

REFLECTIONS

NARRATIVES of PROFESSIONAL HELPING



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Publisher's Statement: The School of Social Work and the Berry Library at Salem State University are proud to be publishing *Reflections: Narratives of Professional Helping*. We believe that the stories we publish teach us about ourselves as professional helpers through the experiences of those who are brave enough to share their stories. We strive to build a community of writers and readers who share a passion for justice and helping others. Our commitment to access, as demonstrated in our open-access designation, expresses our desire to hear stories of students, practitioners, and educators from all of the helping professions.

General Issue

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Reflections from the Editorial & Publishing Teams: Our New Publishing Home

Darlyne Bailey, Monica Leisey, F. Ellen Netting, Kelly McNally Koney,
and Beth Massaro

Abstract: *Reflections* Volume 29(3) includes an update from the Editorial Leadership Team and our new Publisher at Salem State University. We follow this update by recognizing how *Reflections* is built around an multidisciplinary community of reviewers, authors, volunteers, students, and educators engaged in the enterprise of supporting a platform for narrative writing and creative expression. In this General Issue we are excited to introduce 13 engaging articles in which stories about personal and professional relationships influence our sense of community and impact every aspect of our lives. Beginning with articles on personal interactions and experiences that form us, our authors take us into educational and practice settings in which it is imperative to form cohesive bonds that sustain us as professional helpers.

Keywords: community-building, engagement, relationships, virtual communities, narrative writing

So much has happened in the last year!! It is with great pleasure that we announce that *Reflections: Narratives of Professional Helping* has a new publishing home at [Salem State University School of Social Work](#).

Reflections: Our New Home

As of May 2023, Salem State University School of Social Work became the third publishing institution in the 28-year history of *Reflections*. From its inception in 1995, as started by visionary social work professor Sonia Leib Abels and her husband Paul Abels, through Volume 18(1) in 2012, *Reflections* was published by California State University Long Beach School of Social Work. From May 2012 until May 2023, Cleveland State University School of Social Work published the journal, a tenure that spanned Volume 18(2) through Volume 28(3). We are forever grateful to our former publishers who helped *Reflections* become the journal it is today, and we are excited about the journey ahead with Salem State University. We are especially grateful to our former Publisher, Christopher A. Mallett, Director of the Cleveland State School of Social Work, for his valuable support in transitioning us to our new home.

The Salem University School of Social Work, along with Associate Dean and *Reflections* Publisher Beth Massaro, is collaborating with the [Frederick E. Berry Library](#) and departments across the University to continue the journal's multi-disciplinary commitment to individual and collective discovery and action through the power of narrative.

To quote Beth Massaro, our new Publisher:

Salem State University School of Social Work is honored to be stepping into the role of Publisher for *Reflections*. With all the challenges and changes we face today in our

world, it is critical that we share our stories with each other and hear all voices across the array of helping professions and from all social identities. We will maintain that endeavor as Publisher of *Reflections* and strive to expand our opportunities to reach more readers, more contributors, and more supporters. (personal communication, June 13, 2023)

As we continue to transition to our new home, we can't say enough about how our Lead Copyeditor Jack Pincelli presses on, moving articles forward as *Reflections* Issues are prepared for publication. In addition, a special thanks goes to Justin Snow, Salem State's Digital Initiatives Librarian, who is working with us to manage our Open Journal Systems (OJS) platform and to provide the technical expertise that accompanies the publication of an open access journal.

Reflections remains a "labor of love" operating on a "shoestring budget" as we are steadfast in our commitment to making the journal available to anyone without the barrier of subscription prices. Our reviewers, Section Editors, and Editorial Leadership Team are volunteers, helping us keep expenses to a minimum. Therefore, readers, authors, agencies and associations, individual practitioners, and professional schools/programs are invited to serve as **Friends of Reflections** by making a tax deductible donation: saalemstate.edu/reflections. Schools, colleges, or universities can become Publishing Partners by making a \$3,000 contribution over a three-year period. Any support you can provide is gratefully appreciated.

