Whiteness. Reisch (2013) asserts that the master narrative of social work as a profession requires that experts establish control, while devaluing the wisdom of clients and constituents. This perspective reinforces a hierarchal approach to engagement that has been accepted as the norm and embedded within the culture of social work practice, and completely ignores alternative perspectives, such as communal and egalitarian approaches. The master narrative contributes to the profession's ideas about values, conceptions

of service users, and a process for including or excluding ideas, beliefs, and assumptions (Reisch, 2013). Dominelli (1996) notes that as social work shifted to embrace the ideals of professionalization, many social workers sought user-friendly and empowering forms of practice rooted in non-elitist professionalism. This master narrative has long been a concern for social workers. How does the way in which professionalism functions take into consideration cultural differences? What does it mean to be professional? Are there universal standards and principles? Who determines what is professional? What happens if you do not operate in a professional manner? These are all questions that I considered as a social work student, then practitioner, and once again as an educator preparing the next generation of social workers to enter the field.

During my time as a student, the concept of professionalism never resonated with me. The principles were never clearly defined, and I never fully understood its purpose. It is absolutely important for each profession, especially helping professions, to have ethical standards and principles for practice, but professionalism is more nuanced. There are subtle implications that are often open to the interpretation of those involved in an interaction. We filter our interactions and experiences through our worldview, applying our understanding and meaning to experiences. With professionalism rooted in Whiteness, there is an explicit exclusion of other perspectives of engagement.

Early on in my career, I encountered internal challenges as I established my identity as a Black social worker. There were times when I doubted myself, questioned my skills, and overcompensated by code switching and attempting to adhere to the dominant culture's standards of practice. My understanding of professionalism translated to being on time, dressing in a particular manner (looking presentable), being mindful of my hairstyle (at times questioning wearing an afro), being prepared, minimizing emotional reactions and human connection (particularly with colleagues), carefully selecting my words, and essentially denying aspects of my being.

My interpretation of professionalism was that it was always code for "acting White"—espousing linear and individualistic concepts that were in direct opposition to my circular and communal worldview and cultural norms (see Stewart, 2022). My style of engagement as a practitioner was consistent with how Black social workers practiced prior to the establishment of social work as a profession. Many Black social workers lived in the same communities as the people they served (Bent-Goodley et al., 2017). This proximity was considered an advantage as it allowed Black social workers to gain a deeper understanding of the challenges experienced by members of their community. Bent-Goodley et al. (2017) indicate that historically "the social, physical, and economic distance between the workers and the clients was often minimal" in the Black community (p. 22). Unfortunately, this approach to social work practice is not widely embraced, and many students are never exposed to other approaches, and instead are encouraged to adhere to the dominant culture's standards of practice.

As a Black woman, I understood the implications of this construct, and that inevitably I would encounter experiences of professionalism as a form of gatekeeping once I entered the field of social work. As I gained more experience and confidence in my skills, I began to push back on standards of practice that were not culturally responsive and speak out about equity, bringing

these matters to the attention of administrators and engaging in dialogue about how to improve practices. I also took risks.

As a new employee at an organization I was asked to consider a special assignment due to my prior skills, with the agreement of a modified caseload. I quickly realized that I was duplicating work. I brought this to the attention of my supervisor, who applauded my efforts, but overlooked my concern that the assignment was not sustainable. After much debate, I decided that I was not willing to sacrifice my mental wellness and submitted my letter of resignation. There was an urgent meeting called with the director of the department and after much negotiation, I agreed to remain in my role, while being relieved of the duties of the special assignment.

This experience was a critical turning point for me. I felt empowered. I had initiated the change by taking a stance to address the situation and either way, the outcome would have been in my favor. I realized that I had been hesitant to speak up for myself. I was more concerned with being an efficient worker and proving that I could handle the assignment—after all, I had the skills to do so. I had suppressed my needs, compromised the quality of my work, and jeopardized my authentic self. These approaches did not support me in practicing in an authentic manner and I was not interested in dehumanizing myself for the sake of appearing professional or maintaining a position. I felt like I was being asked to choose between authenticity and professionalism. I chose authenticity.

There is definitely a distinction between professionalism and maintaining healthy boundaries when working with individuals, families, and communities. As a professor I have observed that some students get stuck trying to enact standards of professionalism. They strive to adhere to a script rather than allowing natural exchanges to occur in their interactions or embracing an authentic expression of themselves. I see students minimizing their personality, which often leads to them appearing stoic and disingenuous. It is a very confusing message to send to helping professionals who work primarily with people and are heavily influenced by human behaviors and patterns. Although I was conscious of not adhering to standards of professionalism in the ways in which I was taught as a social work student, or the ways in which I interpreted its meaning, there was still a subconscious narrative (the master narrative) unfolding for me and my role as a professor. A subtle narrative of me versus them, a sort of distancing that I perceived as necessary based on my role and what I had been conditioned to believe about the exchange between the professor and the student. Although the opposite experience was modeled through my interactions with my professors as an undergraduate student at a Historically Black University, I was still heavily influenced by the dominant narrative. The act of distancing allowed me to function in a way that felt comfortable and less vulnerable.

In relation to social work practice, Dominelli (1996) highlights a similar notion of detachment, as a seemingly favorable approach for the professionalism of the practitioner. I did not become consciously aware of the subtle influences of professionalism until the pandemic disrupted my flow of teaching, prompting me to examine my style of engagement with students and dismantle the subtleties of professionalism that I had previously maintained.

It was an expedited shift that occurred without much thought. So many of us, professors and students, made a quick transition during the onset of the pandemic. Although the crisis has proven to be more long-term than initially understood, extending beyond a year of remote learning for many institutions, there have been moments to reflect on the current impacts of the crisis and the potential long-term effects.

What I learned in spring 2020 is that my perception of me (professor) versus them (students) was false. This perception suddenly morphed into the collective we. Seemingly overnight my household, my family, and my personal life were thrust into the classroom. This initially felt very uncomfortable, as my process of deciding when and how I introduced aspects of myself collided with the loss of the physical classroom. I quickly learned that the notion of distance would be a barrier if I continued to resist the opportunity to explore other ways of engagement. I decided to embrace a communal approach, similar to what felt more natural when I was a social work student. This shift was necessary, and I no longer worried about maintaining professionalism or engaging in acts such as minimizing interruptions, shushing my children while I was teaching class, strategically positioning myself in my house where students could not see into my home, or worrying about maintaining a certain energy level to perform well.

This shift was not only specific to my engagement with students, but also colleagues and community partners. I had to question what was driving those automatic responses that were creating more stress and anxiety. There was an aspect of wanting to present as if I had it all together, that I knew what I was doing, and that I had everything under control. Once again, I examined the programming of professionalism.

I draw from my own experiences as examples of how those of us in the helping professions can begin to critique how we train students to engage with others and question the role and usefulness of professionalism. I continue to ponder the messages we send to students.

It is definitely time to deconstruct professionalism and examine whether it serves a constructive purpose in the helping professions. We teach students skills to conduct assessments, gathering the most personal information from others, asking others to trust us and be vulnerable with intimate aspects of their lives, yet we also teach students to limit what they offer of themselves in return. All for the sake of maintaining a professional stance. I often share with students that individuals are equally skilled at reading us and our energy. In essence, they are assessing us too. Genuineness, authenticity, and trustworthiness are often qualities that are being evaluated. Individuals who have prior history interfacing with helping professionals may have experiences of not getting their needs met or feeling deceived, and these are times when individuals should be met with authenticity and trustworthiness, not professionalism. I encourage students to share more of themselves, taking into consideration the importance of discretion, and ensuring that what they share is helpful for the client and the relationship, and not serving their individual needs. Although most individuals are engaging with helping professionals to address a need or receive a service, there is also value in acknowledging shared experiences.

Since spring 2020, I have also seen the shattering of professionalism among colleagues in the helping professions. The shift from in-person to remote engagement has impacted people on

varying levels. It has been interesting to observe the adjustment. Some seem more lax and at ease, while others appear to struggle with embracing a shift in communication and engagement styles. On some level there has been some recognition of how adaptability looks differently for everyone, and as a result, there has been more emphasis on the importance of being comfortable, and less evaluation of how people show up. This sends a message of not having to be “on,” which is often associated with professionalism.

I am also cognizant that for others, as a result of factors such as racism, sexism, and classism, the stakes remain high and there may be a need to maintain aspects of professionalism for one's own sense of safety and comfort. It may be risky for some to engage as their authentic selves, especially in environments where professionalism is the norm, and it is unclear whether one is explicitly or implicitly being evaluated by standards of professionalism. There is so much that we have gained from our collective pivot as a result of the pandemic.

There is also the realization that the ways in which we have previously functioned will never be the same. Although there may be a strong desire to go back to business as usual, and there are those who will attempt to maintain this status in the midst of a crisis, we cannot dismiss the massive impacts of COVID-19. So much has been lost, yet in our ability to adapt, new perspectives are emerging. These are perspectives that may not have been made possible had we not experienced this collective shift. “How can helping professions maintain their core values, principles, and the integrity of the profession while massive change is occurring?” is the question. I propose that we consider authentic engagement.

During the initial transition from in-person to remote teaching, I struggled with wanting to deliver course content efficiently. I had never taught remotely, and like so many other professors, I did not receive any training on how to do so. I was forced into a new environment, expected to excel, without any support. There was not a transitional phase. In that moment I had to figure it all out.

I found my anxiety increasing as time passed. I experienced psychosomatic symptoms and difficulty sleeping on nights prior to teaching classes. I was exhausted and needed to change my approach, or I would not be able to sustain through the year. I decided to share with students how difficult it was for me to show up week after week.

Students were surprised by my confession. Some noted how I seemed to have it all together, more so than other professors. Hooks (1994) asserts that it is often productive when professors take the first risk, such as sharing confessional narratives to academic discussions, to demonstrate how experiences can enhance the understanding of academic material. In this case, my confession was an illustration of a shared experience within an academic setting as a result of the pandemic. I shared some of my self-care practices such as breathing techniques, chants, and the use of aromatherapy to help clear my mind and center myself prior to logging on for class. It was important for me to display vulnerability and candidness about my experiences. I felt relieved that I was no longer holding this tension or self-imposing unrealistic expectations. I was still attempting to maintain a high standard of teaching without extending myself any grace.

I invited students into my space and shared my internal struggles, which helped to humanize my experiences.

In retrospect, I was learning how to transgress the boundaries of teaching. hooks (1994) emphasizes the importance of self-actualization and the promotion of well-being in order to teach in a manner that empowers students. My moment of self-actualization was releasing the standards and ideals attached to the professionalization of teaching.

These are the lessons learned that have supported my decision to move away from professionalism and embrace authentic engagement:

- 1) Showing up as I am in the moment. This is essential during times when I may not meet a deadline, be able to acknowledge the need for assistance, or give myself permission to process what is or is not working and make different choices without punishing myself for not being able to adhere to past work ethics or standards.
- 2) Being open to expressing my authentic self. This creates opportunities for me to be vulnerable and allows my true personality to emerge, creating additional avenues for authentic engagement.
- 3) Engaging in a humane manner and maintaining healthy boundaries. This allows me to be open to a range of emotions, reciprocal interactions, and to be clear about the function of my role.
- 4) Allowing my experiences to contribute to the narrative when appropriate. This includes sharing my past triumphs and challenges as a social worker and discussing how I could have done things differently, mistakes I made, and what I gained from the experiences.
- 5) Serving as a role model for cross-cultural communication. This is critical for setting the stage for how to communicate compassionately about different perspectives and lived experiences. This also includes not assuming everyone will understand my perspective and being open to articulating myself in various ways. As our society experiences a deep purge of historical trauma, necessary for true liberation, being able to understand these dynamics as a helping professional is essential. This is not about taking sides or establishing a position, rather holding space for what is and being able to facilitate a dialogue about the experiences.
- 6) Adhering to standards and principles of the profession, not professionalism. As a social work educator, I am reminded of the core values and principles of the profession that resonate with me: racial equity and social justice, what the profession is striving towards. I am reminded also of how this can get lost in day-to-day interactions when there may be more focus on professionalism and less emphasis on how we embody social work values and principles.



Based on the experiences shared by students and my observations during the pandemic, I would argue that professionalism stifled students' skill development as they attempted to adjust to a new practice environment that was not conducive to the practice standards embraced by the profession. In these moments, students needed permission to deviate from these practices and support in normalizing their experiences. The remote learning environment amplified this longstanding concern of professionalism. It also illuminated how students were hesitant to be vulnerable, share intimate space with others, and adapt to unexpected changes. However, we cannot fault students for attempting to survive without the proper training.

As an educator working to support the next generation of helping professionals, I recognize that I have a responsibility to prepare social workers to enter the field. These experiences have reinforced the importance of ensuring humanity is at the forefront of social work practice. As a profession, we have increasingly strayed away from our core values in exchange for the perceived benefits of professionalization. This has not only impacted social work practice; it has also seeped into social work education. This is problematic as it influences the next generation of social workers and perpetuates a narrative rooted in Whiteness that excludes multiple racial and cultural perspectives that are essential to the social work profession. It also positions professionalism as the primary standard of practice.

It is time that we critically analyze our approaches to social work practice and education and demand change. Our institutions were developed by dominant culture and are designed to reinforce systems of power and privilege—the status quo must be deconstructed before any desired change can occur (Reisch, 2013). The pandemic has provided several examples of why this analysis is warranted. Some propose reform, while others call for abolition of social work (Maylea, 2021). For either stance, this is an opportune moment to consider moving away from concepts and constructs that are not in alignment with who we say we are as a profession.

One suggestion would be to adapt liberatory approaches to teaching and practice developed by scholars such as Freire (1968/1970) and hooks (1994) that complement the profession. As educators we can begin to liberate our classrooms by challenging curricula, embracing diverse approaches to teaching, resisting the master narrative, and cultivating critical consciousness among our students. We can begin by being role models—embracing ways of engagement that are authentic and promote empowerment. As I have learned, we can give ourselves permission to detox from the adverse effects of professionalism. Most importantly, we can collectively start deconstructing outdated practices and consider new and existing practices that better align with our core values and principles as a social work profession.

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# Souvenirs from the Journey: Building Compassion Satisfaction through Confidence, Competence, Connectedness, and a Climate of Compassion

E. Ayn Welleford

**Abstract:** I didn't realize mine was a story of building resiliency and compassion satisfaction until the COVID-19 pandemic emerged and I began to hear students, colleagues, friends, and family echo similar narratives from their journeys. Nurturing our compassion satisfaction is our first duty as helping professionals. Sometimes the best tools for resiliency in times of crisis come from the souvenirs from our own stories, hard won remembrances, personal lessons in narrative care. This article shares lessons learned for building compassion satisfaction: confidence in our big why, competence in our tools, connection with our village, and creating a climate of compassion for self and others so we may thrive in times of struggle.

**Keywords:** compassion fatigue, compassion satisfaction, COVID-19, self-care, self-compassion, trauma, resilience

We are all works in progress.

— G. Kinman, personal communication, August 2018

My husband and I have been in training for a pandemic for more than a decade. In 2004 he was diagnosed with Non-Hodgkin's Lymphoma. With his diagnosis came heightened caution about germs and illness, concerns about hugs and handshakes, avoidance of crowds, no fresh flowers or eating raw vegetables, sanitized surfaces, occasional mask-wearing, and lots and lots of handwashing. These were daily health precautions in our home.

I didn't realize mine was a story of building resiliency and compassion satisfaction until the COVID-19 pandemic emerged. All of a sudden I began to hear students, colleagues, friends, and family echo similar narratives from their journeys.

As human beings we may experience many different types of tragedy and trauma throughout our lifetime. The naming and awareness of, response to, and recovery from the experiences are all unique to the individual. However, unifying characteristics exist. The Substance Abuse and Mental Health Services Administration's (SAMHSA) working definition of trauma includes the three Es: "an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening with lasting adverse effects on the individual functioning and mental, physical, social, emotional, or spiritual well-being" (SAMHSA, 2014, p. 7).

Because of the important mediating role of compassion satisfaction in reducing or preventing the trauma that precipitates compassion fatigue, building resilience, self-efficacy, and meaning-making are essential to the transformation from negative to positive aspects (Cocker & Joss, 2016; Stamm, 2016) of emotional labor.

We cannot talk about trauma without also talking about *resilience*: the ability to recover from and transcend adversity. Resiliency is an individual's toolkit strengths and resources, as well as internal and external protective factors that help a person to recover from, or succeed despite, adverse circumstances (Gentry et al., 2010). It is the psychological well of strength that individuals draw from in times of hardship. Resiliency is the gift often hard-won from hardship. Resiliency is the souvenir.

By definition, a souvenir is something kept as a reminder of one's journey or experience. I am impressed by people who showcase their souvenirs in glass cases, categorized and organized... Mine resemble a junk drawer of less tangible stories, quotes, images, memories... Each reminds me of where I've been, and what I must remember. At this stage of my journey, I am still sifting through and examining my souvenirs trying to make sense of and hold tight to these lessons.

Your story may be the key to unlock another's prison.

— author unknown

### **Where the Journey Began**

I'm gonna love you like I'm gonna lose you.

— Meghan Trainor, *Like I'm Gonna Lose You*

"Something funny about my blood." That's what my husband said when he came home from the appointment. "Just going to have some additional blood work."

Hm. Should I be worried?

The follow-up appointment information arrived in the mail from Virginia Cancer Institute.

Maybe that was the time to be worried?

It was a warm sunny Friday afternoon. We were excited to see that there was a Brewster's ice cream shop near the VCI building and looking forward to a post-appointment treat.

It was quiet in the office, winding down from the week.

The doctor greeted us warmly with "Hematologist/Oncologist" printed on his white coat.

Uhm. Could this be something?

He was unrushed and pleasant as he reviewed the test results. "These are a bit abnormal, but not so far out of the range to cause alarm. Hop on the table and let's just take a look."

I'm thinking about ice cream.

He began poking and paused.

“So, while your blood work doesn’t look alarming, have you noticed this large lump in your neck?”

Uhm...

## **Souvenirs for Building Confidence**

### **Terror**

If you’ve been faced with the feeling that one day you will be without “your person,” then you are acquainted with this type of terror, and we are kindred. Terror drags his sharp snaggy fingers through your days, catching you up as you go about your plans. Once you’ve become acquainted with him, he follows you from room to room, he sits on park benches staring you down over his newspaper, he shows up at dinner parties uninvited, unexpectedly dulling the conversation. You never shake him, and you will never be the same. Terror changes you and the things that once seemed important, essential tasks and priorities. Terror reshuffles the deck. You wonder how the world keeps turning while you sit staring eye-to-eye with Terror.

There’s a secret society of silence about Terror. Rarely does anyone talk about Terror once they’ve met him, and ones who aren’t yet acquainted don’t seem to notice his lurking. The mere mention is too jarring. Besides, their Terror is not your Terror. I most certainly don’t want your Terror shaking hands with my Terror, getting acquainted and showing up, arm in arm, strolling blithely down the street. Nope. Talking about it definitely will not make me feel better. My Terror is all about me, and I’m not interested in having grown-up conversations about Him. In fact, mostly I want to sit in the dark, stroke my Terror, cry in the shower, my Terror and me.

If growing up is the process of creating ideas and dreams about what life should be then maturity is letting go again.

— Mary Beth Danielson, *Broken Days*

### **Clarity**

Without the ever-present sense of death, life is insipid. You may as well live on the whites of eggs.

— Muriel Spark, *Memento Mori*

Sara Ban Breathnach (1995) put it this way: “When you are worried about your health or the health of a loved one, your concentration focuses like a laser. Suddenly there is clarity about all of life because you realize what is important” (p. 12). But first, everything becomes completely unclear. Fear shakes your confidence. There’s a thing that happens when you lose faith in the external world’s answers and solutions, barn-burning-down-and-seeing-the-moon style, when you realize that most everything you believe about a thing is wrong or at least not wholly true. And many of those untruths you have been practicing to perfection your entire life. The familiar models and labels packed into your emotional suitcase along the way have never been

questioned. So many of us travel heavy. We are simply stickier than others, picking up things along the path that may not be ours to carry—putting us at greater risk for Secondary Traumatic Stress (STS) from the wounds we carry for ourselves and others and burnout when demands exceed resources. In this depleted state, waning confidence in our resilience, purpose, and joy sends us steadily down the path to compassion fatigue (Flarity et al., 2016).

When a fresh clarity calls for unpacking, the unpacking is PAINFUL. So painful, in fact, that the familiarity of carrying seems less burdensome. The glimpse of clarity fades, pulling us further away still from our natural essence and path of compassion satisfaction.

### **Prune Baby Prune**

The road to enlightenment is long and difficult, and you should try not to forget snacks and magazines.

— Anne Lamott, *Traveling Mercies: Some Thoughts on Faith*

I catch a glimpse of myself in the large windows in the chemo room. I'm momentarily stunned. Jim says that we are over-hobbed. This is what over-hobbed looks like: like a pack mule. As a rule, I travel heavy. I am sticky. I gather and collect and carry it all with me. Today it's lunch, snacks, coffee, water, knitting, laptop, book, and my packed and weighty planner. I'm in for the long haul of treatment day.

Some days it is overworking, others too many projects on my knitting needles, or too much garden to weed, or too many house projects to successfully complete in a lifetime. I pack too much, carry too much, plan too many things in an hour, overbook every moment. I pack and carry it all with me. Just. In. Case. This is my every day. And there I am looking back at me. Jim turns to me and asks, "Which chairs do we prefer today?" I startle back into the room. A momentary pause brings many things. We are naturally meaning-making machines, and I know there must be a lesson in here, if only I will sit still long enough to listen. Whether it's our own illness or the illness of another, these things come upon us, and we react with such surprise.

We ignore our health, burn the candle at both ends, neglect self-care, spread ourselves too thin, borrow on our futures, you know all the metaphors, and then are astonished when we are ill-prepared when crisis arises. Some thick-headed souls like myself must be forced to sit down, sit still, take note, and chart a new path. It sounds easy enough, to begin the unpacking, but the path is painfully unfamiliar. This is new territory with no map, no GPS, and now what if you had none of your own stuff? We love our baggage because it is comfortable; we believe this is where our strength lies.

### **Souvenirs for Building Competence**

#### **Internship Year Capstone**

These tools that supported your survival will not support your thriving.

— author unknown

This capstone has been a killer! I've come through this very long "internship," demanding that I level up. It's as if I have been chugging through the semester and then very nearly at the end, I take a glance back at the syllabus and realize that I've missed some key learning objectives and have to cram! I am asking myself, am I really fit for duty? Mid-life is the practice ground for elderhood, a rich and fertile place to dig through the refuse and discover the treasures and tools needed for the bonus round of later life, the blessing of longevity. Practice ground brings resilience. Enjoy the bustle if you are to reap the rewards of the journey (Schaie, 1994).

Dis-comfort like dis-ease is a fertile launching point, a warning bell that big change is coming. Life shifts at points where we experience biological readiness and environmental demand—development is needed, time to grow (Piaget, 1972)! There is better beyond now. The key is to recognize growing pains when you feel them at whatever step along the journey, rather than mask, joke, deny, or label them as a permanent state. Recognize growing pains as stones on the path of the learning journey. When clarity flickers, recognize it as a powerful time for reflection and renewal. Don't deny. Dig! Don't just do something. Sit there! Sit with that feeling and ask the Important questions: What are you? Here to teach me? I've discovered that the focus that accompanies this type of isolating feeling is essential for the unpacking, opening the suitcase. Maybe it's time to lighten the load. I'm reminded of the encouragement, often attributed to Thomas Merton, to question which wall our ladder to success is leaning against because we may find that all along we have been choosing the wrong wall. Plot twist. Pivot. GROW.

### **Well Heeled. Well Healed.**

H.A.L.T. Never allow yourself to become too Hungry. Angry. Lonely. Tired.

— Cleveland Clinic (<https://health.clevelandclinic.org/halt-hungry-angry-lonely-tired/>)

People frequently say to one another "I hope you're taking care of yourself." Or "I hope you're making time for yourself." Well-meaning people use these phrases not knowing how isolating and damaging these phrases can feel to the recipient.

I'm also aware that if I cannot hear this well-intended message with kindness then I know that my emotional well has run dry. I'm fumbling, having lost all strength and tools at the bottom of this pit and some seemingly kind-hearted soul is only attempting to send me words of encouragement to which I'm responding with echoes of "F@#\$ youuuuuuuu, throw me a god damn rope!" I know I need to get myself right! I am not competent, nor can I be trusted to have my own back (Cocker & Joss, 2016; Nolte et al., 2017). I need to retool.

Stemming from my own curiosity, I recently asked a group of women how many of them had a formal self-care plan that they could articulate or write down and share if called on to do so. Of about 300 or so women in the room, only 10–12 raised their hands. WHAT IS WRONG WITH THIS PICTURE? How do we expect to be fit for duty if we aren't keeping ourselves emotionally, physically, or even spiritually fit? And how can we think we would know how to support or care for another if we cannot say for ourselves what care looks like? Clearly, many of us are equally complicit.

Early on, when Jim was first diagnosed, shoe shopping was my only self-care strategy. No lie, I cried the first time I walked into the chemo room. It was a sad, sick, loud, cold, lonely, hard fear. That's how the room felt to me. My insides fluttered. I wanted to run! It was so painful that sometimes, while Jim slept, I took myself shoe shopping. That all changed the first time I watched someone code during treatment. I never left again. I sat, anchored to my chair, internally scrambling for new strategies.

Looking back, it is no wonder that many of those shoes I purchased on treatment days fit so poorly... poor fit ... bad fit... unfit ... I was unfit and didn't know how to get myself right, so I reached for a strategy espoused loudly from the dominant narrative of self-care: shop. It never worked for me. Instead of feeling healed and cared for I felt unsatisfied, remorseful, guilty, and burdened, not to mention pinched and blistered. That was an expensive attempt at self-care that never did the job. Turns out, self-nurturing and self-compassion are much less expensive once you know what you really need. Self-care, of the self-honoring style, looks more like daily attention to what I call the big six basic wellness practices: sleep/rest, nutrition, hydration, elimination, mobility/ambulation, and social engagement. Or as my mother used to say, "A nap and a snack."

Let the soft animal of your body love what it loves.

— Mary Oliver, *Wild Geese*

### **Souvenirs for Building a Connectedness and a Climate of Compassion**

The most insidious aspect of compassion fatigue is that it attacks the very core of what brought us into this work: our empathy and compassion for others. (Mathieu, 2007, p. 1)

#### **No Juice for the Squeeze**

2008 was a very full year. Whenever Jim and I think back to try to recall when an event occurred, we say to each other, "it must have been 2008." Jim was still having regularly scheduled chemotherapy, his mother was ill and dying several states away, and he had broken his leg in a motorcycle accident.

The swelling in his ankle had finally gone down enough to schedule the surgery. Our nurse came into the room and matter-of-factly told us when the surgery would be. I already had my calendar open. At this point in our medical care journey together, I was quite accustomed to the back-and-forth "how-do-these-dates-work-for-you" appointment scheduling game. However, this was not that. I broke into a sweat as I realized how many meetings I would have to reschedule in order to make the date work.

My internal dialogue spinning, "Could they have chosen a worse day? I mean, seriously? How non-person-centered could they be?" I fumed, working myself into an absolute fizz. I looked at Jim as if to ask, "Can you believe the arrogant, non-person-centered, thoughtlessness of the medical profession?"



However, the look on Jim's face told a different story. His expression was flat, hard, cold, silent.

I am embarrassed to admit my own non-person-centered thoughts about my very own person. We wear ourselves down to nubs with all of the doing and wonder why it feels so empty when our schedules are so full. Yet another flicker that maybe my ladder was against the wrong wall.

We are driven to care by our own compassion satisfaction or big why, the joy and meaning brought by caring. But this caring core can become outweighed by risk and triggers and context. In the day-to-day experiences of STS and burnout, the joy and meaning of our big why gets dinged and battered and buried until we become so disconnected from ourselves, from our loved ones, from what brought us to this caring core in the first place. We lose confidence in our ability to continue.

Somewhere along the way Jim's cancer journey became my own course in self-compassion. Collecting souvenirs along the way from my own learning journey, hard lessons of discovery that I couldn't be the person I wanted to be for him if I weren't first fit for duty, for myself. For me, this began with getting reacquainted with my own big why and who I wanted to be vs. what I wanted to do.

### **Let's Rethink that Oxygen Mask Metaphor**

I wonder if women's fear of dependency doesn't stem from being too much depended upon.

— Gloria Steinem, *Doing Sixty and Seventy*

Let's face it, there's no such thing as self-CPR. And if you've been the one sharing the mask a shift may be challenging. Regardless of the metaphors about putting the oxygen mask on yourself first, be honest, most of us don't actually do that. First, let's rethink the frequently used oxygen mask metaphor. Let's be clear: the oxygen mask only falls from the overhead when the plane is losing cabin pressure. There is obvious trouble, and the passengers are unsettled. There are times in the pit of compassion fatigue when we feel depleted from the emotional labor of caring for others, and we do not have the tools or personal resilience to have our own backs (Nolte et al., 2017), and we must seek support from our village. Always feeling as if you are the one sharing the mask is not a sustainable scenario. Sometimes we are incapable of having our own backs. In my exploration and self-discovery, I came across some helpful and heartbreaking research.

Nolte shared the following reflection regarding individuals at greater risk for compassion fatigue:

There were feelings . . . of not being able to identify options to deal with stress . . . unable to diffuse the distress they experienced . . . through use of internal dialogue with self or verbalization with others—strategies believed to distance . . . from compassion fatigue. Those who were unable to internally dialogue regarding care provided, diffuse stress, and

maintain perspective faced significant inner conflict to “opt out.” (2017, p. 4369)

This speaks to what Flarity and colleagues (2016) refer to as the exhaustion funnel, in which individuals with high levels of fatigue have spiraled far beyond the safety of the buffering provided by compassion satisfaction, basic wellness practices, and resiliency tools to pull themselves back from the debilitation of compassion fatigue. In depleted states, highly fatigued individuals are not working from a place of strength and do not have the best use of their existing skills and tools.

This is what it feels like to not have your own back. At this point, we cannot expect to “pull ourselves up by our own bootstraps” as if independence was ever really a thing. This quote also identifies why we cannot simply recommend self-care to another person by saying, “Let me know if I can help,” or “I hope you’re taking care of yourself.” No, in these situations, it is important to do something—even if it may be the wrong thing.

It is not a leap to say that it is dangerous and damaging to take anything other than a trauma-informed approach to addressing compassion fatigue. Casually suggesting that a person buried under their compassion fatigue seek better self-care can be like throwing gasoline on a house that’s already on fire. It sets ablaze a blame, shame, and anger trifecta. It is beyond not helpful—it can actually be damaging and hurtful to folks, sending them further down the isolating pathway to compassion fatigue, exacerbating the feeling of being “alone in a crowded room” (Nolte et al., 2017, p. 4373). Additionally, the upstream mental health cascade of the diseases of despair are knocking at the door.

This is a village effort. Just like those women that I questioned about their self-care practices, we must learn or re-learn to have our own backs, and in this way, we will heal each other.

### **Enter Village Reform**

When people show you who they are, believe them.

— Maya Angelou (<https://www.youtube.com/watch?v=xcXdHDnKV2g>)

I have heard it said that we are each a product of the five people with whom we spend the most time. Learning to be selective about who is in your village and intentional about who receives your energy and simultaneously whose energy you receive is a recognized developmental shift (Carstensen, 2006). What brings on the shift is different for everyone. For some, becoming selective or “reforming the village” is a necessary step to close the lid to reduce additional risk for STS.

I found, as Nolte and colleagues (2017) suggest, that I couldn’t have my own back and I needed to retool in order to build my own resilience by being selective about sharing my oxygen mask and choosing some new villagers who could help me relearn by modeling resiliency practices so I could, in turn, unpack my relational scripts and internal working models.

There is ample research describing personal risk for compassion fatigue (Nolte et al., 2017). I've begun to think of risk for compassion fatigue along a continuum. Imagine the following scenario as an illustration of the "Sticky People Continuum." You walk into a room, bag over your shoulder, coffee in one hand, an armload of notebooks and materials in the other. As you enter the room, you stumble. There's an avalanche of coffee, notebooks, and the contents of your book bag everywhere.

From the people around the table you receive several responses. Several may respond, "Oh. Let me help you with that." Others would stand up to come help you. These are the mid-level Sticky People. There is at least one person at the table who would have, anticipating the avalanche, launched themselves across the table. Meet Level Ten, Super Sticky!

Then there is one final type of person sitting at the far end of the table filing her nails and checking her phone. She glances up and maybe says, "Oh, it looks like you dropped something," and goes back casually to what she is doing. This person is "Non-Stick." This is the first person to invite into your village. Non-Stick is your "To Don't List Mentor." You may not necessarily want to be friends with Non-Stick, but you will want to keep her in mind when you consider picking up some new task or responsibility. We need a To Don't List Mentor in our village in order to put a lid on the stress and experiences flowing in that can increase our risk for STS and ultimately compassion fatigue. Those of us who are at greater risk for compassion fatigue, or "Sticky People," are always picking up things that don't actually belong to us: tasks, roles, duties, and responsibilities. We need guidance about how NOT to do this.

The second villager I invited was my "Permission Slip Writer." And then the Permission Slip Writer, you know, sometimes we need somebody to tell us, no, you don't have to go to that tenth Zoom meeting today. It's OK to take a day off. It's OK to sleep in. It's OK not to return that phone call today. This is also the villager who gives permission to say "no thank you" for unwanted offers. From your Permission Slip Writer, we Super Sticky people can learn to have confidence in our own "No." This villager must be always ready to send messages to keep me on track. We Sticky People become containers for other people's stress and trauma, and this is a potential. So full up with other people's emotions that we cannot connect with our own meaning and emotions.

Given that Sticky People tilt toward a negative explanatory style and benefit from support in order to drown out the voice of their inner critic, I needed more "Cheerleaders" in my village. My inner critic is well-practiced, carries a large megaphone, and seems to never sleep. I needed a whole squad, actually, someone who is going to say, "You are doing a great job," and often more importantly, "It's all going to be OK." "You got this." A village may be full of actual people, or it may be a Pinterest board filled with uplifting quotes that you scroll through when you need a boost.

As a reminder to set an "off switch," I also added a "Playdate Partner," to remind me to add some fun in my day. Many of us who are at risk for compassion fatigue have no off switch from our work roles or other duties. We need people who are going to remind us to go do something

fun, diversify our identity pie, and pull ourselves away from this over-identification with the work role.

The Cheerleaders are very good friends with the “Bouncer.” My village Bouncer shows up to greet my inner critic. She carries a basket of party favors and says, “Thank you for coming, let me see you out!” whenever your inner critic shows up uninvited.

Every event needs a “Coat Check Person.” As Sticky People, we become containers of the stress and trauma of others (refer back to STS). We need someone we can point to to say, “Hi there, may I take that for you?” And they will. We become so overflowing, we need a place to dip out and debrief with a person, a therapist, or a journal.

### **Lessons Learned on Building Compassion Satisfaction: Confidence, Competence, and a Connected Climate of Compassion**

Be a lamp, or a lifeboat, or a ladder. Help someone’s soul heal. Walk out of your house like a shepherd.

— Rumi, *Poem 3090*

The same research that is illuminating the neuroscience of trauma is also accelerating our collective understanding of how to protect and inoculate ourselves from its long-term, negative effects. A strong and growing body of research shows that consistent and intentional actions that promote safety, compassion, self-efficacy, basic wellness practices, and connection can support and heal (van der Kolk, 2014). Moreover, resilience can be taught, applied, and practiced with positive results.

Through this journey, I’ve discovered that building resiliency for emotional labor comes from tiny intentional ongoing actions to build confidence in my big why, competence in my knowledge and skills, and connectedness with myself and others. Self-compassion is our moral imperative as carers and helping professionals. It is the foundation of all human flourishing, and yet it is often the first discarded in times of crisis. Your big why may become scuffed, buried, neglected, abused, and even forgotten along the journey. This happens so easily in the accumulation of external duties and demands, roles and responsibilities, lost among all that we carry. Retooling for harmonizing compassion fatigue and compassion satisfaction looks like the practice of narrative care: deep listening, open dialogue, transparency, a fierce commitment to justice and tenderness, and whole person person-centeredness.

Decide what to be and go be it.

— The Avett Brothers, *Head Full of Doubt/Road Full of Promise*

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# Building a Creative Community: Lessons Learned from Efforts to Expand a Youth Social Justice Writing Internship in a Pandemic

Heather Murphy Sloane, Duvonna Goins, Amy Rowe, Nick Meuser, Dai'ja Banks, Lori Lux, and Tulani Black

**Abstract:** This is a firsthand account of efforts made to expand a social justice writing mentoring internship during the COVID-19 changes to universities and public schools that began March 2020. The Fearless Writers project was put in place to disrupt neighborhood segregation experienced in the United States by partnering university students with inner-city public high school students. This account incorporates creative writing produced during this time within the internship, with the permission of the writers. These small written pieces serve as evidence of thoughts and feelings shared by members of this unique creative community during a time of health and racial crisis. Reflections are shared about the challenges of continuing a social work internship, including the risk of not knowing what would happen to the project that was constantly shifting while local and state governments were scrambling to plan for community safety.

**Keywords:** COVID-19, social justice, disparity, advocacy

## Fearless Writers: Brief Project Overview

The Fearless Writers (FW) project is a five-year collaboration between public high schools and a university social work program in Ohio. This project began with the assistance of an MSW student who was an intern with the primary author at another setting and oversaw an afterschool program with one of the city high schools. The Amherst Writers and Artists writing group method (Schneider, 2003) was utilized with a pilot group of freshman high school youth from Toledo public schools. It was this original group who named the project Fearless Writers (Sloane, 2019). The majority of these middle-school students went on to write throughout their four years of high school. Originally, the project took place during the day at a time when students normally had a study hall. After the pilot year, the project was then made available to additional high-school freshman, sophomores, juniors, and seniors involved in an enrichment program at the school and was introduced to the students by their classroom teachers.

After the program's pilot year, the older students received opportunities for autoethnographic research. In the first year of research, the FW were included in an exploration of neighborhood segregation with me (Sloane). As the result of previous research interviewing physicians about their understandings of poverty, I hypothesized that social separation was contributing to misunderstandings of race and economic status within health care practices (Sloane, 2015). After this initial year, high school students generated the research topics and led the discussions. The university students and faculty facilitator would create writing prompts based on research literature and popular media about the topic, inspired by discussions within the group.

I am a social work faculty member trained in Amherst Writers and Artists writing group methods created by Pat Schneider (2003). I also serve as the main facilitator of FW. The university students involved in the project are trained in the writing group method and write with the high school students using prompts. Both high school students and university mentors share their raw written pieces, often completed in five to seven minutes. All group members are encouraged to give strengths-based feedback about what aspect of another's writing they found powerful. This writing and feedback process can be very therapeutic, but the purpose of the writing isn't therapy; it is to recognize and respect each member as a writer and artist. This raw writing also serves as evidence of each member's thoughts, feelings, and perspectives on the topic of focus for the year. These written experiences then serve as field notes in a collaborative autoethnographic investigation.

FW is intended as a social justice intervention. Everyone gives feedback because every member of the group has an important and unique voice. The group reminds each member that their perspective matters. This nurturing of voice then extends to high school students leading participatory action research (see Eubanks, 2011) using collaborative autoethnographic methods (see Lockford & Pelias, 2021). Participant researchers make observations about the world around them; these observations are put into cultural context through discussion with those of differing perspective and in conversation with other researchers (Ellis et al., 2010). The hope of FW is to encourage confidence in young people's voice and to nurture advocacy. Students involved in FW have investigated important topics like social separation, gun violence, and stereotypes. The students involved in FW have presented at the annual Human Trafficking & Social Justice Conference (HT & SJ Conference) (2017–2021) at the University of Toledo and the Black Issues Conference (2020–2021) at Bowling Green State University; in addition, these students have been published in the interdisciplinary journal *the quint* (Sloane, 2019).

The students of FW have been a part of the HT & SJ Conference at the University of Toledo since their humble beginnings in 2017. The conference has several exhibits each year to highlight the importance of art to social justice awareness. Local visual artists have been invited to create artwork to accompany the high school student and mentor writing pieces, and materials are presented about the theme of the research for the year (Sloane, 2019). Both the Amherst Artist and Writers method and autoethnographic research emphasize the importance of audience to the writing process and to the research process (Ellis et al., 2010; Schneider, 2003). FW has benefitted from the support of the HT & SJ Conference as an opportunity to get the students' work out to an audience for feedback—and as an experience seeing firsthand the power of their words, thoughts, and experiences in better understanding their chosen social justice issue.

Leading up to March 2020, the writing groups were facilitated in person; the facilitator and university mentors would meet at the high school during the school day twice a week. The university students were from professional programs including social work, physical therapy, nursing, medicine, and pharmacy. For students training to be healthcare professionals, the writing groups are an opportunity to learn about the realities of neighborhoods outside of their experience in order to dispel stereotypes and to increase empathy and understanding about how social determinants impact health outcomes.



Changing to a virtual format during COVID-19 restrictions allowed the project to consider the inclusion of multiple high schools, a hope of the FW members from the class of 2019 who had studied the cost of racial and economic separation in the United States (Sloane, 2019). Leading up to the school closings in March, several writing groups had been held with a rural area public school in hopes of bringing two high schools together to write as a combined group. COVID-19 was an excuse for the project to be in several schools at one time. This expansion would bring students from very different neighborhoods together to learn from each other and create connection despite social separation.

A social work internship was developed at the same time as the FW project after the initial spring semester FW pilot in 2017. The social work internship was developed with three education interprofessional interventions, FW being only one aspect of the student learning (Sloane et al., 2020). The internship started as part of a Medicaid grant program encouraging interprofessional healthcare students to work in underserved communities. Over the years, the internship had been attractive to a diverse group of college students, because the hours tended to be flexible and the experience had micro and macro-level learning opportunities. The internship allowed students a chance to learn more about the city the university is located in; several students mentioned this experience influenced their future goals to pursue community organizing and start urban agencies. Several of the student interns were from the Detroit, Baltimore, or Cleveland areas. We had only one intern who graduated from the high school where the initial program was started over five years earlier. Other students were interested in working with young people, and the social work program had limited opportunities to work with adolescents. Social work students with a love of creative writing were also attracted to the internship. The project has been fortunate to attract several university interns who are Black leaders at the university and in their home communities.

Inspired by Bobby Seale's opening speech at the Black Issues Conference at Bowling Green State University in February 2020, FW chose to focus on and create writing prompts inspired by the history of Black neighborhoods in Toledo for the academic year of 2020–2021. The internship team began looking for what we could find about Black life in Toledo from local newspaper archives and the National Museum of African American History and Culture. We found very little initially, save a picture of a child at a clothing closet with Black Panther posters in the background. We also learned of a Social Justice Community Day that occurred in Toledo July 1972 and was sponsored by the Black Panthers, where there was food and clothing distribution, information about voting, and sickle cell testing. As a writing community, the students involved in FW have always gravitated to topics that helped them better understand systemic racism. The majority of the original high school students involved in FW were African American. The hidden history of Black Toledo became our guiding light for the year. The book *Black Toledo: A Documentary History of the African American Experience in Toledo, Ohio* (Alkalimat & Patterson, 2017) was a helpful map to our journey as a group—helping us learn more about the contributions of the Black community in the Toledo area.

## **The Screen Goes Blank**

Nick Meuser and I (Sloane) stumbled into the high school out of the cold wind, our hoods and gloves hastily removed. We were excited to see the kids, but not super thrilled we were not taking every moment of our spring break to relax. We had heard whispers about COVID-19, mostly at the student-run free clinic, but it was still a far-off concern. The mysterious virus would be a storm we hoped would pass us by. We knew a health crisis was coming, but we had no clue of its impact, or how quickly our lives would be consumed with anxiety about what to do next. The children's written work had just been published in an interdisciplinary journal, and we had just finished presenting at the Black Issues Conference (2020) at another university; it had been a wonderful year for FW. Our triumph was barely celebrated when the university and the high school were abruptly shut down to prevent the spread of the virus, and the project jolted to a stop. During our last time together face-to-face, we attempted a poetry prompt with the juniors with no luck. The kids wanted to talk about the virus. I tried to reassure them, but I felt ill-informed. Nick, too, tried to give room for expression of anxiety without flaming fear. After that day, we put the students' notebooks into the storage cabinet, not knowing we would not return to the high school. Of our thirty writers involved in the in-person writing project, only seven of these original students would regularly participate in our virtual writing group opportunities. Excerpts from the writing groups over the time of the COVID-19 restrictions will be shared throughout this article.