Narrative Writing as Community-Building & Engagement

We want to remind everyone that contributions to *Reflections* come in many different forms. Not only do we accept three types of narratives (first-hand accounts of one or more authors' experiences, interviews that highlights another person's experiences, or reviews of one or more books in which their relevancy for the helping professions are integrated into a narrative of the author's experiences); we also encourage *Reflections* authors and readers to submit poetry, artwork, and photography that fit with the journal's purpose and include at least a brief narrative element. We welcome these creative forms of expression that also engage helping professionals in poetic and visual ways to our Calls for Special Themed Issues and our Permanent Sections on Teaching & Learning, Research, Practice, and Practicum Education, formerly known as Field Education. Yes, while we will not require authors to change their language, we are acknowledging the ongoing conversation in the social work community, here and moving forward renaming our Permanent Section to Practicum Education. Moreover, we welcome your suggestions and contributions for future journal covers.

It is exhilarating to read more and more accounts of how reflexive dialogue and narrative writing are being taught in secondary schools as well as in colleges and universities! We are always willing to work with authors who have been schooled in writing for conventionally structured journals. *Reflections* is also a home for those who have not written before for a professional journal. We seek personal narratives which convey interpersonal interactions, witnessed events, and felt experiences wherein the author is clear about her/his/their positionality where a story is told that that helps readers discover new ways of thinking.

Just as Spence and colleagues (2021) plead for narrative writing to be a part of middle and high school education, we are encouraged to find resources at the college level that provide guidance on how to advocate for and teach classes about narrative writing. For example, Pawlowski (2019) wrote a chapter on creating a brave space for classroom writing and goes into great detail on developing ground rules.

Remein and colleagues (2022) conducted a study on the increasing popularity of narrative-based education in academic colleges of health sciences in which storytelling “has gained credence across the professional spectrum ... where the emphasis on fact-gathering quantifiable data cannot suffice for the development of qualities such as empathy, communication, teamwork, and professionalism” (pp. 265–266). These authors go on to write about the development of a narrative writing session for interprofessional faculty in health sciences.

At another university, Paige et al. (2020) write about retreating “from the safe space of professionalism to the brave space of community” (p. 19) when a diverse group of students and administrators on one college campus engaged in a writing boot camp in which they grappled “with the complexities of life and work ... coping with grief, navigating personal and professional demands, searching for purpose and celebrating [their] collective resilience” (p. 20).

Fortunately, the encouragement of writing in a narrative form is not confined to students in school and university settings. In the practice arena, Boncori and Smith (2019) do not mince words as they advocate for “honest, embodied, fragile narratives [that] can provide more kaleidoscopic and insightful understanding of life in organizations” (p. 75). And we are heartened to see more and more educators and practitioners elaborating on how narrative writing can be a form of self-care in a format that contains “emotions that can invoke insights and empathy unlike the impersonal descriptions of conventionally structured and written journal articles” (Hurd & Singh, 2021, p. 354).

We want *Reflections* to be a brave space of belonging in which multiple voices are welcomed, where divergent views can be expressed, where emotions can be provoked, and where we are challenged to consider alternative ways of thinking or are introduced to topics we haven’t known about before. Join us as we continue to move *Reflections* into the future!!

Highlights of This Issue

In this issue practitioners, students, and faculty members from social work, occupational therapy, education, and nursing share their stories about personal and professional relationships and how those connections with family members, clients, peers, colleagues, and educators have influenced and continue to influence their lives. Seeds of wisdom about community-building, engagement with others, and how close interpersonal and virtual relationships are formed and sustained are incorporated throughout these rich narratives.