## **Flashbulb**

By Nick Meuser, MSW intern, February 2020. This piece was performed at the Black Issues Conference (2020).

Prompt: A video on social media of guns being fired at a local high school's football game (13 ABC News, 2019).

It's like time freezes. Everything still clatters at full trot but your brain's going that much faster, so you see it all at once. They call them flashbulb memories. Something so intense that you remember everything in perfect clarity, like it was a picture taken. That's why trauma hurts as bad as it does. It sticks with you, all the horrible details splayed out across your mind, creeping into your subconscious. And it sticks there, maybe forever. Our minds are a tapestry of these moments, some beautiful and some horrid. And I don't know what to do about that. These memories make our minds, and our minds make ourselves, but there comes a point when taking the bad with the good becomes unbearable. I don't blame the suicidal. They know things I don't. They've seen things and they know.

## **Shifting Gears**

The university students involved with FW have been a diverse group, but the majority of those training to be professionals in health care are white and from suburban neighborhoods. In past years our group had looked at redlining policies and why neighborhoods are segregated for the most part in the United States (Anderson, 2019). We had also spent time looking closely at gun

violence in the city, including deaths due to police brutality. Looking back at Black Power movements in our community seemed a fitting next step in the project. However, maintaining a focus on the history of Black neighborhoods felt problematic as concerns about COVID-19 consumed us and as protests about police brutality brewed again throughout the nation. The thirty students that had originally inspired the investigation into the history of Black neighborhoods were no longer our main participants.

As a scholar well-versed in racial health disparities, I was not surprised that COVID-19 would hit the students involved in FW harder. As Tricia Rose from Brown University (2020) points out in her presentation about COVID-19 and systemic racism, the ways in which a serious illness like COVID-19 impacts neighborhoods of color are complex. Disasters—in this case, a pandemic—intensify inequality. In the United States people of color are 2.6 times more likely to have severe symptoms and die from COVID-19 (Brown University, 2020). The FW team had information about racial disparities in part due to legislative pressure to be transparent about how racial health inequality is reflected during a health crisis of this nature (Oaklander, 2020). The Equitable Data Collection and Disclosure on COVID-19 Act has put this information at our fingertips (Oaklander, 2020).

When I checked the state webpage during that 2020–2021 academic year for weekly status reports about COVID-19, the virus’s impact on minorities was visible. I also realized we were experiencing the added pressure of the political chaos going on in the United States with a national administration outspoken about its lack of concern for communities of color. The US was at a disadvantage in fighting COVID-19 because many citizens did not trust their government, there was no centralized way to distribute health resources, the US had little experience with pandemics, and our nation had gained a reputation of not getting along with other countries (*The Economist*, 2020). COVID-19 was only part of the difficulty the students and the project were facing; we were also living through a political storm.

Rose discusses how redlining policies have set up decades of inequality surrounding housing (Brown University, 2020). Black communities have more crowding, less access to sanitation, and more housing instability; therefore, Black communities experience increased homelessness during times of economic crisis. In addition, many hospitals close to neighborhoods of color have been closed over the past several decades, and this has decreased health access for many families. Living through regular experiences of discrimination also contributes to pre-existing conditions that put people of color at higher risk for poor outcomes of COVID-19 (Sloane, 2015). Rose mentions these communities’ fear of mistreatment due to noted health care atrocities endured by communities of color in the United States; Rose also points out that front-line health and municipal workers are disproportionately women of color (Brown University, 2020).

Even though I was aware that these challenges would be present for most of the project’s original high school students and the university students of color, I was not sure in what ways the project would be impacted. Hints might appear in the students’ writing, but their words would never fully give me a picture of their experience of COVID-19. It was a challenging time to figure out a way to properly empathize and to shift in ways that would be sensitive. Again, the

mission and vision of the FW project is to nurture students' voices and encourage advocacy, but not to use the project for a political agenda, even if an important political issue was unfolding in front of us. Because of these reasons, the FW team decided to stick to the original plan and learn more about the history of Black neighborhoods in our city instead of focusing on the current COVID-19 disparity concerns.

### **Get out the dirt**

By Duvonna Goins, MSW intern, March 2020. This piece was a part of the virtual exhibit linked to the 2020 HT & SJ Conference.

Prompt: A discussion of the concept of the “shadow beast” created by Gloria Anzaldúa (1987).

I lay covered in dirt; I've given up on the ideas I've once had to be the best and to speak my truth. This so-called journey of self-discovery is too hard for me, too painful, too raw. I lay on my back covered in defeat and dirt trapped beneath the weight of their words. I close my eyes for a second. I thought I heard something it sounds so faint... Then I can hear it, I think I hear it again that old hymn my grandma used to sing in her kitchen... “nobody told me that the road would be easy, I don't believe he has brought me this far to leave me.” I hear it get brighter and louder as I force my feet to do what they had once stopped doing ...PUSHING. They pushed and pushed and pushed for me to rise over the boulder that once sat flat on my chest. I'm too close to my goals to give up now.

### **Virtual Spring**

I (Sloane) remember reading through the thorough email . . . my mind racing with the new (seemingly impossible) expectations . . . my classes will go online, and I will do my best to serve my students remotely for the rest of the semester. Luckily, online teaching was not new to me. My bigger worry was maintaining an internship for three interns, two foundation students, and one advanced MSW student. Every aspect of the internship would need to be online. The students were not to be exposed to the virus, and hours of virtual social work experience would need to be generated with little to no time or guidance given by university administrators. When spring break was over, we would no longer be on campus. Fast and furious emails were sent to the high school: Could we go online? What format was allowable? Luckily, we had direct contact established with most of the high school students. We invited high school alumni and past mentors to join us in the virtual writing group as incentive for the students to rejoin us online. Our other hope was that FW online would support a creative community where people could connect and express themselves at a time of stress and isolation. Students came to the video camera from home, some rushing off to newfound jobs, others distracted by cries— we discovered which students were asked to watch their family's babies so that parents and aunts and uncles could go to work. Overall, attendance was slim. The dedicated group was the interns and the former students and mentors who came back to write and to share space. For many, their lives were uncertain and isolated. Our prompts focused on resilience.

### **Untitled**

By Austen Allen (former high school student FW member) April 2, 2020. This piece was a part of the virtual exhibit linked to the 2020 HT & SJ Conference.

Prompt: “Still I Rise” by Maya Angelou (1978).

So very in touch . . . Sorry but your words are my pages . . . I have nothing further to offer than the truth you share . . . we all can't hear . . . Most are still listening.

### **Internship Context**

When looking at the resources generated for social work educators by the Council on Social Work Education (CSWE, 2020), our internship situation was not different from others across the country— according to the “pulse” survey of social work programs, over 99 percent of field programs underwent modifications to accommodate the adjustments made to the social work profession for COVID-19. We went remote and worked with the students using Zoom. The interns worked on projects from home, considered how to expand the program, designed the prompt plans for the following year, explored possible grant opportunities, and gathered student and mentor writing for the HT & SJ Conference for September 2020. Our supervision became virtual. The internship was now in great part learning to shift in a crisis. In reality, the students were a part of building something new. This shift required all of us. There was a demand for maturity that was not normally a necessity for students in their spring semester of their internship. Our team was living what it meant to be resilient. We were doing all it took to stay positive and to hold space. At times it felt like a sacred ritual; we were writing in honor of the students that could not attend for all the variety of reasons that came with COVID-19, including technology deficits that were slowly being addressed by the state and the public school district.

### **Untitled**

By Heather Sloane, faculty, April 2, 2020. This piece was a part of the virtual exhibit linked to the 2020 HT & SJ Conference.

Prompt: “Still I Rise” by Maya Angelou (1978).

Just like the moon,  
I control the tide.  
I can wash words,  
looks, and cruelty from  
my skin.  
I am the water crashing against the rock of injustice.  
Slowly sculpting, ripping away at it with salt and tenacity.  
I can be counted on to storm and thrash into fear.  
I cannot be killed by hatefulness.  
Just like the moon

I control the tide.  
Don't be fooled by my stillness, my calm, or moments when I appear defeated.  
It is but a moment.  
My rage will build into waves and waves into torrents.  
My voice and actions will take their toll.

### **This Will Be Over**

It was still early in what would be a long delay in “normal,” and I (Sloane) was still hopeful for an early end to the shutdown—and to the quarantine. By the second summer session, I thought, “This will be over, and we will return to all the fall things.” It motivated me to get through the days to be positive and believe strongly that this interruption would be temporary. This was also the attitude of my associate dean and chair, which matched the overall attitude in my college that this, COVID-19, would pass, we would get through this, we were there for each other. Motivation was still fairly easy to muster at this time.

### **Summer Prep: Should I . . . Should I Not?**

The internship team had grand plans to attend our original FW graduation; in the end, graduation was a parade of cars for only parents and students. I reached out to the graduates about the possibility of participating in youth video stories being put together by a theatre professor at the university. Each student could craft a podcast using written pieces from the group or a memory of their time in the city as a young person. We had no senior takers, but two juniors rushed to the opportunity. I worked with the university to see if an op-ed could be published in the city paper with the writing of one of our graduating seniors. This was right before the Black Lives Matter protests began again across the county. The student was excited for the opportunity. I asked her to talk with her parents and make sure because she was no longer a minor, but her writing would impact her entire family once published. When the protests resulted in violent backlash in the city, her parents decided not to publish. The student’s writing discussed race and gun violence in our city. Her parents felt it would be too dangerous for her to voice her opinion so publicly.

### **Hanging On**

By Amy Rowe, MSW intern, April 3, 2020. This piece was a part of the virtual exhibit linked to the 2020 HT & SJ Conference.

Prompt: An image of three animated characters hanging onto a piece of photographed wheat being whipped by the wind.

I am hanging on.  
Though distractions may try to pull me away,  
I am hanging on.  
While death, disease, destruction and even desperation whip me about,  
I am hanging on.  
Misinformation threatens to send me off in other directions.

Anxiety seeks to cripple me.  
Fear is tugging at me.  
Still . . .  
I am hanging on.  
I cannot hang on to leadership—  
Leaders are merely human and thus with inherent fault and flaws.  
I cannot hang on to data—  
The numbers change with the blowing wind.  
I can only hang on to faith.  
and hope,  
and kindness.  
I am hanging on.  
I will not let go.  
I am hanging on.

### **One Last Chance**

With the lack of participation by the high school students and the teachers at the high school, I began to imagine a host of awful narratives. I wondered how many of the kids were facing added responsibilities when their parents were likely forced to work and putting themselves at risk of getting sick. At one point a student talked about missing his grandparents, who he normally saw every Sunday. As much as the kids had shared over the years about the importance of their grandparents, I guessed most were missing hugs and their grandmother's food. I worried about how the students were not participating in extracurricular activities that were enriching their learning and were valuable experiences to take credit for when applying to college. My one colleague's father died due to complications of COVID-19, and I was inspired by how she utilized her sorrow to highlight the racial disparities in our city surrounding the virus. Due to her loss, I dreaded the increased grief of the high school students in FW on top of the grief at the hand of gun violence that the high school students had already written about (Sloane, 2019). As time went on, the kids at least checked in with us, even if they couldn't write. Several of the kids wrote into the prompt given to them for the summer at the end of spring semester. The prompt was one last chance for creativity, and for students that chose to write based on the summer prompt, there was still the possibility of their voice being added to the HT & SJ youth art exhibit scheduled to be presented virtually in September 2020.

### **Untitled**

By Jalyn Brewington, high school junior, summer 2020. This piece was a part of the virtual exhibit linked to the 2020 HT & SJ Conference.

Prompt: Look out the window... what do you see?

When the hole in your heart is no longer filled, when your family can't even tell that you're ill... I'd give it all away to fight for my dreams, but I realize that me and my emotions we're a team. I can't do anything without them cause all I write is how they feel. Every single damn piece, the

pain, the laughs, the smiles, and the tears. So maybe I'm a mess, I thought we knew that already but I'm the best mess that I've ever seen because each piece is from something left over. Each from a time where I was broken, molded together. I'm sick of pretending I'm fine, I'm sick of having to lie to people who I could inspire instead. Why is it so bad if sometimes, I wish I were dead? Or if my depression engulfs me whole, I still come out with a brand-new glow, it's a brand-new person who keeps coming out and they're ready to shout with the scream in their lungs. Staring at the sun, she's ready for whatever is thrown.

### **Holding Space to Build a Community**

I (Sloane) received several requests from field directors over the summer to take a student, because the spaces for remote internships were few. I was not sure if it was a good idea to take interns. With the help of a social work administrator in the school district's newly created Department of Diversity and Inclusion, I was able to find three teachers committed to expanding the program with their students. As a team, we thought we could start there: We chose to take interns. I interviewed the teachers late spring and over the summer and let them in on the possibilities of the FW project in COVID-19 times. I was honest about what worked and didn't work in the virtual spring, and I shared what experiences I was hoping to provide the students and the teachers. I had no guarantees. I interviewed three students, and I was very honest with them about the risk we would be taking. I was committed to creating the best internship possible and would work closely with the field liaisons and field directors to make sure the social work students had a well-rounded internship. The students were willing to take the risk with me. The decision was made again with a new set of interns to stick with the focus on Black Panther activity in Toledo, and I found a book that would ground us, *Black Toledo: A Documentary History of the African American Experience in Toledo, Ohio*, edited by Abdul Alkalimat and Rubin Patterson (2017). Our fingers were crossed, and our intention was clear.

### **New Community**

It was too late to back out—we were moving forward no matter what. There was a shift in my attitude. I needed to contribute to the solution. I was asking my faculty as an administrator to do more. I needed to do more. I was hopeful for the possibility of three new teachers involved in the project and the fruitful discussions over the summer with principals. I was grateful for a grounding text, *Black Toledo* (2017). Ideally, this would be a success, and the students would be a part of the expansion. Ideally, the students would be proud of their efforts. At the worst, I began wondering, what can be learned from failure?

In the beginning, however, we held onto excitement about learning more about the city and meeting new students. The interns worked early on curating the student writing from the academic year 2019–2020 for the September (2020) HT & SJ Conference. This allowed the interns to learn about the students' lives through the creative writing pieces. Before seeing a face (more likely hearing a voice) in the virtual classroom, the student interns were building a rapport through reading carefully and writing to parents and students about their excitement to be present for more creation in the writing groups. The interns were asked to read *Writing Alone and with Others* (Schneider, 2003) and *Black Toledo* (Alkalimat & Patterson, 2017) to be



familiar with the intervention model and the history of Black neighborhoods in the city. The internship team did some practice writing groups with students in the social work program and with each other; their resulting writings inspired me. Each intern had a unique voice, and they had varying levels of comfort sharing their writing gifts. All three interns were excellent at giving each other strengths-based feedback. We were ready.

### **Together United**

By Dai'ja Banks, MSW intern, September 2020.

Prompt: Pictures of “community” curated by the interns.

Bring everyone that you can, get everyone together. Everyone is welcome to join. The broken, whole, used, abused, loved and unloved, just bring them all. Gather everyone you can so we make each other whole again. Feel the love that we have to offer each other. Make this a celebration where all hearts gather together and become one.

### **Teacher Allies**

The internship team had several of the original students join in with technical difficulties. The teachers at the high school let us come in and sit in their classes virtually to get students excited to join us. Unfortunately, the teachers had very limited remote time with their students each week; and, since a writing group takes about an hour, none of the teachers were willing to sacrifice an hour in the hybrid limitations of their weeks. This was understandable but heartbreaking. We had some new students join us from other high schools who had been referred by two of the teachers and principals that I had courted during the summer, and we had initial interest from three other high schools outside of this grouping. There was also interest by an agency for homeless youth and the juvenile court system, but those possibilities did not materialize. Hope Bland, one of the administrators for Diversity and Inclusion for Toledo Public Schools, assisted us in reaching out to all principals in the district to see if other students would join us; and, after lots of effort on the part of the internship team, we were able to build a small, reliable writing community.

The joy for all of us seemed to be the powerful writing produced by our participants—both at the high school and university level—inspired by our exploration of the impact the Harlem Renaissance and the Black Arts Movement had on our city. These topics were new to the participants, but the poets, artists, and activists we were honoring inspired us. It was clear that the Black community had created incredible contributions to the life and personality of the city. With all that was going on for all of us due to COVID-19 and the political storm, these resilient figures were an inspiration that triumph can come from disasters.

There was also shared anger and frustration with the regular demonstrations of racism in our country as the group faced the presidential election and rising COVID-19 numbers. I had taken on more responsibility as a teacher, as a supervisor... and it would take a toll on me over the

semester. When the interns doubted our possible success, I am not too proud to admit, so did I. I had to be resilient for all of us, and I am not sure I was (or am) capable of that level of positivity.

### **Speak the Truth**

By Lori Lux, MSW intern, November 7, 2020.

Prompt: The poem “Speak Truth to People” by Mari Evans in our exploration of the Black Arts Movement.

the truth fell from the cosmos  
landed with a glittering crash  
on the sidewalks of subsidized housing  
in the schoolyards  
on the backs of immigrant workers  
they felt the impact  
grabbed jars and ran  
scooped up what remained  
holding in clutched hands  
jars of sparkling truth  
wondering  
who let it go  
and how do we find all the pieces

### **Interprofessional Mentoring**

The internship teams of the past had struggled to involve interprofessional students from the university. During our program’s first full year, we were lucky to attract students from pharmacy and medicine, with occasional visits from nursing and speech pathology, but the project was held together by social work interns and social work volunteer mentors. This difficulty in recruiting students from other programs was in part due to drastic curriculum changes in the health professions that gave the students very little time for outside volunteer work. COVID-19 opened new possibilities with virtual volunteer options for interprofessional students. The FW project benefitted from dedicated volunteer mentors from medicine, physical therapy, and nursing. The project attracted students in health care professions who were concerned with disparities. These students saw the project as a helpful opportunity to engage with the community, and to learn from young people from neighborhoods that were known to be underserved as well as young people who also shared concerns for injustice. It was inspiring to learn about the commitment of these young professionals who volunteered their limited time and led their cohorts in considering ways to improve inequity in care.

## **Imparting**

By Clair Scantling, October 2020.

Prompt: Photographs of peace protests and Black Panther protests from the 1970s.

how do you see?  
the angle of a clothing rack  
the elevation of her arm  
the color of my skin my hair my clothes?  
with gratitude?  
in protest?  
together, different.  
each to each.  
we mattered.  
no, we matter.  
do you see me?  
we cry we leap we stumble we sing  
hear our tunes  
hear the marching of our feet  
our vibrance our grief; together each  
have carried us far  
—we have swum with sharks  
and waded in still waters—  
can i trust you to hold?  
that we have held utter heart-sinking tragedy  
with ferocious empowerment  
together in the same breath, in the same body  
together with depth.  
there lingers a frog in my throat  
a gaping hole in my chest  
a glimmer in my eyes  
dear child, there is still time yet.

## **Truth**

After several months, the strangest part of the remote internship for us was the experience of working all day combined other important aspects of life such as family. It was hard to determine where work started and ended. Keeping track of personal time was difficult, and the interns were encouraged to create a through-the-door moment each day walking in and a closing-the-door-behind moment walking out, wherein they would imagine leaving behind their distractions at the threshold. The internship team was working hard to maintain space for roughly seven students, and they regularly questioned if all the work and energy was worth it.

After discussing the prompts used throughout the semester, the internship team briefly discussed the feminist political idea of utopia. I had learned in my PhD program that critical thought surrounding discrimination often involved imagining a world without discrimination. The Harlem Renaissance and the Black Arts Movement also used the political possibility of utopia, and many of the writers and artists we visited were writing from imagined spaces without discrimination. Tulani (BSW student) was the person to advocate for us reading the book *Black Utopia: The History of an Idea from Black Nationalism to Afrofuturism* (Zamalin, 2019). Looking to visual art and poetry inspired by Black utopia has been fruitful so far, and the high school students have found the prompts inspiring.

### **We chose you.**

By Tulani Black, BSW intern, December 2020.

Prompt: Several artistic representations of Black utopia.

We chose you,  
The time is here  
Everything that you've worked for  
Everything that you've manifested  
It's here.  
Step into the world of knowing  
Step into the world of pure bliss  
Drink from my magical pond,

Feel the magic that lives in the water move through you.  
This is the perfect place for you.  
It's what you've always wanted.  
Listen to the animals of my Earth  
They will guide you.  
If you need direction look to the rainbow  
Let the colors of nature be your guide.  
You've longed for the perfect world your whole life.  
The perfect world was already within you

### **Conclusion**

COVID-19 is not the only crisis that social work programs have faced over the years, and it will not be the last national/global crisis. It is important to look for past examples of resilience for answers. When studying social work student recommendations about internships after surviving a hurricane, students point out how important it is to be sensitive to the loss of normal students' experiences (Loudd et al., 2018). It is also important to be flexible and to have weeks be as predictable as possible. Students also benefitted from regular opportunities to express emotion and regular reminders about deadlines and how to proceed. Students agreed that chances to lead and make a difference in the aftermath of a crisis were a unique learning opportunity.

Many publications have stressed the importance of this COVID-19 moment to prompt creativity and to build community (Felsenthal, 2020; Turnbull, 2020). An example of this is the statement of the new editorial board of *Reflections*; the board points out that, in this strange time, it is important to “remain hopeful that all of us discover new and even more meaningful ways to show up for one another in both our spaces of professional practice and our communities at large” (Bailey et al., 2020, p. 5).

FW is excited for the opportunities that are in front of our internship team for spring 2021, including a writing retreat for area teachers and the creation of a youth social justice community day to include speakers who encourage youth advocacy. The youth social justice community day will also highlight the writing of the students from the FW project and other area writers produced during the 2020–2021 academic year. We believe our writing community is finding new ways to show up for the university students and high school students this project serves. This can be a time to bring people together and create spaces specifically for individuals typically marginalized in a crisis to share stories of fear and discrimination as well as resilience and triumph. We are passionately striving for connection and creating opportunities to express feelings, stay connected, and have moments of mindfulness.

### **Untitled**

By Amariano Williams, high school junior, October 2020.

Prompt: Images of autumn.

Should I let my emotions take the best of me?  
Sometimes I feel as if I’m just a leaf on a tree branch waiting to be reborn.  
As the seasons change so do my colors onto the leaf  
but as winter comes my colors disappear and I begin to fall  
I know that soon  
I will be reborn as something much greater than my last leaf  
More than a part of the tree branch.

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# Student Reflections on Field Education During COVID-19: One Year Later

Jesse Henton, Tara Collins, Jayden Wickman, Lavender Xin Huang, and Mohammed Idris Alemi

**Abstract:** The COVID-19 pandemic has significantly affected social work education, particularly field education. This article reflects upon field education of student research assistants doing their practica during COVID-19, comparing those perspectives to those of students surveyed one year ago. The research assistants worked on a national online survey conducted in July 2020 by the Transforming the Field Education Landscape (TFEL) partnership. The survey obtained responses from 367 BSW and MSW students. The article outlines five major student themes: social isolation, mental health, quality of learning, financial concerns, and a sense of fear and uncertainty. It juxtaposes these concerns with reflections by the TFEL student research assistants—each research assistant reflecting on one concern that resonated with them—to demonstrate their continued relevance to student practica one year later.

**Keywords:** social connection, pandemic, supervision, practicum, tuition costs

## Introduction

Field education plays a pivotal role in student learning and their future success in social work practice. The Transforming the Field Education Landscape (TFEL) was created to understand social work field education changes (Drolet, 2020). By March 27, 2020, governments, universities, and businesses across Canada adjusted to the advent of the COVID-19 pandemic under a national state of emergency (Canadian Nurses Association, 2020). The job of TFEL in the wake of these adjustments was to create a working group to study the impacts of the pandemic on field education. A national online survey was conducted between July 8–27 to capture student perspectives on how COVID-19 impacted field education and their practica experience. The survey obtained responses from 367 BSW and MSW students (TFEL, 2020).

In this article we ask if student field education experiences during the COVID-19 pandemic remain relevant one year later. The concerns were selected from the survey results based on thematic coding of open-ended responses for “Is there anything else you’d like to share?” and “Describe your experiences with practicum during COVID-19.” Each author selected one concern to reflect on based on both the number of respondents who shared the same concern as well as the author’s experiences as a research assistant and (in most cases) a practicum student resonating with a given concern. The five concerns from the survey, reflected on in this article, include: social isolation, mental health, quality of learning, tuition and financial concerns, and sense of fear and uncertainty. We offer our experiences during our practica as well as our work with TFEL to contrast and compare with the concerns raised by survey respondents. We educate social work students to serve humanity by advocating for marginalized voices, raising their concerns to a wider community and offering tentative recommendations for future practice.



## **Social Isolation: Narrative 1**

I am a white cisgender male, introverted with moderate depression. This is my story about how I learned to make connections with others during the pandemic, not only to enhance my learning but to break out of the shell of loneliness I had been living in for months and to feel human again. I started working for TFEL in a somewhat unusual position, studying COVID-19 impacts on student practica without having experienced a practicum myself. It was my first time being a research assistant (RA) and the combination of inexperience with the subject and inexperience with the methods should have proven overwhelming. Yet, this was not the case because I was joined by several co-workers, many starting at the same time as me. They were, if not in the exact same level of confusion as me, still confused enough to be relatable.

Such a large team could have been unwieldy, and sometimes was, but it was also a chance to connect with other social work students—in my case, for the first time since I had started my program. While I am not very good at connecting with others, for some reason, it was easier for me in this online space than it usually was in person. We built rapport through our shared struggles navigating unfamiliar theories, collaborating on papers, and drafting surveys, as well as plenty of good-natured venting about the usual workplace pains: deadlines, supervisors, and each other. The friendships I formed on this team were a crucial lifeline to bringing me out of my isolation. What makes this most unusual is that I have never met any of my co-workers in person. TFEL had switched to a fully online model before I started working there, and social distancing guidelines in Alberta ensured that we never had the opportunity to meet “in real life.” However, the accessibility of the online format, helped along by weekly meetings through Microsoft Teams, ensured that we came to know each other very well. Before the pandemic, I had always made a distinction between friends I knew only online versus friends I had met in person. It is remarkable how quickly that distinction can become strained and artificial when it refers to people you talk to almost every day and have formed strong social bonds with.

My experience as an RA matches the experience I had when my practicum finally began in January 2021. I was assigned to do macro level work with a provincial riding association<sup>1</sup>. My previous degree is in political science, so the work was familiar, if not initially a significant learning opportunity. I had extensive supervision in the form of debriefs to discuss situational issues and reflect on my biases and willingness to show vulnerability. The supervision was a highlight and a major difference from most of my classmates, who struggled to get one hour of supervision for every 15 hours of practicum. I estimated that I had double or triple the amount of supervision time that other students had. The direct practice work was limiting, however, mostly taking the form of calls to constituents in our riding. The goal of the calls was to conduct pandemic check-ins with constituents, engage with them, discover if they had any barriers to accessing resources (rarely) and serve as a bridge to send any feedback to the Member of the Legislative Assembly (MLA). Although I feel I made a valiant effort to connect theory to practice, it was the briefest of “Brief Therapy.”

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<sup>1</sup> Editor’s note: An electoral district association.

However, like my experience in TFEL, one bright spot to the practicum was that it was shared with another social work student, who I will call “Melissa.” As with my work colleagues, Melissa and I together navigated unfamiliar terrain like learning how to write a newsletter in Mailchimp, writing reports on the Alberta budget, and doing mock phone calls with each other. While our shared space was unintended, and we often worked on separate, isolated projects, we nevertheless found ways to collaborate. Melissa had been a practicum student with the MLA’s office for three months when I arrived and was already working on a project to lower wait times at sexual assault centers in Edmonton but hadn’t made much progress. She had a lot of passion for the work but had not explored the funding structure of these sexual assault centers. She had also run into some obstacles, contacting employees who were not able to answer her questions. I used to work at a nonprofit and was able to help her navigate some of these challenges. Melissa, in turn, helped me with my own weak spots, specifically overcoming my pessimism for macro work. Coming into social work, I knew that the Code of Ethics (CASW, 2005) demands that social workers fight for social justice, but at this point in my life, I had a very cynical idea about the ability of individuals to achieve real social change, perhaps a negative outcome from a thorough political science education. Melissa, who had little knowledge about politics, encouraged me to see a familiar political landscape through fresh eyes, dreaming of politics that were consensual instead of adversarial, unbound by the traditional way of doing things: “Start over!! Figure it out! People are smart! We made these rules so we can change them!” (personal communication, March 8, 2021). I realized then, watching the snarling, combative, question and answer session between the opposition and the government, more often yielding sound bites than useful information, that she was right—there had to be a better way of doing things.

My supervisors were initially apprehensive when I suggested the idea of the party adopting a collaborative, solutions-based approach to working with the government caucus instead of constantly seeking advantage. They felt that I was indirectly criticizing a strategy they had had a hand in creating. This proved to be a good opportunity to work on my conflict resolution skills. By coming from a place of genuine curiosity about each other’s perspectives, we were able to come to a mutual understanding and realize we both had a shared interest in streamlining the legislative process. I also did some research and learned that some places, like Nunavut, do have a consensus-based legislative process (Tootoo, 2012). Perhaps it wasn’t as naïve an idea as it seemed. I realized then that Melissa was not merely alleviating the isolation I felt doing this type of policy-centered practicum, I was learning more with her there than I would have been on my own, and vice versa.

As I write this, my practicum is nearly at an end, and I will also be moving on from my job at the end of the semester. The learning in both settings has been valuable, but what I will miss the most are the people with whom I have shared these experiences. I know from the student survey that many students have felt the same isolation in the course of their studies, and unlike me, many have had to go it alone. I believe we need to put the “social” back into social work education.

## **Social Worker's Mental Health: Narrative 2**

I am a white cis het single mother to an adolescent female. I also often feel like a zombie, staring at the screen, willing the words to appear. In this section, I reflect on how the pandemic has increased the strain on my mental health in all my various professional roles: as a PhD candidate, as a student living with post-traumatic stress disorder (PTSD), and as an RA. Although I am not in practicum, I have had many practica before and can attest to the mental health challenges they pose to students, even when there is not a global pandemic looming down on us.

It is 3:00 pm on a Thursday, March 2021. I have just finished meeting with my supervisor over Zoom for an hour. Prior to the pandemic, we always met face-to-face to discuss my progress with my dissertation. Today, before we get into talking about my analysis chapter, she asks me how I am doing—how is my mental health? My supervisor understands. She knows on an intimate level that working on a PhD is stressful, let alone with other life stressors, including struggling with a medical condition and being a single parent to a child with behavioral challenges. My supervisor is also aware of my own mental health diagnosis that occasionally impacts my functioning. In 2015, I was diagnosed with PTSD as a result of an abusive relationship. Sometimes this complicates life for me. It can be hard not to get overwhelmed. On some days, I will get triggered by something, and it can take hours to focus my mind back on my work. One example of a trigger is yelling. I have noticed that sometimes people on Zoom calls will raise their voices, but I have never had someone yell into their mic before, thankfully. Conflict is another one of my triggers, and conflict, for me, can begin simply from not knowing how to interpret another's expression, tone, or reaction online.

As a PhD candidate, I have a different kind of relationship with my supervisor than with practicum supervisors during my BSW and MSW. Although there is still a hierarchy with her being my superior, she also acknowledges that one day we will be colleagues. Her acknowledgement signifies that I have power and status. As a person with PTSD, this means a lot because I have a major fear of being stigmatized. Until recently, I rarely disclosed my condition to anyone except close friends and, besides my supervisor, very few other social workers. I do not want to be judged or treated as lesser because of my condition. Before the realities of the pandemic mandated social distancing, my supervisor would occasionally invite me for lunch at her home to go over my progress. That is no longer so easy to achieve. My supervisor knows that I thrive on being able to have that face-to-face contact, because it is easier for me to read people. This shift to online learning has been strange for me. I stare at my screen a lot. I draw blanks because of the stress associated with trying to balance work, my dissertation, and some semblance of a personal life. I am not alone. COVID-19 has already been stressful for students, with 63 percent of post-secondary students “very or extremely concerned” about the effect of the pandemic on their grades and 26 percent of post-students having courses cancelled or delayed (Statistics Canada, 2020). My course work is done, but I still have a long road ahead of me as I try to complete my chapters for my dissertation.

I have been an RA for other projects before, but this was my first time being part of a team with several other students. Actually, I am on four different teams for TFEL, which is unusual; most

students are only in one or two, and each team is quite different. In one team, I may be developing training manuals, then I will switch to writing manuscripts and reports, then switch to building an online survey and conducting webinars, or on still another team, facilitating graduate student presentations. I keep myself very busy, something that co-workers have commented on, but that is my preferred element. Being busy keeps my brain focused on the here and now, rather than ruminating, which can lead my brain into rabbit holes of anxiety and overthinking. By contrast, on some teams, like the COVID-19 team, a degree of creativity is required. I have never considered myself to be creative and certainly find it challenging these days, especially writing a reflective narrative. What has kept me motivated has been the inspiration from other students. Even on stressful days with tight deadlines, we somehow work together, supporting one another with not only the project, but also emotionally. It does not matter what our level of education is or where we all come from, we know that on our team, we are there for one another. A social work student in a practicum setting, or indeed, even another TFEL team, may not have the sense of collegiality and togetherness that we do. The United Nations asserted that “we are all in this together” with COVID-19 (Guterres, 2020, para. 21). I wonder how many students feel that way in their practicum and how many students feel abandoned.

My supervisor checks in on me at least once a week. In a recent check-in, she noted that one of my chapters was too descriptive and needed to refocus on theory development. The irony that I was being too creative, and needed to be more analytical, does not escape me. The pandemic is having a strange effect on me. I can appreciate, on an intellectual level, that her honesty is required for me to grow as an academic; however, I find it harder to acknowledge the point when we are not face-to-face. I just cannot read her body language on Zoom the way I can in person. In lieu of in-person meetings, she has suggested that I practice self-care. I know that self-care is meant to improve resiliency and increase the brain’s ability to maintain mental well-being (Stuart, 2021). If you consider time spent with family self-care, I do that already, and I also have hobbies to fall back on. But even with self-care, online check-ins are just not the same as in-person meetings.

I stare at the screen. The minutes tick past me. My zombified brain lurches. My focus turns back again and again to that UN report. “We are all in this together” (Guterres, 2020, para. 21). Agreed, but the question is what do we, as practicum students and RAs, field instructors, and coordinators, do about it?

### **Student Quality of Learning: Narrative 3**

I am a white cisgender female, and this reflection is about my struggle to gain quality learning, both in practicum and as an RA. I began working with TFEL in January 2020. At the time, there were only two RAs. We would go to work in person, where we could easily collaborate and have meetings with each other, the project director, and the project coordinators. During my first few months as an RA, I was working on different tasks such as literature reviews, researching knowledge mobilization, searching for applicable journals and podcasts, and exploring networking opportunities. In mid-March, when Alberta declared a state of emergency (Black, 2020), we transitioned to working from home, still working on the same projects and planning

for our in-person symposium the upcoming summer. I was convinced that the pandemic would not greatly affect us and that we would still be able to continue with our symposium without change. It was in May that I realized how wrong I was—my duties moved to an exclusively online format, and everything that I had previously done as an RA seemed like it belonged to another job. Another momentous change was that we now had over 30 new RAs working for the project, all with plans to study the impacts of COVID-19. I saw this as a unique research opportunity and quickly transitioned to the newly formed team to study the pandemic's impacts on field education.

Researching the impacts of COVID-19 on field education was strange for me, since I was not then participating in a practicum, but I knew it was something that could affect me in the future. I am a post-diploma student currently completing my fourth year of the BSW program. I have had the opportunity to experience two in-person practica before the onset of COVID-19, as well as additional work experience. Conversely, many of my classmates were new to social work and had never done a practicum. They were worried about how the pandemic would negatively affect their ability to learn direct practice skills. At this time, we RAs had received the news that the upcoming summer symposium would be online only, which for me was unexpected, but I had not yet realized how massive an impact the pandemic would have on student learning.

My classmates, who were university transfer students, had shared their concerns about going into a profession with zero practical experience and missing out on vital social work skills such as relationship building, communication, active listening, and interview skills. My post-diploma peers, who were a little more seasoned, were mainly concerned by the loss of unique learning opportunities that are not as available to diploma students, such as hospital social work or involvement in the criminal justice system. Not only were they worried about not receiving the same learning experiences, but they were also worried about future job prospects, and the feeling of being inadequate for the task. It is important in social work to build confidence in client interactions—something that, I feel, cannot be achieved the same way virtually. Employers may not see these virtual practica as equivalent to in-person experience, and this can create a barrier to obtaining the jobs that students are supposed to be prepared for after completing their education. That being said, the concerns of my peers were still abstract to me. My next practicum was not set to begin until the winter of 2021, more than a year away; surely, the pandemic would be sorted out by then.

It was not until fall 2020 that I began to feel nervous about my own practicum. At this time, I had an interview to do an in-person practicum at a hospital. I was very excited to be given this opportunity until I heard from my coordinator that it might not work out and we might have to think of a backup plan. During this time, I wondered if I could find my own in-person practicum or, if I must do a virtual one, what setup I would prefer to get the most out of it. I felt disappointed because I had high hopes for my upcoming practicum and felt that everything was falling apart. My post-graduation dream was to practice in healthcare, which requires exposure in the hospital and the opportunity to be a part of a multidisciplinary team. I did not think that I would be able to gain adequate knowledge, assessment and intervention skills, and most importantly, confidence, with a virtual practicum. The concerns of my classmates had finally hit home for me, and I imagined sitting at home all day, every day, for my entire practicum. I am a

very hands-on learner; I need to complete tasks on my own, in person, if I am to apply my skills in practice. For days, I waited anxiously, until I eventually learned that it had all been a miscommunication from the university, and I would, at last, do an in-person hospital practicum beginning in January of 2021.

I had an amazing experience at my last practicum and the reduced hours have, in turn, reduced my workload stress. I was able to meet and see various clients, to shadow different professionals, and to get the much-needed hands-on experience to really build up my social work practice skills. Yes, it has worked out well for me. But it did not work out so well for many of my colleagues, and I can truly empathize with how they felt. I feel that it was by chance that my practicum dream was fulfilled and theirs were not. It made me realize how little power I have as a student and how much our choices for practicum depend on field coordinators making decisions for us. Had my in-person practicum been canceled due to safety concerns and I knew that the hospital was otherwise willing to take me on, I would have signed any liability form to take responsibility for my own risk. I suspect many of my peers who had to settle for virtual practica would have made the same choice if it had been offered to them.

#### **Tuition, Finance, and COVID-19: Narrative 4**

COVID-19 has brought about challenges to social work education and student learning that were inconceivable in the past. Were social work education programs as prepared as they should have been for this disaster that destroyed the lives of so many? For students, this question has been haunting them since the news of the pandemic and subsequent quarantine was first announced (Elmer et al., 2020). As an MSW Clinical Specialization student a breath away from graduation, I ended up completing the last year of my degree virtually. The tensions and anxieties experienced by my cohort were not singular; rather, these concerns were also echoed by the student survey. As an immigrant person of color raised in Canada, I have been fortunate enough to complete my education here, but as a strong advocate for social justice and equality, the following reflection is a statement, a call to action, regarding the crisis faced by students during COVID-19. Universities have failed to provide for students, and they will continue to fail for as long as the pandemic lasts, for as long as they are unable to adapt.

For students who lost their jobs, could not afford rent or loan payments, or had to complete three to four months of unpaid practica, my heart goes out to you. As someone juggling a job in healthcare with his duties as an RA, I was given too few paid hours in both and have had challenges making rent and tuition payments; I feel for my fellow precariat. In this era of crisis, where students have been pushed beyond their capacities, universities seemed to have done little to support students economically. Institutions, including mine, did not reduce tuition or freeze tuition payments for even a single semester (Taylor, 2020). Furthermore, students like me were told that they were achieving the same quality of learning online as they were in person, prior to the pandemic; this dismissal invalidates our perspectives. As many students were nearing graduation during the pandemic, they lost their opportunities for quality placements, for quality learning, and yet were expected to pay full tuition prices and complete unpaid practica. I got by, but not every student is fortunate enough to have the monetary funding and resources to do this.

One common complaint among students was the fact that our tuition remained the same, but the opportunities and quality of our learning dropped, contrary to claims from our universities and faculties. Considering that not all students were eligible for financial incentives from the government, especially those who held part-time or full-time jobs to pay for school, many students have had to debate whether they could afford to continue their program. This is especially concerning considering many of my own classes were shifted online, and our classes became filled with student presentations rather than meaningful learning experiences. Instead of endorsing critical conversations, collaborative dialogue, and reflecting on how social workers can support others during COVID-19, our class education became mundane and rote. Whether this is unique to online learning, the preparedness of faculty to adapt to an online format, or the extensive mental health impact COVID-19 has had on everyone, it is not acceptable to me that students must pay the same tuition for a lower standard of education.

I have had to navigate my practicum opportunities while balancing my financial capacity, learning needs, and interest in social work practice. My hours for work were severely cut, but I did not meet the criteria for the Canada Emergency Response Benefit as I still retained my healthcare job, with very limited hours. I also had to focus on completing an online practicum that was meant to foster my learning and practice skills, but instead I was directed to complete a research practicum, as it was the only option available to me. Granted, I made the most of my practicum opportunity, and luckily, I was able to find work as an RA with TFEL. I was one of the more than 30 students given jobs, and it served as a source of income, as well as a good opportunity to enhance my learning and make connections with other social work students. However, I faced another challenge: balancing my learning objectives as a practicum student with my obligations as an employee. While I was grateful to enhance my research skills, my desire to complete a clinical practicum was forgotten. I had to split my time between working to make enough money to pay for my education and support myself while also balancing the requirements expected of me for my practicum. I feel that students are often overloaded with expectations and responsibilities well beyond their capacity. I had to constantly negotiate how my role as an RA would fulfill my clinical practicum requirements but also advocate for my own learning needs. To achieve a quality of learning that I was satisfied with, I found myself working additional hours within a short period of time to be able to fulfill both requirements.

In this time of crisis, I had hoped that academic institutions would have created additional avenues of support for students. The university has been my home for years, and the faculty has trained me to act like a social worker, to serve humanity and fight for social justice. As social workers, we should be cognizant and critical of the impacts COVID-19 has had on others. As a social worker, I must ask then, where is our effort to strive for social justice for students during COVID-19? As a member of an invisible population who has suffered during this time of crisis, I hope that members of our society in positions of power, whether in an academic institution or government organization, learn from these experiences, listen to our stories, and transform the current education landscape to better prepare the next generation of social workers and other professionals. I know that COVID-19 has paved my path forward to be an advocate, an agent of social change, and an individual who remains vigilant and conscious of the challenges, oppressions, and struggles we continue to experience.

### **Sense of Uncertainty and Fear: Narrative 5**

I am a Chinese Canadian, cis het female. I am married, with three boys I have homeschooled since the beginning of the COVID-19 pandemic. I am writing about the sense of uncertainty and fear that gripped my heart and paralyzed my thoughts. I feel that my fears have passed thanks, in part, to my experiences in TFEL and my practicum work, but the journey to reach that point of relative safety was difficult. This is the story of how I learned to stop asking the question “When will it be safe?”

First, some background: I emigrated from China 17 years ago. In China, I was a physician who grew up in Wuhan, a graduate from one of its top medical schools. My husband is a pharmacist, and after arriving in Canada, I chose to be a stay-at-home mom for more than 13 years before starting my clinical MSW. I was a foundation student when the pandemic began, doing a research practicum studying inquiry-based learning (IBL) with a former professor (Archer-Kuhn, 2020). When COVID-19 hit in March 2020, I had to end my practicum early, but my supervisor asked me to continue her research as an RA. I look back on this period cognizant that it was the moment before everything changed.