The first three articles in this issue are written by helping professionals who share heart-rending personal experiences that have profoundly shaped their lives and career choices. As the daughter

of a father with mental health challenges Yue embeds the metaphor of roots, blossoms, and seeds into a narrative that moves from uprootedness to blossoming as a pediatric mental health occupational therapist. The author shares seeds of wisdom for professionals dedicated to equitable systems of care. Collins, Walsh, and Tam reflect on the life journey of a partner diagnosed with secondary PTSD desperately searching for healing. Their story is honest in exposing the raw feelings that accompany the painful quest for self-care. Sawyerr shares the depth of emotion evoked when a sister is murdered and the overwhelming grief that surrounds a tragic loss. The nonlinear nature of bereavement ebbs and flows as the story is told. All three articles point to the complexity of life-altering experiences that are tempered by the courage to give voice to their stories so that others may learn from the seeds they have gathered in finding meaning in their journeys.

Facing the disruptions of COVID-19 in the world of practice in social work and in education is a theme in the next three articles. English brings us a narrative poem on how the lockdown of long-term care communities thrust residents and their relationships into a purgatory of isolation. Writing about a reunion with a nursing home resident whom the author first met when conducting dissertation research reminds us of how vital human contact is to quality of life. Allen and Leff elaborate on the experiences social work practitioners faced under unbearable working conditions in long-term care settings as COVID-19 protocols overwhelmed them. They reflect on the importance of healing rituals designed to overcome psychological and emotional stress while simultaneously recognizing how staff are often left without support or a place to share their grief. Similarly, Sars and Laloo recount how a student teacher's introduction into the South African education system during the height of the pandemic transformed their thinking about under-resourced schools and shaped their professional journey. The authors acknowledge how important it is to have strong mentors and professional role models to support growth and development of student learners.

Three articles in this Issue reveal the ways in which professional learning communities were built and sustained even as COVID-19 changed the face of social work education. First, Goldkind, Slayter, Parga, and Shelly write about #SWEDUACTS, a collective designed to deepen experience through digital activism and organizing for social justice issues during the pandemic. Using a roots, sprouts, and seed metaphor, the authors describe the process of developing an engaged community of educators dedicated to anti-racist pedagogies.

Two articles are written by cohorts of social work doctoral students who used narrative writing as a method to convey the importance of community-building and the creativity it took to enter new programs without the benefit of face-to-face interaction. Fogel, Nourie, Rosado, and Gilyard focus on the importance of recruiting diverse students to social work practice and education. Recognizing the importance of cohort cohesion for PhD students, the cohort entering as the pandemic spread were presented with incredible barriers and had to rethink how to build relationships so necessary to the learning process. Similarly, another cohort of PhD students, Woodiwiss, Graves, Pless, Dodd, and Afroz, write a collaborative autoethnography based on their lived experiences as they discovered strategies used to form community when face-to-face contact was not an option. They provide insights into how cohorts found ways to create relationships amid formidable odds.

Sensitivity to diverse learners is the focus of the next two articles in this Issue. Sniatecki and Ashton write about how the pandemic transformed their thinking about access to education and services by persons with disabilities. Acknowledging how comfortable educators can become with the methods they use, the pandemic required creative thinking about how to deliver course content in different ways, ways that were actually more inclusive of persons who had faced accessibility issues when classes only met face-to-face. Recognizing the stress Latinx students were having as the pandemic posed life changes, Feize writes about how the introduction of a new assignment, the drawing of mandalas daily for a month, provided an avenue for self-expression and self-awareness. The voices of Feize's students resound throughout this article and offer a method to practice trauma-informed education.

The specific mental health needs of population groups that reside in rural, often under-resourced areas is addressed in our final two articles. Rosario and Riebschleger reflect on working with rural migrant school children and their families. Particularly attending to the mental health needs of Latinx children and the challenges they face, the authors offer practice recommendations based on their experiences. Hollingsworth, a nurse, focuses on tensions between Native recipients of medical care who neither trust nor wish to engage with a dominant culture's health care system and poses penetrating questions about the need for Native practitioners. Raising awareness of the issues is combined with a recognition of how much work needs to be done to recruit and sustain personnel as well as to build trust between Native patients and white health care providers.

We trust that you will find this issue as you find all of *Reflections*—full of compelling narratives that offer insights that will be useful to educators, practitioners, students, and others alike. Once again, we look forward to hearing from you!!

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With Gratitude...