Even before my practicum was cut short, I had received troubling news of a strange disease flooding several hospitals in Wuhan. By the time it reached Canada, Wuhan had become almost a curse word. It is a strange sensation to realize that my beloved hometown, a city of 11 million people, a city most Canadians would not be able to point to on a map, is now infamous as the origin point for the COVID-19 global pandemic. My hometown had become an apocalyptic city. This news was accompanied by a spike in anti-Asian racism, specifically Sinophobia, throughout Canada—what has been called a “shadow pandemic” (Shore, 2020, para. 20). While the racism was and continues to be upsetting, my family had a more personal nightmare waiting for us. Back home in China, my sister-in-law caught COVID-19, and unknowingly passed it on to four members of her immediate family, three of whom went into critical condition. For the next three months, my husband and I were in a state of extreme anxiety. We could do nothing for them so far away, while they, in turn, pinned their hopes on us because of our medical backgrounds, as if we could come up with a solution that had stumped countless healthcare professionals. We also did our best, despite the long distance, to comfort my sister-in-law’s husband in China. He did not catch the disease, but he suffered from chronic panic attacks because his family remained in critical condition for months, and their teenage son was quarantined in a hotel, cut off from his family.

My family was not the only source of worry. As the numbers of infections and deaths skyrocketed in China, I continually received news that many of my former, much beloved professors from medical school had caught COVID-19, many who passed away suddenly, no thanks to the shortage of beds or life-saving ventilators (Yang et al., 2020). Wuhan would eventually gain acclaim for building a hospital inside of ten days to accommodate the infected, but in the early days of the pandemic, this was a dream. I felt like I was drowning in my worries, unknowingly lost to desperation, which, as I discovered in my recent course studies, was textbook compassion fatigue (Zhang et al., 2021) and moral injury (Wang et al., 2020).



Despite my physical and mental exhaustion, I still had to apply for my second clinical practicum. I started the application process in May 2020, mere months after my first aborted practicum. In some ways, the application was the worst part for me. In my first practicum, I saw how Chinese Canadians (and other English as a Second Language) social work students were repeatedly passed over in favor of white, English-speaking Canadians. Sinophobia did not begin with the pandemic; this casual racism was hardly unknown within our social work faculty. This time, however, there was also a major logistical nightmare to contend with: as I learned, there were only 15 clinical practice placements for more than 50 foundation MSW students from my cohort; in fact, I later discovered that the odds of getting a direct practice placement were even narrower because non-foundation MSWs were also competing for spots. I did not want to do another research practicum; I wanted to learn direct practice skills. Even without the pandemic as a factor, I knew that, as an immigrant, I had a much lower chance than others of getting a clinical placement—but I soon realized that this time, my chances were nearly zero. After being rejected by two promising agencies, and with the practicum application deadline drawing near, I had the idea of contacting a previous employer, the social agency in Calgary where I had gotten my parenting training certificate more than 10 years ago. Surprisingly, I got a face-to-face interview, unusual during the pandemic, which was successful; I would be doing clinical work, after all! Interestingly, the day I interviewed for this position was the same day I did my job interview with TFEL. I picked the COVID-19 team specifically for the chance to work on research directly related to the pandemic's impacts; once a source of fear, it had now become an opportunity to engage with others on this fascinating, deadly topic.

The major lesson I took from my experiences on the COVID-19 team was the sense of acceptance. Unlike previous social work settings, I did not experience racism here. I was the only Asian immigrant on the team, but no one made any distinctions or offered me lesser opportunities on the team based on perceived linguistic, racial, or ageist biases, the latter because I was significantly older than the rest of my team. From an educational perspective, I am also grateful that my research into IBL would later inspire me and my husband, initiated by some friends in the Chinese community, to create our own educational outreach organization which uses IBL theory to facilitate learning style transformation in adult group learning and communication group therapy, serving Mandarin speakers all over the world. Given the chance, the Chinese community can work to alleviate some of the anxieties the pandemic has created. We can train young people to be thought leaders and undo some of the mistakes that older generations have made in responding to the pandemic's challenges. From a sense of fear and uncertainty, we can move towards a sense of safety among our diverse communities.

### **Recommendations**

In reflecting on these experiences, we offer recommendations for future remote field education. Each of the authors independently developed a recommendation connected to their specific concern. We then discussed each of them as a group, coming to a consensus that the recommendations, listed in order below, not only reflected our experiences but also were, in our opinion, the best option to ameliorate these concerns.

First, we believe it would make a major difference in combating isolation if multiple students were assigned to the same placement, being able to connect with each other, do similar work, and reflect on similar problems. True, there would be increased demand on the agency supervisor. However, if the type of work was shared between practicum students in their group and built around student collaboration for shared learning activities, it may also be beneficial to creating valuable learning opportunities in field education.

Second, the key to making students with existing mental health conditions (or those at risk of developing mental health challenges because of increased stress) feel more comfortable is to reduce the barriers they experience. To that end, it may be necessary to look outside the university environment and enlist the support of larger systems and non-governmental organizations to create new initiatives, incentives, and supports to help students complete their education.

Third, to augment student quality of learning, we believe students should be allowed to determine their own level of comfort with attending an in-person practicum. Of course, it would be necessary to have enough field supervisors willing to have a student at this time. This would have to involve informed consent from the student and ensure that all responsibility and liability is on the student.

Fourth, universities need to step up and create avenues for financial support and resources for students who have fallen through the cracks. At the very least, social work faculties should provide credits to students who lost quality opportunities for practicum learning if they found their experience unsatisfactory.

Fifth, field instructors need to be aware of potential biases and ensure that Asian social work students are not passed over from promising practicum opportunities. Social work faculties must be leaders in demonstrating their confidence in ethnic communities threatened by racism and white supremacy.

These recommendations have the potential to mitigate student concerns and worries and to be beneficial in fostering growth, confidence, and well-being of future social worker students.

### **Conclusion**

In this article, we have reflected on the five major concerns shared by students in a national online survey conducted in July 2020. It was our hope that by reflecting on these concerns, we would highlight their continued relevance to social work students at this stage of the pandemic. We believe that quantitative research needs to be done to provide an updated lens of student field experiences. We emphasize that the concerns we have shared were not intended as a complaint to field instructors, social work education programs, or university administrators, but should instead be understood as a call to action. Should COVID-19 continue to be a dominant force in society, we strongly urge decision-makers to consider ways to increase supports for students during practicum.

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# Interdisciplinary Field Placements and Applied Learning During COVID-19: Community-Based Action Research on Face Mask Usage and Policies

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**Abstract:** This article describes the formation and work of an interdisciplinary team of social work and public health faculty and students. The team developed internships amid the challenges of the pandemic, with a focus on slowing the community spread of COVID-19. The project joined local government, the private sector, and the university in a research study to better understand and influence face mask wearing attitudes and behaviors and in an explicit effort to change related policies. We developed and implemented an action research project that included direct observations of facemask wearing behaviors, surveys regarding beliefs and attitudes about face masks, and interviews with community stakeholders. The project provided empirical data regarding face-covering usage that helped to change local—and then state—policy regarding mask wearing. This article provides a chronological narrative of the experience largely told through the participants’ voices, especially those of the students.

**Keywords:** social work, public health, coronavirus, mask mandate, rural

## COVID, Field Placements, and Data Collection on Mask Usage

In the midst of spring semester of 2020, the COVID-19 pandemic caused massive disruptions across higher education institutions in the United States, with more than 1300 colleges and universities canceling in-person instruction, and most moving classes online (Smalley, 2020). Higher education and professional accreditation bodies also worked to meet the crisis, with the Council on Social Work Education (CSWE) releasing modified guidelines in March explicitly centering student safety during the pandemic and granting permission for field activities to be conducted remotely (CSWE, n.d.).

University faculty and staff scrambled to respond to institutional procedural and policy changes, including suspension of in-person field internships. This paper provides a chronological firsthand narrative of one such response, as an interdisciplinary team of social work and public health faculty and staff rapidly self-organized in late spring semester of 2020 to secure viable field placements and internships—with and for students—with an applied research project focused on face mask usage in the local community. We were able to take advantage of the unique opportunity to build interdisciplinary partnerships and improve students’ applied learning experiences.

This project, with an explicit goal to promote public health via the widespread use of face masks, was initiated during a time when this issue was becoming increasingly politicized nationally and locally. Along the way, social work and public health faculty and staff from separate departments and colleges collaborated with students in ways that had rarely been

engaged in our previously siloed approaches to applied learning. The pandemic revealed shortcomings in existing processes and opportunities for doing things differently to more purposefully engage students as interdisciplinary team members alongside faculty and staff directly addressing community needs.

This narrative chronicles a journey that includes undergraduate and graduate students, faculty, and staff across the nine-month period of April through December 2020 at the University of North Dakota. It describes the pedagogical challenges and pivots necessitated by the pandemic and shares the voices of participants engaged with designing and conducting research in the context of local policymaking processes and in a politically polarized and unusually unpredictable environment (both institutionally and within the wider community). Adapting to the crisis provided opportunities to probe our too-often-unexamined assumptions about what constitutes teaching, as well as how we have traditionally constructed curriculum (especially research and policy courses), field placements and internships, and the roles of faculty and students. Sustaining the benefits of some of these highly beneficial and hard-won lessons has implications for a “new normal” in higher education.

### **The Changing Context of Face Mask Usage and COVID-19**

The pandemic rapidly worsened in New York City and California in March and April of 2020; across the nation, city leaders, sometimes supported by their governors, enacted strict lockdown measures. California’s Bay area led the way with a shelter-in-place order on March 6, 2020 (Evelyn, 2020), and New York imposed a statewide order asking residents to stay at home with the exception of essential activities on March 20 (Robbins, 2020). Horrific scenes unfolded in northern Italy in February and March and replayed in New York City in March and April as hospital systems became overwhelmed with critically ill and dying COVID-19 patients; semi-trucks were brought in to store bodies as mortuary services also became overwhelmed (Zavattaro, 2020).

Over this same period, global debates about the efficacy of widespread mask usage included experts’ concerns about the global supply of face coverings necessary to protect health care workers, along with fears that the general public would become complacent about other necessary infection control measures such as avoiding gatherings, social distancing, and handwashing (Shukman, 2020). On April 3, the United States Centers for Disease Control and Prevention (CDC) reversed course and recommended voluntary widespread public use of face coverings (including three-layer cloth masks) for the general public (Dwyer & Aubrey, 2020). The World Health Organization (WHO) did not follow suit until June 6 (WHO, 2020). In the meantime, the global medical community worked to settle debates about whether contact with surfaces or the air we were breathing was more dangerous (Lewis, 2020).

The delays in CDC and WHO guidance and clear messaging regarding widespread mask usage contributed to public health fallout nationally and locally, as the community’s public health officials tried to relay their understanding of the evolving science to a worried public relying on politically polarized media and social media. The public’s lack of understanding about scientific processes fueled doubt about effective methods for mitigating the spread of the virus. And

instead of sound practices led by public health officials and championed by political leaders, the contradictory messages between major health organizations during the early stages of the pandemic provided opportunities for demagogic political leaders to sow doubt about the recommendations of public health officials. This led to “economy versus health” and “freedom versus responsibility” dichotomies that obfuscated the seriousness of the disease and mired public health in partisan divides (Prasad et al., 2020).

By April of 2020, there were widespread, anecdotal claims of how many people were or were not wearing masks in communities around the world, but no empirical evidence or actual studies. Concurrent with those tensions, policymakers recognized that grocery stores are places where large numbers of people necessarily interacted outside of a health care setting. In the US, early mask policies in states with Republican governors were adopted by private businesses well in advance of public mandates, and a University of Washington study found that states with Republican governors adopted statewide policies approximately one month behind those led by Democratic governors (Goldstein, 2020). Amid this national patchwork of often contradictory policies, many regional and national grocery store chains and “big box stores” unilaterally enacted face mask requirements for both employees and customers, often in advance of local or state ordinances.

### **The Pandemic and Impacts on Student Learning**

The pandemic hit our university community, like many across the United States, during the March spring break. At that time, “Taylor,” one of the future team members of the mask project—an MSW student and graduate teaching assistant—described being “filled with constant anxiety” about the pandemic. She recalled being crushed by never getting to be in the physical classroom again and struggling “with the ambiguity and motivation of finishing my program, while simultaneously trying to pump up my students to finish the semester out strong. I felt crippled by fear and hypocrisy.”

One student intern known to the team had been enjoying a dynamic social work field placement across all levels of practice with the local city council, including work with her field instructor who was both an elected member of the council and one of her social work professors. She engaged direct practice with constituents, mezzo level work with various organizations and agencies, and systems and policy level projects. As pandemic realities sank in, many of her projects were ground to a halt (along with the generous funding stream she had secured), and her work with the homeless took on a new level of urgency. With the university prohibiting face-to-face work for student interns, the work of her field instructor and her placement turned increasingly toward ways that social work could engage with the community’s concurrent growing public health and economic crises. Instead of the face-to-face meetings she had been so good at, she now spent much of her time in Zoom. As the university, the community, and indeed the globe wrestled with how to react to COVID-19, she was suddenly attending economic development meetings—engaging efforts varying from work on medical concerns to assuring adequate grocery supplies during unanticipated supply chain shortfalls compounded by panic buying and hoarding.

By April, COVID-19 and the related quarantines and lockdowns colored much of life. At that time, the local community still had relatively few cases compared to the rest of the country, and there was an earnestness across the population to deal with the threat in a common collaborative manner. Like many places around the world, the campus and the streets were eerily quiet, beyond subdued. Traffic was a mere fraction of what it had been. Despite being near one of the busiest airports in the nation (due to the university's large aviation program), the sighting of an airplane overhead was rare. Students were attending classes over Zoom, and internships were scrambling to meet rapidly changing policies regarding in-person contact.

### **The Genesis of the Project**

Amid demagogic and divided responses around the world and the US, the local community around the university anticipated the need to craft its own response. The mayor asked the social work professor who served on the city council to lead a COVID-19 advisory group. An early planning document dated May 4 includes the observation that "This is a 12–24-month problem at a minimum ... Policy and decision-making to balance public safety with economic impact is likely to fall increasingly upon local governments. We must be prepared to act (COVID Economic Advisory Group, 2020)" (COVID Economic Advisory Group, 2020). The city watched optimistically for possible federal and state relief but worked locally. In response to hoarding and supply chain issues, especially in relation to groceries, the city set up websites to inform the public about the availability of different supplies including toilet paper, hand sanitizer, and staples like flour. Grocery store workers came to be recognized as "essential" workers (others later noted that they became "disposable" workers). And, building on the relationships developed to inform the public about availability of various grocery items, the advisory group and the owner of a local grocery chain discussed a project to begin measuring and understanding face mask usage and attitudes.

Professor Weber, the social work faculty/city council member, invited one of his research partners and departmental colleagues to develop a research-related response that could also support student needs. Assistant Professor Karikari agreed and voiced hope for "tangible and meaningful product(s) that project members will be proud of." The dean of the graduate school connected the two social work faculty to a public health instructor with students needing internship hours.

On May 4, during a Zoom meeting involving the city administrator, mayor, and the dean of graduate studies, the group provided an institutional green light to proceed with the proposed university-based interdisciplinary research project between social work and public health. In addition to the public health concerns, everyone was interested in maintaining the growing internship programs supported by the city and promoted by the university.

Eventually, four faculty, a staff member with teaching and internship supervision responsibilities, and eight students (listed below) constituted our interdisciplinary team from social work and public health.



The social work faculty, which made up three of the total four, included Carenlee Barkdull, a full professor with a background in collaborative action research (see Sagor, 1992); Bret Weber, an associate professor also serving a second term on the city council; and Isaac Karikari, an assistant professor. Weber's city council membership provided many of the community connections, access to limited funding, and years of experience with the local policy process. Karikari took on the role of principal investigator for the project and addressed most of the heavy lifting with the Institutional Review Board (IRB) process. The last faculty member was Tanis Walch, an associate professor from public health who brought significant observational research experience to the team, and the staff member (with a Master in Public Health) was Ashley Bayne, a program manager from the university's School of Medicine and Health Sciences. In addition to teaching public health education courses, she advised and supervised undergraduate and graduate public health students in their applied learning.

The eight students included three undergraduate students from public health (Mikale Kuntz, Emily Possis, and Delton Gabel); four social work students, two MSW students (Stephanie Scallon and Gabby Wavra) and two BSSW students (Courtney A. Leben and Haley Boushee); and a graduate nutrition student who later joined the team. The four social work students all completed field placements at city hall under the supervision of Professor Weber, with the two MSW students enrolled over the summer and the BSSW students enrolled over the fall semester. Scallon continued on for a short time into the fall semester and provided mentoring and coaching to the BSSW students. Of the public health students, Kuntz joined the team over the summer, and Possis and Gabel were the only two students who were part of the project for the first full seven months.

### **Interdisciplinary Team's Project Proposal and Early Hurdles**

The emergent project team began coalescing by email, telephone, and a handful of Zoom meetings. Now, such a process, especially the inclusion of Zoom meetings, seems so mundane as to not require mention, but this was a relatively new way to develop a project among faculty and students who would have normally been in the same building. The advocacy-oriented bent of the faculty team informed an action research framework with the stated goal of promoting science-supported public health messages to help prevent the spread of the virus.

The local grocery chain presented a particularly useful partner due to the significant retail traffic, the communal need for groceries, and the owner's efforts to encourage face mask wearing in her stores. On May 10, team leaders reached out to the management of the grocery chain and proposed the partnership between the city, the university, and their business. Still operating with a pre-pandemic mindset, we originally envisioned students operating inside the grocery stores, collecting surveys, observing and recording behaviors, and providing public education on the benefits of mask wearing. By the end of summer, even the most resistant parts of the country had embraced mask-wearing in grocery stores, but that May, in much of the US, very few wore or even possessed masks.

On Monday, May 11, the full interdisciplinary team of instructors and students from social work and public health held our first team meeting over Zoom. Almost without exception, we met

every Monday from that date until the Christmas holidays. In that first meeting we determined to fill the local (and state) research vacuum, provide guidance to policy makers, and boost local and possibly state health promotion efforts in response to the pandemic. The project team's naïve hopes were that data could be provided in a relatively short time frame to support meaningful policy, and maybe even garner national press.

The early momentum collided with administrative and bureaucratic requirements and processes, and the whole project was increasingly hindered by the nearly unprecedented politics of that summer, all thickened and clouded by the worsening pandemic. University policies restricted direct physical interactions between students, faculty, and especially the general public. A proposal submitted to the university's IRB became mired in the reality that review committees were no longer meeting in person (not to mention summer's usual slowdown to these processes). Nonetheless, team leaders were determined to provide service to the community and meaningful internships for social work and public health students completing their degrees. The pandemic presented challenges, but as one of our faculty colleagues observed, "It was my hope that students could be provided with a practical, hands-on experience. And an experience that is once in a lifetime."

With a year-round program, social work faculty were accustomed to the perennial overlap of the closing of spring semester with preparations for summer semester. Even before summer classes and submission of field timesheets began, proposals and IRB applications were crafted with the students engaged from the earliest stages. Like most academics around the world, none of the team had previously researched pandemics or developed field placements according to evolving restrictions regarding classroom instruction, field internships, and research endeavors. These policy and procedural hurdles had to be simultaneously addressed.

Scallon, one of the MSW students involved from the beginning, noted:

The early stages of planning this potential internship and new action research project were absolute whirlwinds of new learning and cautious optimism. We worked frantically to get the ball rolling despite the fact that we weren't always sure where the ball should be rolling towards or if it would ever even be an official internship.

And, the team quickly embraced the benefits of working with interdisciplinary partners. Kuntz, a public health student, referred to:

a rapidly moving collaboration ... an investigative effort regarding face covering usage in the community. Driven by charismatic and eager faculty from both the Public Health and Social Work departments at UND, the project and its goals swiftly changed and developed before my very eyes. As an undergraduate student, never had I been able to witness and contribute to the laying of groundwork for a research project; ideas were proposed, bounced around, tested, then brought back to the group for further consideration. Complications were dealt with head-on, accomplishments celebrated, new developments discussed at our weekly meetings ... each member lent their unique perspectives to the group, leading to stimulating conversations of recently published

evidence regarding the latest recommendations, individual community observations, and odd observation encounters.

Besides being engaged in the earliest discussions and decisions regarding research design, students also took leadership roles in engaging with agencies and businesses providing food and other emergency services to help assess and address immediate community human service needs related to COVID-19. Over the next several months students conducted interviews, helped with the dissemination of surveys, and, perhaps most importantly, they were responsible for the direct observations of community residents' mask-wearing behaviors.

After numerous consultations with university IRB staff, the submitted proposal described an action research project aimed at increasing knowledge about and promoting the use of face masks in the local community to reduce the transmission of the COVID-19 virus. The three data collection methods included no-contact observations, online surveys, and semi-structured, purposive interviews with key stakeholders conducted via Zoom. Contrary to our initial idea that students would directly engage with the public, the proposal explicitly noted that research activities including the research team's routine meetings and data collection would not include in-person interactions, and that no such contact would be required or in any way be a part of the design.

Students were directly involved in all three data collection methods. First, observations were carried out by individual researchers (all students) unobtrusively parked in their cars somewhere in the parking lot of each of the five locations of the local grocery chain. Ideally, and in most cases, students were deployed in teams of two (both in their own cars) as a way to provide a check on interrater reliability and for safety. Second, the surveys were publicized via flyers as grocery bag stuffers and made available to shoppers via a QR code/survey link. And third, interviews were conducted over Zoom, through purposeful sampling, with the intent of providing both a qualitative triangulation to the observation and survey data, as well as an historic record. In the surveys and interviews, individuals were queried about their views on face masks and related public health messages and policies. Overall, the intention was a non-randomized, exploratory study, with no power analysis. Nonetheless, the intention was to create uniform and consistent observation, survey, and interview methodology to inform policy and improve population health outcomes in regard to COVID-19. Original estimates of the number of people to be observed (200–300) and surveyed (perhaps 75) were dramatic underestimates of the data that were actually collected.

The observation methodology did not accommodate any process for obtaining informed consent. Instead, the process and observations intentionally avoided collection of identifiable information beyond age (split across four categories), and admittedly binary guesses regarding gender. Students and instructors had long discussions about the risks and benefits of being more inclusive across a gender continuum, and about the inclusion of “observable racial aspects.” Ultimately, we decided to avoid overly complex collection methods and, more importantly, any possibility of profiling or anything that could create racial or other tensions beyond an attempt to describe, in broad terms, who was and who was not wearing a mask as they entered the grocery store. (The related decision processes are discussed in greater detail below.)

Despite the pandemic's impact on bureaucratic and safety processes, with support from the graduate dean and provost, the team was able to receive IRB approval in less than a month. The team was not able to begin observations early summer, nor to provide data reports until mid-summer, which was not in accord with the probably unrealistic early hopes. For our partners at the city and the private sector, this seemed like an unnecessarily long delay. However, given the unprecedented challenges of COVID-19, the university's just-implemented new and stringent research requirements, and the provision that all such projects would now require approval from the university president's office, the relatively short turnaround must be seen as one of the team's early victories.