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THANK YOU!!

Moving Towards an Abolitionist Praxis: Roots, Blossoms, and Seeds from an Occupational Therapy Doctoral Resident

Janis Wan-Lai Yue

Abstract: This essay traces my personal roots as an Asian-American woman with a father diagnosed with bipolar disorder and the impact of my lived experiences on my professional journey as a pediatric mental health occupational therapist. I highlight three exemplary client stories from my year as a doctoral resident at a community-based mental health agency that have furthered my critical analysis of our current child welfare system. Finally, I reflect upon the importance of collectively developing an abolitionist praxis as occupational therapists and health workers at large who are committed to building equitable systems of care that do not further harm structurally marginalized community members.

Keywords: child welfare system, abolition, transformative justice, BIPOC mental health

I began my occupational therapy doctoral residency at the tail end of a personally and collectively destabilizing summer in August of 2020. The COVID-19 pandemic was raging across the world, embers of the George Floyd uprising aglow, and both my summer fieldwork experience at Skid Row Housing Trust and deepening involvement in grassroots community organizing in Los Angeles Chinatown had ignited in me an acute awareness of the structural violence people face daily in simply trying to survive.

Suddenly, spending another year at an academic institution in order to pursue a doctoral degree had lost its shiny appeal. I felt disillusioned and purposeless.

Uprooted.

But uprootedness can be transformative. Uprootedness requires a reevaluation of previously occupied spaces and modes of thinking and being. It necessitates the creativity of finding new homes to inhabit that better suit our innate drive to survive and thrive in collectivity with others. Uprootedness requires a return to our roots so that they can grow strong enough to sustain new sprouts and blossoms.

So I returned to my roots.

Roots

I conceptualize my roots as my “why.” The story of how I came to be where I am constantly shapeshifts as I gain new perspectives, but there are elements that I know to be steadfastly true when considering the why that has driven me throughout my adult life.

My roots begin in a home in suburban San Diego, where I grew up falling asleep listening to the eclectic mixture of Cantopop and bebop jazz that drifted into my room from my dad’s adjacent study. One night when I was 10 years old, the music stopped.

That was the night the cops were called, and my dad was placed on an involuntary psychiatric hold that facilitated his physical absence from our family for weeks and his emotional absence for years. Bipolar disorder was the verdict, daily lithium pills were the sentencing.

And thus began my quest to understand why.

I became a deeply introverted child, discouraged by my Chinese immigrant parents from processing familial traumas aloud and finding my solace in books and music that took me to faraway places. This way of being would continue into college, where I threw myself into studying neuroscience and taking pre-med courses to understand why. Surrounded by a new ecosystem, I was thrilled by the prospect of finally figuring out why someone could be in so much pain in this world and therefore inflict so much pain onto others. I also grew interested in question of “how”—if “why” could not be answered, at least I could think about how to best support people experiencing mental health challenges in a way that uplifted their dignity and humanity.

But the answers neuroscience and the biomedical approach provided didn’t satisfy me. To explain this pain away as a problem in the wiring of the brain that could be fixed with a chemical capsule never felt sufficient to me in understanding my dad’s lived experience and my own childhood trauma. So I pursued a new pathway: that of an occupational therapist.

Occupational therapy is defined by the American Occupational Therapy Association (n.d.) as

the only profession that helps people across the lifespan to do the things they want and need to do through the therapeutic use of daily activities (occupations). Occupational therapy practitioners enable people of all ages to live life to its fullest by helping them promote health, and prevent—or live better with—injury, illness, or disability. (The occupational therapy profession section, para. 1)

I became concerned with questions about our daily actions as human beings and how they limit and/or expand our health; I also began to think about how we could expand our health to more meaningfully engage in daily life despite, and with, the unique limitations we all have. And though occupational therapy has yet to offer complete solutions, I feel that this pathway has offered a more holistic landscape upon which I can continue to consider the question of why—along with other related questions that have since branched off from this original root.

I pursued my residency at a community-based mental health agency that supports children and families experiencing mental health challenges due to experiences of trauma and abuse, perhaps as a way of returning to these roots. Pediatric mental health is still an emerging setting for occupational therapists (Mahaffey, 2016), but I felt compelled by a deep empathy and drive to use creative therapeutic activities to better support children and families in gaining the skills to live in ways that felt healthy and meaningful to them while navigating experiences of trauma and abuse.

Throughout my doctoral residency year, I continued to trace my roots, each time finding new meaning in them. From every reconsideration emerged a new direction I could take with my thinking and my practice as an occupational therapist, and some of these directions bloomed in ways that I feel are important to continue to nurture.

Blooming

The most meaningful moments during my residency were quiet moments. Moments of connection with the youth and families I supported throughout the year. Moments of coming to an understanding of a new truth or simply being able to articulate a question from the messiness in my mind. They were “in-between” moments, not destinations that might be highlighted as an “accomplishment.” Perhaps the best way to illuminate some of the quiet moments that changed me this year is through storytelling. Perhaps when a root transforms into a flower, it is telling a story.

Gabriela

In September of 2020, I began working with “Gabriela” (pseudonym), a six-year-old girl who had been sexually abused by a family member and as a result, developed an intense anxiety when occupying small spaces such as restrooms and elevators. Working with Gabriela, I learned intimately about the ways that trauma is encoded in the body—though Gabriela has not been able to verbally articulate details about the harm that was done to her, she has repeatedly shared that she fears “getting stuck” in small spaces and visibly exhibits increased anxiety and hyper-vigilance when doors of small spaces are closed. Her mother has shared that Gabriela’s anxiety has interfered with their family’s community engagement and is a source of both frustration and guilt, reminding her of the trauma she could not prevent from happening to her daughter.

As a doctoral resident and newly licensed occupational therapist, I approached my early sessions with Gabriela trying earnestly to apply the knowledge I had learned in school, using occupation-based interventions such as arts and crafts and individualized games to teach Gabriela coping strategies for decreasing her anxiety in small spaces so that activities of daily living, such as using the restroom, could become easier for her. Though she was able to tolerate longer and longer periods in small spaces with the door closer and closer to being shut completely, her anxiety persisted. One session, I decided to try something different and encouraged Gabriela to engage in a storyboarding activity to begin deconstructing/reconstructing her trauma narrative (Figure 1).

Figure 1

Gabriela's Storyboard



Note. Gabriela's figure was created by me in collaboration with Gabriela in a telehealth session wherein I asked her for descriptions and allowed her to choose images and colors.

Asking open-ended questions to facilitate Gabriela's telling of her own story, I felt gratified when she was able to independently identify some of the coping strategies for decreasing anxiety that we had practiced, such as butterfly breathing, visualizing her dog, and singing silly songs. But I was surprised to see the way that she chose to resolve her own story—with her mother using a hammer to break open the small space so that Gabriela would not get stuck.

In this moment, I was struck by the metaphorical power of Gabriela's narrative; she had ultimately located safety and strength within a meaningful relationship, rather than within herself. I realized that in my fixation on individualizing treatment for Gabriela, I had neglected the power within the relationship between Gabriela and her mother. I had failed to wholly acknowledge the power in Gabriela's mother negotiating with Gabriela's abuser without Department of Child and Family Services (DCFS) involvement, cutting off contact with him directly in order to hold him accountable for the harm he had caused, while establishing a safe environment for Gabriela. In doing so, Gabriela's mother demonstrated that families possess the agency to determine their own futures in powerful ways if they are allowed and supported in exercising this agency.

Though treatment sessions have become inconsistent recently due to Gabriela's mother's tumultuous second pregnancy, I dream of the possibilities when healing from trauma is viewed as a relational and collective process rather than an individual one. What would it look like to support Gabriela and her mother in co-creating a trauma narrative together, to support them in identifying what their "hammers" really are? Considering this question has helped me to implement more relational, family-centered interventions within my practice as an occupational therapist, interventions that lean into families' natural strengths instead of simply focusing on individual-level coping strategies.