### **Hitting the Parking Lots**

Approved observations began June 22, but students had been actively developing and testing their methods for nearly a month prior to that. The team's meeting notes from late May through early June describe the discussions about gender, race, age, and other considerations. The most basic observation was whether or not persons entering the grocery store were wearing some sort of mask, but this was complicated by other factors. Was the mask worn correctly or not (hanging under the chin, AKA a "maskhole" in the emergent parlance), and what served as a mask? At that early date, there was a broad variety ranging from medical masks to people simply pulling their t-shirt collar up over their face. With the guidance of the public health professor Walch, the team decided to record four broad age groups (children, birth–17; YA or young adults, 18–40; MA or middle-aged adults, 41–64; and seniors, 65+). These, like much of the observation criteria, were necessarily subjective, but useful.

Students, and indeed most of the team, had not previously collected observational data, and the work led to unexpected learning opportunities. With experience in this area, Walch ably guided the students who—during their practice observations—sparked many relevant decisions.

Notably, Scallon, an MSW student, noted she had not previously

designed such a data collection tool before, nor had I ever completed an observational study. I was surprised how easily I could tap into the lessons taught by our [research professor] ... seven different alternative forms [were] systematically tested by multiple data collectors. The tool sparked an incredible conversation within our research team around race, ethnicity, ethics, and best practices in our decision to exclude an observed "racial" category in our collections.

In relation to Scallon's recall, it is worth considering the larger, national political context in which these discussions occurred. George Floyd was killed on May 25 and was a frequent topic of conversation among students and in their classrooms. More specific to the pandemic, people of color and especially indigenous persons were disproportionately impacted by COVID-19 (Laurencin & McClinton, 2020). For these and other reasons, the team wanted very much to capture these racial dynamics and to include these social justice aspects in our action research agenda. However, especially amid the emergent political divides concerning mask wearing, the

team was concerned about the vulnerability of certain populations and the risk that our work could result in people being targeted. Additionally, recognizing race as a social construct—and the further complications from people wearing masks—the extremely subjective nature of trying to catalogue race was going to be highly problematic. Amid the protests emerging across the nation, many of the team members felt that we had to do something in relation to race, but, in the end, after passionate discussion, the team made the conscious decision to not include race as an observable category.

The observational phase of the study commenced in late June, a time when sitting in one's car for a two-hour shift, in an unshaded parking lot, was often uncomfortable. Walch worked with the students on a schedule to provide adequate coverage of all five grocery store locations and at regular, representative times of the day and week, all in an attempt to capture possible changes in customers' mask wearing behaviors. For instance, seniors were given priority shopping hours early in the morning, shift workers often shopped for groceries on their way home from work, weekends tended to be busier, and each of the five locations had some uniqueness in terms of its customer base. There were times when, as Kuntz observed, "High traffic locations and periods were accomplished by teaming up, each observer collecting data from their assigned entrance. Busy shifts consisted of my fingers flying across my laptop's keys to ensure no data was missed." On the other hand, there were safety issues, and she remarked that "slower shifts made me increasingly aware of the inquisitory looks I often received from onlooking shoppers." Indeed, at one meeting, students discussed fears that they were actually at risk. The increasingly heated political debates around COVID-19 created an atmosphere where grocery store workers in the community were occasionally being attacked by "anti-masker" shoppers. On more than one occasion, students chose to cut their observations short due to what they perceived as aggressive staring from people in the parking lots, though it is entirely unclear what people's motivations might have been.

That summer semester, the five student members of the team logged approximately 144 hours of observation over 72 shifts, with over 16,000 observations all completed according to COVID-19 protocols with no direct contact with store customers or staff. Perhaps not surprisingly, women were more likely than men, and older customers more likely than young adults, to wear masks. But each week there were marked increases in mask wearing, and, independent of legal requirements, there was essentially 100 percent compliance by the date the store implemented its unilateral mandate.

The observations ended when the grocery chain began requiring masks on July 29. After that point, 100 percent compliance was anticipated, and seems to have occurred. In addition to providing useful data, the students had unique learning experiences. Gabel noted that

sitting alone in my car for 8–10 hours a week ... felt very isolating ... like everyone else, I was struggling not having as much human interaction. While a research project like this would generally be done in teams, I was very much missing this aspect.

Possis was among those who frequently teamed with Gabel. She recalled that they "observed many stores together over the summer texting back and forth from across the parking lot talking

about the experience.” After noting the need for air conditioning on particularly hot days, she remarked that

[it] got harder when it rained, shoppers were bundled up in windbreakers and tucking their chins into their chests and you could barely see their faces let alone if they were wearing a mask while they sprinted from their cars to the entrance. We could have as many as 400 people recorded in the 2-hour time frame and recording up to 5 separate people all walking into the door at the same time was really challenging.

More generally, she reflected that the work helped her to see the people in the community (where she had lived most of her life) “in a new light. It was absolutely hilarious to see [what] people deemed acceptable to be worn as masks, I once saw a middle-aged woman wrap her entire head in a sweatshirt only leaving her eyes visible.” She was particularly amused by “all the [older] men that would exit the store . . . and dramatically rip the mask of their face and take a deep breath of relief as if it were the biggest inconvenience in the world.” Alongside the humorous moments, all the students shared a sense of meaning and value in the work as they saw “more and more masks being worn” over the length of their observations. Gabel reflected, “it is often a small group of people who oppose wearing masks. The majority of people are willing to comply if it is best for the community.”

Kuntz offered the most profound reflection of the observation component of the project:

While initially, I had not planned hours of observations in a grocery store parking lot in the summer heat . . . I quickly realized this project was much more than that. I had been swept up in a community-based observation I had only considered in textbook readings of public health courses [but] . . . the ability to utilize these capabilities to contribute, analyze, and apply my knowledge to real-world situations so relevant to our lives today, was incomparable. Though unexpected in more ways than one, this opportunity yielded unique glimpses into research and data collection, tested the practical application of course work, and granted an unparalleled vantage point through which I could observe my community.

Kuntz’s revelation captured the spirit of the project, and the energy and excitement that held all of us, instructors and students alike.

### **Students Disseminating Data Amid a Dynamic Context**

The student members of the team helped design the research, collected much of the data, and helped analyze it. Perhaps most importantly, they were on the front lines of disseminating the findings and were directly involved in advocacy efforts. The local press picked up on their work in July. Then, after weeks and months of contentious debate—a troublesome and problematic component of the presidential election—students first pitched a public education effort to the city council in August and then a more direct advocacy for a policy shift in October, helping to spark a major turning point in both local and state policies regarding COVID-19 and especially mask wearing.

The project did not occur in a vacuum. There was extensive coordination with the efforts of Professor Weber. The mayor's advisory committee he led continued their work concurrent with a local election, which, in early June, led to a dramatic shift in the municipal administration. The previous mayor had been in office since 2000, and had taken a very collaborative, even *laissez faire* approach to city government. The new mayor, understandably, had his own plans. Additionally, the mask issue must be understood along a continuum rather than an either-or debate, and the new mayor was inclined toward "personal responsibility," initially, publicly resisting any sort of a local "mask mandate." Part of the work that bridged the two administrations was an expert panel aimed at keeping decision-making processes above the political divisions that were increasingly heated that summer. The panel included the local public health officer, a biostatistician, an epidemiologist, and an infectious disease specialist, the latter two both from the state's only medical school. At each meeting, the experts unanimously recommended the immediate implementation of a mask mandate. The new mayor disagreed with that recommendation, as did a sufficient number of council members. By early July, having been in office for less than a month, the mayor curtailed any future meetings of both the advisory committee and the expert panel. However, as a result of the relationships developed during the panel's tenure, the council member and public health officer promoted the development of a local COVID-risk dashboard. Prior to that, there was only a single dashboard for the entire state, which disproportionately represented rural counties and skewed data toward a politically beneficial downplaying of infections in the state. The development of the state's first local dashboard led to similar developments across the state. Importantly, the local dashboard and the mask project results—disseminated by the students at council meetings and in the local press—impacted policy formation at the local and then state levels, including, eventually, a statewide mask mandate.

The local press caught wind of the study at a time when COVID-19, and particularly issues around mask wearing and related policies, dominated much media. The paper noted that the project was seeking ways to assure that students could return to a safe community, and that the larger community also needed to be "safe from all the students returning in August" (Mook, 2020). In relation to the explicit agenda of the action research project, MSW student Scallon was excited "to see the genuine response from [her] community." The owners and management of the grocery chain expressed hope that the study might "encourage more people to wear face covering to protect others," and that "partnering on this study made perfect sense to us." Already, at that point in the study, it was apparent that peer pressure and social norms were contributing to sharp increases in the numbers of people wearing masks over the observation period. Bayne, the team member from the university's Master of Public Health program, noted that "seeing [other] people wearing masks" is a powerful influence in changing behaviors. The newspaper article (Mook, 2020) noted the lack of any other communities conducting this sort of study, and featured a striking photograph of Wavra, the other MSW student, recording observations from her parked car. Kuntz, expressing a sentiment shared by the whole team, later wrote we were part of "an observational study of the evolution of the community [responding to] an extraordinary circumstance."

On August 10, public health students Kuntz and Possis gave the first official presentation to the general public. Based on the best science at that point, their presentation was titled simply and directly, “Face Covering Advocacy.” After months of contradictory statements from public health agencies, and then obfuscation from political leaders, there was a great need for clear messaging and education about the team’s findings and the need for more action from community leaders. Public health officials across the nation were being threatened and found themselves in the crosshairs of political factions. It may be surprising to future readers, but, during that early August, with thousands of university students returning to the community and amid the political winds of that time, it took great courage for students to stand up and publicly promote the wearing of face masks. Additionally, they shared a key finding from their observations: the grocery store’s announcement that mandatory mask wearing would be initiated on July 29 correlated with dramatically increased customer compliance over each of the four weeks that followed until the policy’s inception. In other words, the students’ observations provided correlational data regarding the potential efficacy of a “mask mandate” at an important local business.

Over the next weeks, the team shared various insights from the observation and survey data with the city council. Increasingly, mask wearing had moved beyond a public health recommendation, and even beyond a politicized debate, to a demonstration of which side a person stood in that summer’s political divisions. Having experienced a predictable spike in infections after the return of the students, and an even higher rate of infection after students hit the city’s bars and engaged with the energetic social calendar of sorority and fraternity rushes, there were debates over the very need to prevent the spread of the virus. The touchstone of that struggle was masking policies.

Leben was one of the two new members of the team that Fall semester. She remembered nodding her head when it was decided during a regular weekly project meeting to present study findings to the city council, but she was surprised by the suggestion to have the students take the lead. She “felt unqualified,” but as the work continued, she was grateful for support from the team, including multiple opportunities to rehearse. The experience led to a “newfound confidence in [her]self, in [her] schooling, and in [her] involvement in the project.” Possis recalled agreeing to the internship mainly because she feared not having another opportunity during the pandemic, and then feeling confused. Students were used to courses with clear guidelines, rubrics for assignments, and fixed expectations. The organic, nonlinear nature of this project was overwhelming for her at first. By that October, with months of work behind her, she noted that preparing for the presentation was one of the “most terrifying and exciting” things she had experienced as a student. Gabel had a similar reaction, calling it a “frightening but awesome experience.” He also recalled being nervous, appreciating the rehearsals, but then being proud that “our data and conclusions offered insight [to] the ... community that no one else could offer.” Noting that council votes and policy changed shortly after the presentation, he proudly views that experience as his “first public health success.”

Ultimately, over the next couple of weeks the city council first passed a non-binding mask resolution. That was followed by an enforceable mandate by the local public health officer, and, almost within a couple of days, a statewide mandate passed by the governor. What followed was



a “bad news, good news” series of events. As dramatic spikes in infection rates began affecting large swaths of the country, including the Upper Plains, our state quickly emerged as one of the worst sites in the world in terms of escalating infection rates. However, the mask mandates and the broad change in behaviors that followed seem to have been one of the major factors in reversing the virus’ course in the area. After terrible numbers in early October, infection rates continued to decline. The state and the university community avoided an anticipated post-Thanksgiving spike. The blessing continued with no spike after the return of students following the Christmas break. By the middle of January, the governor noted the lower COVID numbers that were being seen across the state and admitted “some people credit the mask mandate,” while also recognizing the ongoing debate in which some view masks as “infringements on personal freedom” (Nicholson, 2021, para. 7). Focused on numerous priorities and political tensions, there was never any official recognition from the press, the mayor, or the governor regarding the role of the mask project team. Nonetheless, those closest to the process, including members of the city council leadership and numerous local public health workers and officials, credited the team’s work for playing a pivotal role during the long process.

### **Lessons and Recommendations**

The COVID-19 pandemic presented a unique opportunity to build interdisciplinary partnerships and to improve students’ applied learning experiences. We hope that these benefits will persist and be incorporated into our ongoing systems and processes. The work of the team continued long after the passage of relevant mask mandates, and as of submission of this article we continue to serve local public health needs relevant to COVID-19 with our interdisciplinary team that incorporates action research, public health promotion, policy advocacy, and student internships. A series of meetings with state public health officials led to another round of surveys, this time expanded across the state and with official collaboration. Students involved with the project never lacked for required hours, and the social work students more than met the reduced time requirements set by CSWE in response to the pandemic. Most likely, they would have easily exceeded normal, pre-pandemic requirements. Additionally, the interdisciplinary aspect of the team created new connections and networks that promise to enhance projects beyond COVID-19. Perhaps most importantly, the students received valuable learning experiences and professors and field instructors developed new ways of thinking about student internships including an interdisciplinary, faculty-staff-student team approach to applied learning experiences that integrates research, practice, and policy.

While the unique opportunity facilitated new interdisciplinary partnerships and improved students’ applied learning experiences, there were challenges. The social work faculty on the team tended to dominate the project all in terms of academic seniority, the realities that the principal investigator was a social worker, and the role of the city council member in the team. This was not necessarily all bad, but greater attention to public health’s emphasis on public education, as opposed to social work’s fixation on policy, may have produced more beneficial health outcomes. Also, despite the rhetoric about democratic process, faculty tended to dominate discussions and had to learn to more fully embrace student voices. For instance, the discussions around race were among the richest during the project, but our legitimate decision to not include race in our data collection ignored the reality that COVID disproportionately impacted

communities of color and deserved greater emphasis. We continue to wrestle with the correctness of that decision. Long term, while our field program has been and remains supportive, efforts like this will be difficult to sustain beyond the exigencies of the pandemic. There is limited institutional infrastructure to support creative faculty and staff deployments and blended scholarship, service, teaching, and internship activities across colleges and departments. We are working hard to stay connected with students and connect them to publishing opportunities even after they've graduated. Hopefully articles like this will encourage greater institutional flexibility.

The project demonstrated the value of interdisciplinary work in relation to enhanced research and scholarship efforts, and to student learning. For faculty, the project broke down academic silos, provided access to broader networks, and removed the unnecessary and counterproductive boundaries between research, practice, and policy. For students, perhaps counterintuitively, the opportunity to work with and learn more about other professions enhanced their emerging professional identity. And rather than the project offering an acceptable compromise—a good-enough-for-the-pandemic solution—faculty and students collaborated to achieve a highly beneficial and improved applied learning experience. Hopefully it will not be a one-time experience and can instead demonstrate the evolving nature of our two professions in service to “new” post-pandemic realities. Finally, the project leveled the playing field between faculty and students. Faculty were able to be authentic, vulnerable, and open about both research design and the development of teaching processes. Rather than embodying the “sage on the stage” with all the answers, faculty collectively problem-solved with students to address unique challenges. Indeed, the older, more privileged and quarantined faculty, more sheltered from pandemic life, depended on the students in their service jobs and ongoing engagement with day-to-day life including direct interactions with the politically polarized environment. Students brought “real-time” essential worker experiences and other circumstances to the process, including infected roommates, or, in several cases, their own COVID-19 infections and symptoms. This reality of the project suggests a metaphor for broader dynamics deserving of deeper examination!

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# **We Are in This Together: Reflections on How One Education Professor Reimagined Supervised Field Hours for Pre-Service Teachers**

Patrice R. Morgan

**Abstract:** Educating future teachers is a fulfilling and great opportunity to share the dedication needed to succeed in this profession through field experiences. Experience has shown me that the role of an educator is to model being a collaborator, nurturer, professional, and facilitator. Through reflective practice on research-based strategies, goal setting, flexibility, and transparency, I present my reflections on shifting field experiences to a virtual environment.

**Keywords:** pre-service teachers, online engagement, modeling professionalism

While the COVID-19 pandemic changed the way we think, live our personal lives, and work, it has not taken away my focus and dedication for supporting pre-service teachers in their supervised field courses. These unsettling times have made me a bit more humble while staying true to myself and having not minimized the goal of increasing student engagement and developing education professionals while confronting obstacles and challenges.

As an education professor, I model being a collaborator, nurturer, professional, and facilitator. I think aloud, share “aha” moments, and yes, have even stated, “I have no idea” in response to a student question about how field hours would be completed if schools shut down. While I did follow up the no idea reply with a statement about looking into the answer and went as far as sharing some resources we could look at, the weight lifted off my shoulders, the sigh of relief, was invigorating. My students didn’t judge in the frightening unplanned moment, they instead helped to brainstorm possibilities and one even asked, “Would you tell your class of young learners that you don’t know what to do?” It was at this moment that I realized my reactions would impact my pre-service student teachers for a long time to come.

## **Being Transparent**

Letting my guard down and being vulnerable in front of my adult students that look to me to guide them in decisions about how to present themselves in the field was a bit scary at first. I often tell my students, “not planning is planning to fail.” Then, in March 2020 when we were told face-to-face classes were being canceled and were moving to a remote format, I found myself without a structured plan and fearful of how this important work of field experiences would get done.

A large component of my field supervision course is focused on modeling and reflecting. We role-play scenarios, read and analyze case studies, develop plans that will be carried out in the field, and identify strategies for how to professionally collaborate with others in field settings. It is these exercises that help my students understand their role as future educators, aid each individual to develop their philosophy of education, and prepare them with opportunities to learn

and grow. We also use the strategy of thinking aloud to promote dialogue, practice, and understanding.

As a teacher educator, I am not only faced with delivering information to my students, but I get the great opportunity to explicitly model what they will be expected to do with the information shared in their field settings. The idea of using the instructional strategy of thinking aloud can be interpreted as eavesdropping on one's thoughts as they complete a task. In a school setting, this is a common instructional strategy when facilitating a planning lesson for writing or completing a math equation (Ness, 2016). Letting an audience, especially a group of adult students that are preparing to become teachers, hear what you are thinking offers insight to problem-solving. I found myself modeling a great number of think-aloud moments during this transition to remote learning.

### **The Shift to a Remote Environment**

The feeling of being overwhelmed was an understatement; how was I going to do this? While I thought I was a tech-savvy instructor by incorporating many videos, identifying ways to use and not use social media, creating Flipgrids, utilizing the Blackboard platform for resources and journaling, and holding workshops on becoming a Google Scholar, suddenly we were embarking into uncharted waters. So many questions and not many answers and while I am part of a larger program, the tensions were greater when we were all together as all the "what if" questions arose, and we knew we were working within an infrastructure that was not yet set up.

Subsequently, although it's a topic I usually do not cover the first week of class, I needed to guide my students to have a growth mindset (Dweck & Yeager, 2019) and to simply define it as the sought-after challenge of being resilient and learning to control what we can control to accomplish goals being set. Whether in person or remote, the hard work and dedication that is put into this field course would add to the skillset that will better prepare students for the future. Finding the language needed that would add a sense of acknowledgment, compassion, and reassurance (Ryan & Logel, 2021) would help me to create a trusting remote learning environment. The following days became about prioritizing what I had control over and setting small meaningful goals that were not only attainable during this transition but were also consistent with preparing students for working in a field setting.

After many hours and days of revamping, reformatting, and revising assignments, setting aside the face-to-face syllabus and creating an updated version to accommodate online teaching and learning was the best choice for me. I needed to come to the realization that online teaching and learning are different from in-person courses, completely different.

### **Staying a Step Ahead**

Online teaching and learning do not look or feel the way in person classes do, and I needed to discover ways to become successful. I needed to add some resemblance of stability for this group of field students that I had first met the week prior. I had to stay a step ahead to be the best teacher educator I could be for my field students—at the same time, I kept reminding

myself of what Dweck and Yeager (2019) discussed as remaining transparent and offering rationales to students about the work we were doing.

Being part of a group of professionals that is driven by human interactions is incredible. We thrive on talking with, helping, caring for, and serving people, and developing new routines and strategies to continue this work has been enlightening. Prioritizing how to conduct field hours was my biggest challenge as I could not downplay the importance of this experience, even during a pandemic. While schools could not and/or didn't want to permit my field students in, it was my intent to figure out how I could support this type of work where they would leave my course better prepared than how they came in.

I began delving into workshops, reading articles, and signing up for courses to learn how to do this work. Truth be told here: I also took many ideas from the teachers of my own children that were in the same boat of figuring out how to transition during a pandemic. Again, I was faced with the opportunity to be vulnerable, and I did open up to students letting them know that I was enrolled in a course to learn how to do this online work better. I included them in my assignments, adjusted and tweaked some of the work we were doing, and the result... they thanked me. My students shared that witnessing me as a student and making them part of my learning encouraged them not to give up.

Developing remote fieldwork settings and experiences became a priority. I focused on the benefits that virtual fieldwork could bring such as organized virtual visits, control over what they were seeing and commenting on, the ability to replay parts to ensure we were on the same page, and the option to collaboratively plan based on what we were witnessing together, as a group. I was reminding myself that I know something while at the same time, showing my students I have plenty to learn. I was able to utilize sources that were familiar to me such as TeacherTube, YouTube, Google Scholar, and Achieve the Core; then found additional resources such as The Teaching and Learning Exploratory and EngageNY, both free sites that have many videos of classrooms to enhance the virtual field experience to ensure that students were gaining the importance of practice and reflection. This work, while not uncomplicated, became both enjoyable and rewarding.