Gigi

In January of 2021, I learned what state intervention in a relational process of healing could look like. I began working with “Gigi,” a five-year-old girl diagnosed with Fetal Alcohol Spectrum Disorder (FASD), and her legal guardian, whom Gigi called Auntie. During a collateral session with Auntie, she shared with a primary mental health therapist and myself that she had recently become upset at Gigi when Gigi refused to push her bike up the hill to their house. “Seeing red,” Auntie decided to retrieve a spoon from the home and used it to hit Gigi’s bottom. After the session, the primary therapist let me know that she had informed DCFS about the incident, and they would be paying a visit to the home.

The next week, Auntie let us know that a DCFS social worker and a sheriff had indeed paid a visit to the home to conduct an investigation. Auntie expressed that Gigi had become highly dysregulated upon being questioned and shared afterwards that she “didn’t like talking to the police.” Auntie also shared that the sheriff had told her that he “understood why I did it and said he wished more parents would.” When I asked Auntie what reflections she had from the experience, she paused and said, “I learned to keep my mouth shut next time.”

As health professionals, we are mandated reporters who are taught we must report suspected incidences of child abuse. I was not taught in school to question the system of mandated reporting, the ways it disproportionately and violently affects poor and working-class Black and Brown families by criminalizing them, leading to familial ruptures and removals that are oftentimes irreversible (Children’s Bureau, 2021; Goodman & Fauci, 2020). I was not taught what actually happens after the report is made.

After our session with Auntie, I sat with my messy feelings about what had happened. Though the investigation was closed for this particular family early on, I felt that my silence and confusion throughout the process had amounted to complicity in a problematic and oppressive system—allowing a child to be further traumatized after a negative experience with their caregiver, therapeutic trust to be broken, and the potential for irreparable harm to the family.

In weeks following, I attempted to support Auntie in identifying her own triggers and alternative non-punitive responses she could use to address Gigi’s difficult behaviors, but I could sense that Auntie felt that she could no longer be completely honest with us about challenges with Gigi. Though some therapeutic recommendations may have been helpful in nurturing the relationship between Auntie and Gigi, a pressure had been placed on Auntie to “perform” a certain way as caregiver in order to evade future traumatic child welfare visits. This experience helped me develop a more critical analysis of the current child welfare system, a desire to reimagine my own participation as a mandated reporter, and a need to further interrogate and transform the ways we keep children safe and healthy as a society.

Aubrey

In May of 2021, I learned that “Aubrey,” a 15-year-old participant of a storytelling group that I had co-facilitated for teens with FASD, had been hospitalized for expressing suicidal ideation.

Given my own lived experience with my father's psychiatric hospitalization as well as the connection I had felt to Aubrey during the teen group, this news immediately brought a flurry of emotions. I felt sadness that Aubrey had reached this point, fear that she would attempt to follow through, and anger that our health system's current "best practice" when people express suicidal ideation is to hospitalize and isolate them from their community. However, these emotions would become more complicated after I learned more and more pieces of the story.

Aubrey ended up being hospitalized for a little over a week. I learned later that Aubrey had refused to sign the safety contract given to her at the hospital due to her mother refusing to return Aubrey's phone back to her. Upon debriefing with Aubrey's mom later on, I learned that she had overheard Aubrey talking to an older man and found that Aubrey had nude pictures of herself on her phone. Aubrey's mom felt that she needed to take away Aubrey's phone to keep her safe, especially due to the particular vulnerabilities that teens diagnosed with FASD may have in terms of being taken advantage of sexually. As a homeschooled teen who had just moved to a new neighborhood during a pandemic and one who had always felt "different" due to her disability, Aubrey deeply resented her mother for taking away one of her only sources of social connection.

Although Aubrey's time at the hospital was not necessarily the traumatic experience that I had assumed it would be, it was nevertheless an ineffectual response to her mental health symptoms, isolating her further when the root of her challenges was social isolation—and further widening the rift between Aubrey and her mother. Having only provided direct occupational therapy services to Aubrey for a few months now, I won't pretend to have meaningfully healed the relationship between Aubrey and her mother or successfully provided Aubrey with safer ways of attaining social connection, though I am trying. However, bearing witness to Aubrey's story, I am left with the understanding that mental health challenges are social/relational challenges and thus, our solutions to them ought to be social/relational as well. What would it have looked like to provide Aubrey with deeper relational connections when she expressed suicidal ideation, instead of isolating her? What would it have looked like for her to be surrounded by peers or family members who could support her emotional process or even providers who could mediate a conversation between Aubrey and her mom so that they could meet in understanding rather than further alienation?

In each of these relationships, I came to new understandings about why and how. I gained new insights into why someone may experience mental health challenges as well as new perspectives about the process of healing from mental health challenges. Moments of connection transformed the way I approach occupational therapy and mental health work, and yet perhaps what these moments have really shown me is that I need to continue asking "why" and "how." In challenging my individual modes of thinking and being, these stories have inspired me to want to challenge collective ways of thinking and being—to transform systems rather than individuals, because that is how we build a better world for all. Thus, in considering the next chapter of my own story as an occupational therapy practitioner, I think about the seeds that have been planted in me this past year.

Seeds

The stories of Gabriela, Gigi, and Aubrey intertwine in my mind as examples of how current systems of “care” are at best insufficient, and at worst violent. But they also serve as partial blueprints for what positively transformed systems of care could look like. Seeds that have emerged from each story include:

- **Gabriela:** Gabriela’s story serves as an example to me of the limits of individualized mental health services and even community-based mental health services. How can we, as occupational therapists, move past individualized interventions, non-profit service-based approaches, and community-*based* practice (where sites of intervention are simply located within the community), and into community-*centered* (Hyett et al., 2015) or even community-*driven* practice (where communities themselves are being transformed and strengthened)? How can we interrogate the professionalization of care (which positions those who have received institutional training as experts of healing) and instead position ourselves as facilitators who uplift the power inherent to the families we support and their communities? In considering Gabriela’s trauma, I also wonder, as occupational therapists, how can we support the occupational healing of those who have been harmed while simultaneously working to prevent future harm by transforming the conditions that allowed or caused the harm to occur in the first place? Though I don’t have complete answers, I am inspired by the analysis and work of organizations such as Bay Area Transformative Justice Collective (2021) and Generation Five (Kershner et al., 2007), which creatively utilize transformative justice approaches to address child abuse. For example, one tool promoted by the Bay Area Transformative Justice Collective is “pod-mapping,” or leveraging existing relationships within an individual’s social network in order to create pods that can support survivors of violence as well as hold harm-doers accountable (Mingus, 2016).
- **Gigi:** Gigi’s story reveals the ways in which the current child welfare system and mandated reporting can, in fact, cause further trauma/harm to children and families, serve as an expansion of the carceral state, and undermine therapeutic relationships without addressing the root causes of situations that may be labelled as “suspected child abuse.” Therefore, building on the seeds related to Gabriela’s story, how can we collectively create non-punitive, community-centered/community-driven alternatives to mandated reporting that actually address the root causes of harmful situations (instead of causing more harm after harm is committed)? In my state of confusion after Gigi and her caregiver were investigated, I found resonance in abolitionist child welfare discourses and movements that have existed for decades in the US. For over 20 years, renowned legal scholar and reproductive justice advocate Dorothy Roberts has called for a critical assessment of the racist history of the child welfare system, asserting that reforms have only further entrenched this problematic institution and that abolition of the child welfare system, or what she better describes as the “family regulation system,” is necessary for the genuine health of Black families living in the US (Roberts, 2002, 2022). Grassroots organizations led by Black mothers who have been deeply harmed by the child welfare system, such as JMacForFamilies in New York City, have demanded the abolition of

child protective services and for providers to engage in “mandated supporting” instead of mandated reporting (Schwartz, 2020). Collectives of social work students, scholars, activists, and directly impacted families are coalescing to form a movement to amplify these demands for abolition and reimagine the child welfare system entirely (Movement for Family Power, 2020; Network to Advance Abolitionist Social Work, 2022; Social Workers Against Mandates, 2021; upEND, 2020). I feel aligned with calls to abolish mandated reporting laws (Inguanta & Sciolla, 2021) and even the “family regulation system” at large (Roberts, 2020), but I recognize that such work takes time and deep re-imagination and organizing. In the meanwhile, while the system of mandated reporting is in place, how do I navigate my relationship to it in a way that aligns with my own values and beliefs?