### **Access to Technology**

One of the biggest hurdles at the start of transitioning to remote teaching and learning was technology. I am not referring to software and course material; I am straight up talking about students not having laptops or Wi-Fi connections to complete the semester that started as brick and mortar and suddenly became online. "There are often unexpected problems that come up due to technology" (Chertoff & Thompson, 2020, p. 4). To minimize the magnification of the very present digital divide in society, I sent out a questionnaire to enable students to share with me what accommodations they had at home to make this transition possible. "Digital divide is a term used to describe the gap present in society between those who have access to the internet and technology and those who don't" (Brownlee, 2020, p. 1). The brief questionnaire I created revealed one student without a laptop that we were able to get through a lending program at the university, and the majority of other concerns had to do with sharing laptops with other family

members that were also transitioning to schooling and working from home. The way we targeted this was to find a time that we were all free and adapted a new class time to meet synchronously for the remainder of the semester. Having a time that we could all be online together was a priority for me to ensure that students would stick with the class and have me present as a resource.

My students, this group of future teachers, were working with me to educate each other. While one student shared that they were hoping to get off easy and wanted a passing grade for simply being registered in the class, they soon realized we were all about to work harder than ever. I challenged them to rise up to the occasion of uncharted territory, and they did! Albeit different, never did they share feelings of missing out on the field experiences that they originally signed up for. My students and I became each other's field settings to meet the goals of planning, facilitating, and reflecting.

### **Turning on the Camera**

When we were not meeting synchronously, I would video myself throughout the week to offer motivation to keep going. In short five- to seven-minute clips, I would summarize their discussion board posts, share an article found on a specific topic, and sometimes bring their attention to campus-wide announcements that they may have found helpful. Student responses from these short videos were positive, and they often shared how grateful they were for keeping them to the point and focused during uncertain times.

In one of my recordings to model a science experiment, two of my children came over to ask me what I was doing. Initially, I had a “shh, I’m recording” reaction, but when they responded that it looked fun, I literally said, “let’s see how this goes” to the camera and went on with the lesson answering the questions of young children and allowing them to take part in my work. That week, so many of my students’ lessons included their younger siblings and own children and although this was not the plan, it worked. One student who shared they lived alone asked to conduct a live read-aloud lesson on Zoom using each of our younger family members to engage—this was an amazing successful session.

We found the shimmers of light and virtually observed lessons together, identifying strategies that worked in the classrooms we were viewing, and brainstormed ideas to address the challenging behaviors we were witnessing. We videotaped ourselves introducing children’s books on Flipgrid and uploaded longer videos of ourselves conducting mini lessons and modeling science experiments on private YouTube pages, and synchronously worked through all of this on Zoom sessions. This group of pre-service teachers rose higher and higher each week in their abilities to adapt. Knowing nothing is perfect in a traditional classroom with interruptions of bells and phones—and with doorbells ringing, dogs barking, kids crying, Wi-Fi buffering, we made the best of our situation and exhibited professionalism every step of the way.



## **Trying Something New**

Conducting bi-weekly virtual field trips, a new endeavor, enabled this group of pre-service teachers to practice becoming skilled professionals. They started with identifying and researching a meaningful destination, then writing parent letters and permission slips that could potentially be used, and moved to developing before, during, and after trip lessons and activities, then facilitating them virtually with our group. These practices, while different, were definitely preparing my field students for their futures in education.

I have created virtual spaces that encourage students to reach out and rather than calling them office hours, I now do drop-ins, coffee breaks, and hangouts. These times allow students to listen in on group chats or enable them to talk one-on-one with me if they choose. Sometimes I will add a topic for the day that supports community building and emotional check-ins so students can make informed decisions about how to spend their time. I most recently included a link to “book your time” on my course platform in which they choose a time for one-on-one conversations using Calendly. This was very successful compared to the previous semester when two or three students would pop in during the week; with this I was seeing seven or eight students each week.

## **Moving Forward**

As we continue to prepare for remote courses, the work that I have done the past three semesters is informing how I am structuring field experiences for my students. As Ross-Gordon (2011) states when discussing the need to support students in non-traditional environments, we need “to create programs and services that are responsive to adults’ life and learning preferences” (p. 28). I am more confident and better able to organize online lessons and assignments that are both meaningful and engaging. The ongoing practice of being reflective and open to new ideas will only increase as my students exhibit preparedness for their work in educational settings.

Success is based on eagerness to learn, persistence, and exhibition of due diligence in setting and achieving goals (Dweck & Yeager, 2019). Being creative and embracing the tools that are available to educators have not only gotten me through this transition but have helped me to realize how being flexible and vulnerable in front of students lets them know we are in this together. Developing a qualitative study will likely be needed to gain field student perspectives on their experiences with remote fieldwork. In order for my students to learn, grow, and be successful as field students, I must continue to engage in reflective practices that include listening and acting on student needs.

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# The Density of Hollow Bones: A Narrative Reflection on the Pandemic

Heather A. LaBarre

**Abstract:** This reflection explores my personal experience as a field director managing the upheaval of students removed from field placement in the wake of the pandemic. Personal responses to the demands of work, motherhood, and self-care are narrated through the process of acknowledging loss and grief for students and me. Identification of hope and resilience in times of chaos provides a mechanism to support others as they traverse unexpected shifts in work, practice, and daily life.

**Keywords:** field education, grief, problem solving, coping, nature

In March of 2020, my office, with its yawning window that overlooked a bustling campus and a heating vent that clunked a little too loudly, became a vacant room in a matter of minutes. As the pandemic loomed, I loaded books and files into a flimsy plastic cart that was poorly equipped to carry the weight of an academic career and hauled it to my car.

As I drove away from campus, I was grateful for some distance. My commute is cumbersome. I am a more efficient worker away from the distractions of an office setting. I prefer jeans and sneakers to dress pants and loafers. My dog would be less lonely, and I would have easier, quicker access to my son. Despite the impact of the pandemic, I was marginally comfortable.

Forty-five minutes later, the contents of my office were scattered across our spare room that houses the life documents I maintain but never reference. Items to be graded and drafts of research papers were organized in the filing cabinet next to tax documents and old continuing education certificates. I assessed the filing with ambivalence, confident in the quick return to my recently vacated faculty office.

My bedroom became a workspace out of pure necessity. It was the only room in the house where my substandard Wi-Fi would keep me latched to a virtual room without disrupting my son's elementary school's attempt to transition to online learning.

For weeks, I hunched over a rickety table that balanced my years-old laptop, enduring meeting after meeting. The early excitement I felt for the freedom of working from home calcified into the nagging aches that accompany a sedentary lifestyle. The physical pain in my hips and back, the burning sensation in my eyes that only comes from blue-light saturation, and the emotional onslaught of my students' academic needs etched a deep well of hurt.

For years, I have reflected upon the professional and social responsibility of being client-facing. As a client-facing professional, I must engage, empathize, think critically, and problem solve. The term I use for this conscious action is "being on." It is a state of giving, creating a welcoming space, and being an agent of service when required. It is a consistent presence maintained for others. During the early days of the pandemic, I was "on" constantly. Conveying

empathy and warmth to students and fellow professionals in typical circumstances can be exhausting. I felt myself straining to amplify those same skills in an effort to translate care across an online platform.

Despite years of responding to others in acute clinical crisis, I struggled to muster the strength to move through a day. While offering words of comfort or support, I felt vacant and scared. It is a feat to embolden others when the daily pressures of work and motherhood snuff the internal light of positivity.

As a mother, I felt empathy for our students with children. The demands of work and school combined with the pressures of parenthood churned together without any foreseeable end or additional support. As a frontline worker, my spouse was absent as he delivered supplies and resources to people in their homes. I was relegated to the role of playmate, cook, and educator for my child. It reminded me of the first days and months of motherhood, when the number of diapers changed becomes too many to count and showering is a chore. The beginnings of the pandemic felt the same—time moved too quickly and daily activities were completed in a haze of exhaustion.

My experience during the pandemic was not unlike other professional women with children. The stressors of caregiving—particularly for women with children displaced from school—combined with work and household responsibilities increased exponentially (Donner, 2020). I recently learned that *The New York Times* established “The Scream Line,” an open voicemail box where parents can voice their frustration (Grose, 2021). Anonymous venting, screaming, and tear-soaked disclosures exposed the raw nerve of women struggling to balance caregiving, household responsibilities, and managing professional expectations (Grose, 2021). Had I known about the line months ago, I might have participated.

While I struggled with my personal circumstances, I fully recognized that my position is one of privilege. The far-reaching consequences of the pandemic disproportionately impact families and communities of color, resulting in weakened social and community supports in the midst of crisis (Oppel et al., 2020). I had the privilege of a flexible work environment and maintained economic stability while guiding my child through his final days of first grade, a freedom that other women did not experience.

The impact of the pandemic on field education students was immediate and critical. Students were asked to leave their placements, effectively stalling their academic progression. Those learning in hospitals and care facilities were immediately displaced. Many students lost the ability to engage with their field instructors. The vast majority of them did not have the opportunity to appropriately terminate their placements, the simple act of professional closure eliminated. The status of intern, for many, resulted in a dismissal of the professional connection they built over the course of twenty-four weeks during their internship.

Given the swift termination of field education placements, gaps were identified in teaching strategies across courses. Classes that were face-to-face shifted to online. Students in field education were required to modify their learning to self-directed or remote professional learning

tasks. Research on the impact of COVID-19 identified an increase in anxiety, stress, and feeling overwhelmed while engaging in coursework and completing field-education requirements (Council on Social Work Education, 2020; Zhang et al., 2020). Deterioration of mental well-being for students and professionals is a theme that echoes through existing and emerging data on the impact of COVID-19 (Moawad, 2020; Zhang et al., 2020).

The emotional onslaught of fear, panic, grief, and anger mixed with the unanswerable question of “what happens next?” was present in every conversation, email, and weary expression. It was a palpable grief process. As I sat in my sad excuse for an office, a sentry stationed to guide my students through their tumultuous journey, I struggled to balance the needs of my students, my own family, and the physical agony of too many hours sitting at a computer.

In addition to the task of managing a professional career and caregiving, the responsibility of maintaining my status as a role model became an additional pressure. As a Director of Field Education, I was the person who my students would remember. I was also the person at the forefront of my son’s experience during the upheaval of the pandemic. How would any of them remember this time of isolation and uncertainty? As a cohort of future colleagues in social work, what would students take from this moment based on my professional presentation? As the parent engaged with my son twenty-four hours a day, how would he regard me when we emerged from the unseen hold of the pandemic that ruined our daily routines and robbed us of normalcy?

The dread that any spire within my personal wheelhouse would deem me incapable: my son, my husband, my colleagues, my students, even my dog, became an overwhelming gravity that suffocated my energy. Despite the daily practice of meditating, connecting with friends, and exercise, I splintered under the pressure. My focus lagged. Meetings were draining. I experienced waves of irritation and felt unnervingly alone despite an energetic seven-year-old boy and an anxious Labrador retriever constantly at my heels.

During a meeting in late April, stationed in my bedroom office, I shifted my gaze from the computer to the tree outside my window in an effort to rest my eyes. The maple tree that consumes a wide portion of the view was planted in my son’s honor a week before he was born. The tree is my favorite feature in our yard. It is a source of joy and happiness.

Desperate for relief, I traced the lines of the tree’s sparsely decorated limbs, detailing the new leaves that flapped in the breeze. Storm clouds had pressed in from the east while the sun blazed brightly to the west. The sky twisted from a bright blue into marbled grey, ushering in a powerful gust that slammed against my home and tested the strength of my unstable bandwidth.

The incoming front forced the limbs of the maple to thrash against itself. The bright green leaves quaked and warped under the pressure of the gusts. In the chaos of it all, I noticed a tiny beacon that would become my grounding focus amidst the plight of the pandemic: a female Baltimore oriole.

Against the exposed branches of the tree, the oriole's feathers blended seamlessly. She was camouflaged but exposed to the weather. Her spindly legs gripped the branch as she sank and soared with the lash of the limbs. Her stance never wavered, firmly grounded against the wind's invisible attack. Her light-brown wings never spread in an effort to steady her position. She endured the pummeling with stoic grace and unyielding ease. She accepted the climate of the moment and was resolute in her willingness to endure.

The oriole became the image I called to mind when my body hurt, or the grief of my students became too overwhelming. When I felt the anguish of one more assignment, one more meeting, or one more call to action, I envisioned the oriole. I visualized her firm stance against the pressure and reflected on the intricate skeletal structure of the avian species. I determined that, if a bird with hollow bones can maintain her stance in a tumultuous summer squall, I could find stability in the midst of a pandemic. With the help of the oriole, I released the need to brace against the gale and attempted to ride the pressures of the moment.

With my students, I focused on the only thing we can control in difficult moments: our responses. Acknowledging the limited resources, recognizing the unknown, allowing students to name their personal situation in whatever way they deemed appropriate—a mess, a disaster, heartbreaking, frustrating—became the branch to which I held firm. I assured them that while I did not have any direct answers, I knew the current crisis would pass and we would find solutions to the problems. My mantra became simple: We will figure it out. Regardless of the need, we could and would develop a plan to the best of our abilities. I decided that acceptance outweighed perfection. Grief and discomfort could be acknowledged without allowing them to fully ensnare. I held tight to my branches and moved with the unseen gusts knowing that all of it might ruffle my feathers, but I could endure.

After the close of the semester, I found a nest dangling from the limbs of the maple tree. I searched my mind for a time when I might have noticed birds leaving or returning to the nest but couldn't recall any. I tried to remember if I heard the chirping of her brood, but I didn't. I was unaware they nested in the maple, but the evidence was clear. It was the nest of a Baltimore oriole dangling from the limb directly in front of my bedroom window. It was the place she stood when I first saw her months before. She had marked her territory and claimed her home.

By the time I found the nest, it was empty. The oriole took the important articles with her as the chicks fledged, just as I gathered my things and moved on from my faculty office. What remained was the place: a space where life was born after enduring the trauma and onslaught of an unrelenting storm. When I am able to reopen my office door, the space that I have cultivated as my own, I hope to welcome my students back to a place where they feel accepted and supported until it is their time to leave the nest.

The anniversary of our displacement from normal life recently passed, and I still struggle with the stress imposed by the pandemic. I endure the daily pressures of being an at-home working professional mother with a young child enrolled in cyber school. The days still dip and press with expectations. My son and I have been in each other's company for over 365 days without more than a few hours reprieve. I know with certainty that this time together has not been

perfect, but it has bonded our relationship with more depth than I could have anticipated. We are eager for summer day trips and mini golf in a new season of vaccinations and moderated fun in a socially distanced world.

I also know that my passion and drive to support young adults pushing through college has never been stronger. This time has taught me the importance of acceptance and patience. The understanding that young adults are striving in new and dynamic ways is evident. The newest generation of professionals in the field have experienced a challenge unlike many before them. As an educator who has traversed the storm with them, I have evolved as a mentor and guide.

As I journeyed with students through the pandemic, we worked to recognize their increased ability to respond to crisis and unexpected shifts in professional environments. The unintended benefits of students' expulsion from their daily academic work became their answer to every professional interviewer's question, "How do you respond to crisis/high-stress situations/abrupt shifts in workplace expectations?" Unknowingly, they were living their answer. Students also recognized professional skills developed out of necessity during the pandemic, including their ability to use technology, seeking out social supports, and time management (Toth, et al., 2021).

An additional focus on planning preemptive measures as a mechanism to support faculty and students in the event of a potential disaster became the foundation for developing flexible learning opportunities (Krull & Duarte, 2018; Simeone, 2021). Within my professional work setting, ensuring in-class coursework could quickly transition to an online platform became a necessity. As the Director of Field Education, I worked with field internship supervisors to anticipate unplanned shifts in practicum as a means to reduce the abrupt termination of placement. Discussions focused on possible disruptions in field education secondary to the pandemic, or any disaster, allow for proactive planning and conscious problem solving.

In the fresh beginnings of spring, we are sending a new cohort of young professionals into the world after a full year of learning and living in the pandemic. They are eager to engage a workforce after a trying academic year. As they move away from the structure of academia, I hope they are able to reflect on this time and acknowledge not only the strife, but also their ultimate triumph.

I was pleased to learn that Baltimore orioles nest in the same location year after year. There is something organic in the call to return to a place. I will return to the office I have held for seven years as the oriole will return to her tree: both of us focused on cultivating the next brood of fledglings.

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# How a Pandemic-Inspired Video-Based Assignment Made Me a Better Teacher

Sarah C. Rossmassler

**Abstract:** I wrote this reflection in response to the whirlwind of stress and emotion I felt as I started a new teaching job and simultaneously rode the waves of clinical and academic turmoil at the beginning stages of the pandemic. Writing the initial reflection was a way for me to process what I was experiencing; bringing my insights to the literature base allowed me to see a more universal version of my ideas. Finally, consolidating my experiences into the more aspirational notion that what was happening within the health care system was ultimately a crucible for change was transformative for me as an educator and a person.

**Keywords:** online learning, psychomotor skills, teaching and learning, learning communities, faculty development

Last winter I made the big leap from working as a clinical nurse practitioner to teaching. The first year of a new job is always destabilizing to one's former sense of mastery, and I foresaw that challenge. My assigned mentor was three doors down and readily accessible to grab lunch or answer a quick question; my colleagues were assuring and welcoming. My institution enrolled me in a foundational course to learn how to use educational theories and approaches in my own classroom. After a month of settling into my new office, COVID-19 (COVID) hit, and I proceeded to pack everything back up and return home. There was a steep curve of learning not just for me, but for my very experienced colleagues as we all transitioned to teaching mostly online. I had some advantage over veteran faculty members, as I lacked deeply ingrained habits and course designs that I would need to re-envision. Nevertheless, we all needed to pivot and adapt as we hunkered down into our home offices and taught over Zoom.

The pandemic year has simultaneously expanded and contracted our sense of time and connection and has disrupted almost every aspect of our lives. With some hindsight, this year of pandemic teaching has immersed me in teaching and learning principles that have applicability both in and outside of pandemic times. I have emerged enlightened by and with a taste for what I am striving toward. In one class and one recurring assignment, I experienced themes of teaching in the health professions as the pandemic acted as a "crucible" (Barton et al., 2020, p. 183), bringing to light critical aspects of teaching. First, it highlighted unique challenges of teaching health professions students during the pandemic. Second, it underscored the central salience of the faculty-student relationship and its foundational role as a basis for a safe learning community. Third, the pandemic accelerated adoption of online teaching methods that were previously considered second-rate to the sacred face-to-face classroom experience.

Many of us who teach in the health professions felt the whiplash of the pandemic lockdown in several dimensions. For those of us who work clinically, we faced our own vulnerabilities and challenges as we negotiated scarce resources, new and rapidly changing policies, and redeployments or adaptations of virtual practices at the speed of light. For faculty, it was the sense of stopping in our tracks and pivoting to a mostly or entirely new way of teaching (King &

Nininger, 2019). My Teaching and Learning Foundations course taught me concepts I had only minimally considered: the functions of content, how to cultivate deep and transformational learning, and building and sustaining an inclusive and power-balanced classroom. I devoured Maryellen Weimer's (2013) *Learner-Centered Teaching* with both awe and gusto. Many of our students were unmoored by loss of clinical placements and seeing their graduation plans dissolve into the abyss of the pandemic's swallow of predictability.

Last fall, I was assigned to teach nurse practitioner students to perform physical exams in a course called Advanced Health Assessment and Diagnostic Reasoning. Together with my four-person teaching team, we fretted about how to teach skills that included a psychomotor component over Zoom. Multiple planning meetings later, we redesigned the course and launched it in September with a plan to use strategic technology platforms and three in-person skills labs. Health professions educational institutions across the globe made difficult and thoughtful decisions about how to weigh the risks of students joining the frontlines (Dewart et al., 2020). The irony of being physically distanced from those we actively trained to join the risks on the front lines was not lost on us. At times, it felt ludicrous to bridle our students with "nursing is a hands-on and clinically focused profession" (Luckett, 2020, p. 95) and many students were eager to join the frontlines.

One of the focal points of the course was student demonstrations on video of physical examination skills. Some students live alone, and all had varied access to another person on whom to practice, so we designed in flexibility but also did require that their final assignments involved an actual human being as their patient. At least for me, at this stage of redesigning our course I was more focused on how to ensure rigor in the name of setting students up for success. Past models of education suggested that "academic success was solely the student's responsibility. Now, academic success is considered a shared responsibility as more diverse student populations enter into post-secondary studies" (Seery et al., 2021, p. 73). Neither the teaching team nor our students recognized at the outset of the semester how much time and effort it would require to secure volunteers for these home-based demonstrations. Some students posted videos of them examining their dogs or stuffed animals, which was an indication that finding someone was sometimes problematic. As faculty, we needed to "demonstrate flexibility, adaptability, and kindness as we shift[ed] the curriculum to virtual environments" (Barton et al., 2020, p. 183) and to open our narrow view of "acceptable" to what was possible. Our clinical colleagues in hospitals and nursing facilities were wearing trash bags as personal protective equipment in COVID units and were heralded as heroes making the best of what they had. Traditional rigor was giving way to "respond[ing] quickly and constructively to a crisis" (Barton et al., 2020, p. 183). I began to understand that students demonstrating the abdominal exam on their splayed family dog was in fact adaptation to crisis conditions.

After watching my students' video demonstrations of the first four body systems I began seeing psychomotor fluency start to take hold. As Seymour-Walsh and colleagues (2020) explain, "neuroplastic and myoplastic development occurs over time with intentional, reflective and guided practice to build corporeal literacy: a bodily knowledge possessed by a health professional" (para. 6). Week after week, repeating the tasks for their video submissions moved them towards this target of health professions training. The hours of methodically evaluating

each person's technique, their recall of innumerable details, and an explanation of what they were doing led me to feel that the students were actually learning! Just as it would have been in person, there was variability: Some needed to redo and redo again their demos; others slammed the assignment. Later, many students would share their perspective: keep the format even post-pandemic. The students felt it was arduous and effective. From casual feedback and more formal course evaluations we came to understand that the video demonstrations were logistically difficult yet worthwhile: "That was really hard," the students said, "but it helped me learn the skills." My veteran colleagues noted that on average the students were better prepared for their practical exams this year, presumably from all the efforts of the at-home weekly video demonstrations.

After many hours of listening to and watching the students in their home environments, I began to notice not just the skills on my checkoff sheet, but them, as people. Our physical distance, once an impenetrable barrier impeding connection, grew less formidable. After some time and repetition, I found myself also noticing their subjects. As Barton and colleagues share in their open letter to the nursing community, "while nursing faculty across the country are working tirelessly and with haste to transform their courses into remotely accessible formats, we are also presented with an opportunity to learn from this natural experiment in which we are all participants" (Barton et al., 2020, p. 183). I felt, incrementally and then all at once, that I was, indeed, a part of this experiment; with this new sense of myself came reverence for my seat at the table and passion for giving our students the best experience possible.

Recognizable among the students' subjects for their demonstration exams were classmates. Others may have been boyfriends, fathers, mothers, roommates, and siblings. These people gave my students their time—sometimes again and again, as we moved from head to toe in our systematic approach. Like a mirror, the subjects' expressions reflected back at me my students' efforts to master unfamiliar content and skills, and I felt deep gratitude toward these people I would never meet. I was moved as I noticed these volunteers offering up their bodies for practice. Truly seeing my students' subjects dimensionalized my students to me (Klemm et al., 2020). If the goal is to cultivate a relationship in service of seeing one another's humanity, these videos were evidence of my students' lives and their personhood.

A few examples: One student's roommate consistently showed up week after week which I read as investment in her friend's success. During the breast exam week, another student's very muscular, tattooed subject raised his arms with great seriousness so that a proper exam could be demonstrated. Often, classmates could be seen resisting the urge to give hints; their eyes revealed the plea to remember the next step. Another student's squirmy younger brother could be seen stifling his restlessness as the student's methodical approach to the exam tested his patience. I saw friends giggling through the strange intimacy of the exam and another subject trying to reckon what the student reported about his heart sounds meant. Poignantly, one father, week after week seemed to view his daughter's growing advancing skills with wonderment, and I imagine, relished the chance to be such an integral part of her education. These portraits were incredibly moving and were transformational in my own eagerness for student success.

If faculty investment in students as people is a requisite to authentic connection, these videos worked in service of that goal.

The relationship between faculty and ... students ... found [faculty-student] connections were forces for growth and forward movement. Students felt energized by their connections, had boosts in self-esteem, increased their knowledge, improved their ability to take action, and desired more connection. (Schroeder et al., 2021, p. 332)

My students' subjects were more than mere props. Their investment in each student's progress was unmistakable. Many of my students have shared with me their guilt about asking their friends and family again and again for this favor. I wish I could have shifted the burden, but I could not. The students could not have progressed without practicing on another body and sometimes taking risks to be in close contact with one another.

The hours spent squinting into my computer screen last fall brought to life what I have begun to learn about optimal teaching and learning approaches. My own perspective opened toward "pedagogical caring" (Hawk & Lyons, 2008, p. 317), which is that faculty should be focused on "the development of the student as a caring human being and the student as learner and performer, that is, one who needs to attain particular knowledge, gain skills, develop attitudes and dispositions, and demonstrate competence" (p. 322). We were gifted access to dimensions of our students that would have been out of reach in the traditional face-to-face format. This pandemic brought some challenges that may not recur identically next time but may show up as iterations in future public health crises. Stresses abounded in the face of the need for a hasty transition to online learning, especially within the health professions where psychomotor skills are a large component of the curriculum. Some students came up short because we were not able to physically guide their hands to the correct position or to model techniques standing shoulder-to-shoulder with them. Video was only a decent replacement for teaching psychomotor skills; some students needed closer physical counsel to succeed, but that was on us as faculty to provide to those who needed it. The assignment was imperfect—demanded exceptions, perseverance, and accommodations. The tenets of the pivotal Community of Inquiry Model, namely cognitive presence, social presence, and teaching presence (Garrison et al., 1999) were revealed to all of us as we negotiated the conditions of the assignment and our course.

Born from the challenges were further obstacles and also unexpected successes. Making human-to-human connections, in person or online, consistently remains a key to the retention of students and the prevention of faculty burnout and is always the "holy grail" of educational pursuits. Mirroring events in the larger societal context, the prospect of teaching health professions students to skillfully master psychomotor skills in a mostly virtual format brought both challenges and blessings. For a first-time faculty member, I was thrust into some uncomfortable realities of inequities on display within the classroom and how striving for each student's success demanded flexibility, perseverance, and intentional community-building. The inner work that transformed me as a teacher, sparked by an invitation into the private lives of my students (Weiss & Li, 2020), was the catalyst for a surprising and potent metamorphosis in myself. The initially vexing logistical hurdle of how to teach students the physical exam during

a pandemic lockdown opened a window into my students' layered lives reminding me, once again, how much we all need each other—now more than ever.

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# From a Distance: Establishing, Developing, and Deepening the Therapeutic Alliance

C. Cutler Dozier Jr. and Kari L. Fletcher

**Abstract:** We describe challenges when developing a therapeutic alliance—the dynamic and collaborative relational bond developed between therapist and client in a virtual environment during COVID-19. We offer adaptive strategies that can be used when establishing, developing, and deepening the therapeutic alliance when working virtually. Using a case study, individual vignettes illustrate the importance of establishing, developing, and deepening a therapeutic alliance. We introduce reflection and consultation adaptive strategies that may be effective when working virtually with clients. We also offer additional recommendations for strengthening clinical experiences while working with clients in a virtual environment.

**Keywords:** therapeutic alliance, telehealth, computer mediated communication, COVID-19, psychotherapy

## Introduction/Background

As Norcross (2014) asserts, “of the multitude of factors that account for success in psychotherapy, clinicians of different orientations converge on this point: The therapeutic relationship is the cornerstone” (p. 114).

Within the therapeutic relationship, the role of the *therapeutic alliance* cannot be overstated. Briefly defined, the therapeutic alliance is the dynamic and collaborative relational bond developed between therapist and client (Horvath & Luborsky, 1993). While different theoretical models frame this concept in slightly different ways, in this narrative the therapeutic alliance shall broadly refer to the collaborative and dynamic relationship formed between therapist and client, both informed by and pertaining to a wide spectrum of client and therapist characteristics (Horvath & Luborsky, 1993; Vasquez, 2007). The therapeutic alliance has been consistently linked with variability in psychotherapy outcomes—independent of specific treatment modalities—and has been identified as one of the most important factors in the clinical practice of psychotherapy (Martin, et al., 2000; Norcross & Lambert, 2018).

The alliance is considered so important that the concept was taught and emphasized throughout the first year of my MSW program. Even though clinical practice was not scheduled until the second year, I (Dozier) still remember my field instructor’s comment at the beginning of my foundational social work practicum in 2019. After I had said, half-jokingly, that I felt I had been thrown into the deep end of a pool, “Just wait until your clinical practicum,” she quipped. However, neither she nor I could have foreseen that not only would the proverbial water for the clinical practicum be deep, it would be more like an ocean than a swimming pool.

The literature is divided as to the extent telehealth affects the development of the alliance. According to Simpson and Reid’s (2014) quantitative literature review, “studies overwhelmingly supported the notion that the therapeutic alliance can be developed in

psychotherapy by videoconference” (p. 280). In some studies, however, the strength of the alliance is disputed. Findings by Norwood et al. (2018) suggest that “meta-analyses showed that working alliance in [videoconferencing psychotherapy] was inferior to face-to-face delivery” (p. 797).

The therapeutic alliance consists of many factors that contribute to its effectiveness. Several studies have identified empathy, understanding, communication, and collaboration as factors that may positively contribute to the development of the therapeutic alliance (e.g., Ackerman & Hilsenroth, 2003; Elliott et al., 2018; Hilsenroth & Cromer, 2007; Horvath, 2001; Lavik et al., 2018). Clinician empathy also appears to be vital in securing successful client engagement and follow-up after the initial period of psychotherapy (Hilsenroth & Cromer, 2007). As any clinician knows, empathy is not only about the words expressed but how they are expressed including vocal tone, physical posture, and facial expression—all methods of communication that help facilitate attunement. Furthermore, empathetic attunement is one aspect of therapeutic presence, a critical component to building a therapeutic alliance. Other aspects of presence include putting oneself in the position of the client, seeing life through their eyes—or as with my first client, through their camera.

One way to conceptualize communication is to frame it as a system wherein client and therapist can offer feedback to one another. According to a systematic review conducted by Hilsenroth and Cromer (2017), feedback interventions wherein the therapist offered information to the patient about their symptoms, their course of treatment, and psychoeducation were strongly correlated with a strong therapeutic alliance. As a correlative, concise communication in the form of feedback from the client to the therapist has also been linked to the development of a strong alliance. With regard to telehealth, Grondin et al. (2019) cite “richness of the medium, the immediacy of feedback, transmission quality, and the content of the communication” (p. 3) as four main features that impact computer-mediated communication.

Several studies have also indicated that collaboration between client and therapist is essential to the development of the therapeutic alliance (e.g., Ackerman & Hilsenroth, 2003; Hilsenroth & Cromer, 2007; Horvath, 2001; Lavik et al., 2018). Collaboration can take various forms across the phases of client and therapist interaction including working together to identify goals and mutually working toward treatment outcomes; these are central to Bordin’s (1979) seminal definition of the therapeutic alliance.

According to findings by Simpson and Reid (2014), “of key importance in the development of the therapeutic alliance using telehealth is the attitude a therapist holds toward the use of video therapy and the way in which this influences their behavior” (p. 291). As a fairly tech-savvy millennial, I held a positive attitude toward the prospect of working virtually with clients. I felt I could comfortably manage the telehealth platform and confident I could solve any technical difficulties which might arise. In contrast to several studies cited by Simpson and Reid (2014) in which it was found that therapists were skeptical about the ability to develop a therapeutic alliance via videoconference, I did not share such skepticism. Of course, I would have preferred meeting in person with my first clients.



## **Establishing, Developing, and Deepening the Therapeutic Alliance: My Work with “John”**

### **Part 1: Establishing a Therapeutic Alliance**

*Note: This case serves as an amalgamation of my experiences with several clients. This vignette does not include actual client dialogue, but rather dialogue has been created by this writer based on sentiments expressed by at least two or more clients.*

My first intake session with a client for my clinical practicum was scheduled to be conducted through telehealth due to the COVID-19 pandemic. I had long imagined what my first client contact would be like. Would I be able to join with my client? Would they sit facing me or would I sit slightly adjacent? What would my attunement look like? Never once had I asked myself, “Where will their camera be positioned?” or “Will my audio come through clearly?” How have I perceived the impact of telehealth on the delivery of psychotherapy—specifically, how did telehealth hinder or facilitate the development of the therapeutic alliance between me and my client during the pandemic? How did the factors cited as critical to the establishment of a therapeutic alliance play out for me?

“John” is a man in his mid-40s who sought therapy in the midst of the COVID-19 pandemic. He had previously undertaken therapy several years earlier for chronic depression, anxiety, and a history of pervasive and complex trauma in childhood. Having a relatively small social circle prior to the onset of the pandemic, John reported experiencing almost daily anxiety and feeling increasingly isolated. Along with the anxiety, John described symptoms of an agitated depression and anxiety which was exacerbated by fears of contracting COVID-19 when out in public, resulting in feelings of anger and frustration towards other people not following social distancing guidelines.

Things got off to a rocky start during our introductory session when the first words out of John’s mouth were, “I can’t hear you.” I unmuted, apologized, and said, “I didn’t realize I was on mute, can we begin again?” John nodded and then proceeded to explain that he had been dealing with chronic depression for so long he could not remember a period when he had not experienced depressive symptoms. In addition, he reported the pandemic had dramatically increased his social isolation and anxiety. After gathering the relevant diagnostic criteria, and expressing empathy, I attempted to offer some credible hope about how our work together could be helpful to him. I said, “There are some tools and techniques that I think can be useful for addressing your anxiety and depression which I’d like to introduce to you.” John seemed willing.

But then, about 20 minutes into the first session, *his* audio cut out for two minutes. I could see John’s mouth moving, and I gestured toward my ear to indicate I was unable to hear him. This continued for what felt like an eternity until he noticed his audio had dropped. I saw him fiddle with his device, and then his voice came back again. He repeated what he said, but instinctively I knew I would never be able to hear the exact words he spoke, in the same tone, and with the same feeling. He repeated the words I had not heard because of the technical rupture but did not re-create his facial expressions and body language—all the cues that signaled deep emotions—

they were permanently lost. This resulted in a palpable sense of frustration with the technology on both our parts. However, his frustration seemed deeper, possibly related to the same feelings of anger he described at the beginning of our conversation. Our communication continued to be fragmented throughout the first session. My lack of expertise with regard to the technical aspects of the telehealth platform may well have led my client to doubt my clinical prowess. In short, I feared the very start of establishing a therapeutic alliance had already become compromised. At the end of the session, when I posed my standard question, “Is there anything I said or did that bothered you that you want to tell me about?” John responded, “I don’t like the technology,” and then quickly added, “but I know it’s not your fault.” We had a connection, albeit tenuous.

Upon reflection after our session ended, I realized that the unexpected problems I encountered delivering therapy over a virtual platform were compounded by my novice status as a practitioner. With John being one of my first clients, I had no baseline of comparison for the level of connection that is usually established after a first session—whether in person or virtually. In the findings of Békés et al. (2021), half of 150 therapists surveyed felt a lower level of connection with their online patients compared to that with in-person patients. But lower than what? I had no in-person client experience to gauge my performance against. Perhaps I needed to recalibrate expectations for myself.

Through consultation, I gained further insight into the tenuous therapeutic alliance established between John and me during our first session. Beyond the “typical” tasks associated with getting started (e.g., setting a therapeutic frame, building rapport), I found it helpful to think about the distinction between the content (what was being said, such as “Can you hear me?”) versus process (what was being thought, as in “Can our connection become a reliable one when our technology tells us otherwise?”) (Budman et al., 1992; McWilliams, 2004). Beyond the role technology may have played hindering the development of our therapeutic alliance initially, I came away from this conversation feeling as though, all things considered, I did a “good enough” job of conveying to John during our session that I had been listening, intently focusing upon his concerns, inviting his reactions to our work, and conveying understanding toward him (McWilliams, 1999).

Beyond unpacking the tenuous therapeutic alliance formed during my first session with John, during consultation I began assessing what adaptive strategies might help engage John within a virtual context as we would never physically be in one another’s presence. The concept of *social presence*—where the development of a “sense of being with one another” (Biocca et al., 2003, p. 1), and of experiencing a sense of safety, comfort, and ability to take risk (Barnett-Queen et al., 2005)—resonated with me. Extending this to a virtual environment, it would be an *online social presence*, where an emotional connection is felt by way of computer mediated technology (Sung & Mayer, 2012; Tu & McIsaac, 2002) and reinforced by an array of affective interpersonal, relationship, and technology skills (Sung & Mayer, 2012).

## **Part 2: Further Developing and Deepening the Therapeutic Alliance**

Before our second session, I spent time conceptualizing John’s case and conferred with my clinical practicum site supervisor. I concluded that developing a positive working alliance with

John would require me to proceed more slowly than I had during our first session. I resolved to listen more, say less, and attune to his cues indicating a willingness to move forward. My hope was that this approach would communicate my empathy and understanding and result in John's full commitment to a set of goals and initial first tasks—essential elements of a positive working alliance (Ackerman & Hilsenroth, 2003; Elliott et al., 2018; Hilsenroth & Cromer, 2007).

In any other time, behavioral activation, an evidence-based treatment for severe depression (Dimidjian et al., 2011), would seem like a straightforward and viable direction to move toward. John's social isolation was clearly enacting a heavy toll on his daily functioning and exacerbating his long-standing depression. Helping John engage in meaningful behavioral tasks and move toward prosocial connection with others seemed like an obvious first step. The complicating factor: John was in the high-risk category for COVID-19, and cases were on the rise. My alternative plan, therefore, was to begin to enhance my client's sense of self-compassion, beginning with self-care, while working with him to jointly set psychotherapy goals.

During our second session, I focused upon listening empathically and seeking to understand more about John as a person and with regard to his history, while remaining continually aware of my own attunement. At first this approach seemed to resonate with John: He disclosed more about his history of trauma and the invalidating family environment he experienced while growing up. John expressed interest in joining a social group, a task we both knew would have to be delayed because of the pandemic. He also lamented about how hard it was for him to enjoy even simple daily activities such as going to the mall because of his fear of contracting COVID-19 and the anger he felt toward other shoppers.

When John talked about difficulties associated with his current situation, I attempted to first empathize with, then normalize his anxiety surrounding the pandemic by letting him know that I too get anxious in crowded environments. We were physically disconnected from one another, but because of the pandemic, we were, in one aspect, emotionally aligned. According to Geller (2020):

Therapists' anxiety and fear, as well as grief and loss in relation to the pandemic, can be activated by clients' shared distress, eliciting countertransference issues and interfering with the ability to be fully present and responsive to their clients' fears. (p. 5)

However, in this case, my own anxiety surrounding the pandemic had enabled me to respond more empathically to my client's situation. As Chen et al. (2020) notes, "therapists and patients are 'in it together' in ways that make it clear that we are all 'more human than otherwise'" (p. 9).

This sense of "being in it together" did not last long as the session audio became fragmented. This literal disconnection fragmented momentarily my empathetic attunement. Its rupture also seemed to frustrate John. I quickly regained my equilibrium, but my responses were then met by John saying in a slightly irritated voice, "you're breaking up a little bit." Geller (2020) asserts, "clients can attribute delays or glitches in the technology to a therapist's characteristics or lack of

presence, rather than the actual technological issues” (p. 6). Although my lack of presence was due to technical difficulties, it is entirely possible that on an emotional level, John faulted me for not being present.

The technical glitches also generated feelings of frustration in me—not toward John, but with the transmission quality of the telehealth delivery mode—one of the four main factors cited by Grondin et al. (2019) that affect the impact of a virtual session. Two essential elements to a strong working alliance were hindered. Communication between us was being stifled and collaborative progress delayed. As a new therapist, this was surprising and disconcerting. I addressed my own feelings in session by using grounding techniques and by purposefully directing attention to my present moment experience.

After the session concluded, I continued to empathize with John and, through tapping into my own feelings of frustration at the technical hindrances, discovered a gateway to greater compassion for the continual struggle John was experiencing. To prepare for our next session, I resolved to be more intentional in crafting my online therapeutic presence. According to Simpson and Reid (2014), techniques that contribute to effective telehealth therapy include “being more deliberate and overt in non-verbal responses, such as purposefully exaggerating voice inflections and changes in tone, as well as gestures and mannerisms” and “asking more questions in order to clarify the meaning attached to clients’ facial expressions and body language” (p. 292). These techniques were similar to the behavioral adjustments I would need to make throughout my work with John in order to ensure proper delivery of telehealth therapy.

At my next consultation, I reflected upon my continued attempts to further develop and deepen my therapeutic alliance with John by exploring aspects of transference and countertransference (Teyber & Teyber, 2017). To some degree, I was convinced that technology had contributed to John’s transference in that his feelings, attitudes, and ways of being in relationships colored his subjective experience of working with me. Similarly, my countertransference of my own experienced intersubjectivity and relational style shaped my working with John (Kahn, 1996; McWilliams, 1999; Teyber & Teyber, 2017). At this rate, technology’s interfering more so than facilitative presence within our work threatened both our potential for growth together (Kahn, 1996) as well as the potential to benefit from future here-and-now moments of connection vis-à-vis corrective emotional experiences and other therapeutic milestones of the treatment relationship (Teyber & Teyber, 2017).

In addition to exploring my therapeutic alliance with regard to aspects of the transference-countertransference dynamic during my second session with John, during consultation I revisited ways that I might continue engaging John within a virtual context. Expanding upon the “online social presence” and the connection I sometimes felt when working with John, as our work together progressed, I found it helpful to think about the care I had taken toward creating a *holding environment*—an intentional space where John could feel consistently supported and nurtured (Winnicott, 1971). Its cyber equivalent is a *virtual holding environment*, a space where “supportive relationships can be developed and maintained through the use of technology over time” (Fletcher et al., 2014, p. 90). As my work with John continues and eventually draws to a

close, it is my hope that the initial focus on the technical aspects of navigating our relationship online fades and our therapeutic alliance deepens, facilitating our work together.

### **Discussion**

Over the next several months, John and I continued to meet on a weekly basis. I implemented a routine at the beginning of each session of first ensuring we could hear each other. We also developed contingencies for instances when the video display froze. As we negotiated issues related to meeting over telehealth, our working relationship developed. As communication improved, collaboration soon followed. We worked toward identifying four primary treatment goals that were realistic given the current limitations imposed by COVID-19. John shared with me his progress completing tasks we had identified, and together we solved for obstacles impeding progress. We had moments of levity, and a few times, even laughter. My confidence as an emerging therapist grew, and our working alliance deepened. While we still encountered technical issues, we learned to relegate them to their proper negligible place in our relationship.

As an intern working during the restrictions imposed by the COVID-19 pandemic, my only clinical experience with clients has been virtual in nature. Lacking experience developing a therapeutic alliance with clients in person, I have no personal comparison to measure my progress against. I share my insights as learning for other novice practitioners who begin their career in an online environment.

As a relatively new psychotherapist, I must confess that integrating what I have learned into my virtual work with John and other clients during this pandemic remains daunting, albeit less so over time. Through my field placement practicum and consultations offered within the MSW program, I am able to reflect on the criticality of the therapeutic alliance and its development within a virtual holding environment. In preparing for sessions, I consider adaptive strategies which will deepen our working alliance within this unique context.

### **Conclusion**

Using the case of John, I have described the development of our therapeutic alliance over several months using telehealth during the pandemic, beginning with initial bumpy and fragile sessions to today's trusted, collaborative bond. Initially during my work with John, I was unprepared for and therefore surprised at the deleterious impact of technical difficulties during my first virtual session. I did not appreciate the impact the simple loss of audio or the freezing of video for a few minutes had. It, in some ways, compromised that important first impression, hindering my ability to communicate my empathy with John and establish trust.

During my second session with John, I was better able to establish an emotional alignment with John over anxiety about the pandemic. I empathized with, then normalized his anxiety by letting him know that I too get anxious in crowded environments because of COVID-19. When our audio connection then failed, I used mindfulness practices to ground myself in the present moment and proceed mindfully. Our relationship was forming.

As my work with John has progressed, I have learned to mitigate issues arising from transmission quality and delay in feedback through heightening my therapeutic presence, adapting my communication style through the use of shorter sentences and more frequent questions, and recalibrating my expectations for the session's goals. Over the next several months, our working alliance deepened. When technical issues arise, we now have routines for addressing them; consequently, they do not impede our work.

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