- **Aubrey:** Aubrey’s story serves as another example of the ineffectiveness of what can be conceptualized as “carceral care,” mental health systems that coercively isolate people from their communities rather than seeking to strengthen community bonds and address the root causes of mental health crises, whether the roots are more interpersonal or systemic in nature. In considering Aubrey’s story, I find it helpful to return to the occupational therapy profession’s roots in the Moral Treatment and Arts and Crafts movements, where occupational therapists acted as activists advocating for participation in meaningful activities over the use of chains and restraints in treating people with mental health challenges (Bryant et al., 2019; Peloquin, 1989). How can we honor our roots in de-carcerating care and build a collective movement to support meaningful participation in daily life for all people—which is what I understand to be a core principle of occupational therapy?

These are some of the seeds that I hope to sow and give new roots to in the next phase of my work as a mental health occupational therapist. Given my firsthand experiences—both personally and professionally—with the limitations and problems of our current “care” systems, it has become of the utmost importance to me to try my very best, in ways both little and big, to uphold values of abolition, transformative justice, and community care in my practices as an occupational therapist. And I believe that all occupational therapists must sincerely consider these values and frameworks if we are serious as a profession about fighting oppressive structures and facilitating meaningful engagement in daily life for all people. But is it truly possible for healthcare workers to bring transformative change when “professionals face the contradictions of being insiders whose work supports the very same relations of ruling that their activism is targeting to change” (Townsend & Marval, 2013, p. 221)?

For now, I believe that these are contradictions worth rigorously unpacking as occupational therapists/health workers whose roles in intimately caring for clients can also afford us unique analyses of the systems we work within. Previous scholarship has suggested that centering the self-determination of families we work with; increasing collaboration among community organizations, neighbors, and schools; forming coalitions to engage in direct actions; and participating in public education to raise critical consciousness are practices that can support occupational therapists in developing a justice-based abolitionist praxis that minimizes harm towards structurally marginalized communities and instead builds supportive alternative

structures (Inguinta & Sciolla, 2021; Townsend & Marval, 2013). However, beyond existing scholarship, health workers across disciplines and sectors must continue to come together with our clients and patients in order to fundamentally re-imagine what our systems of care could look like and determine strategies to achieve these visions without expanding the carceral state, which has been proven time and time again to be diametrically opposed to the equitable care that is needed to support the collective healing of all members of our society. Following the lead of our social work peers, occupational therapy practitioners have recently developed a grassroots Abolitionist occupational therapy space to begin the necessary work of co-creating an occupational therapy-specific abolitionist praxis (Abolitionist OT, n.d.), and I feel hopeful about this important beginning.

Research problematizing mandated reporting policies and the child welfare system at large has been there. For decades. Besides the aforementioned rigorous scholarship of Dorothy Roberts, other literature since at least the 1990s has highlighted how mandated reporting undermines therapeutic relationships and is fundamentally unable to address the complex biopsychosocial and poverty-based roots of child abuse and neglect (Levine et al., 1995; Melton, 2005; Miller et al., 2013). Perhaps more importantly, directly impacted families have been advocating for fundamental change since the system's inception (Raz, 2020). Quite frankly, it's unfortunate that it took multiple problematic experiences to lead me to uncover and listen to what was already there to begin with, whether that's an indictment of health professional education systems or more generally, the professionalization of care. Now the question is—as we listen, what can we do?

I remember that I came into my residency after the summer of 2020 hoping to do something extraordinarily innovative, something groundbreaking. But in the end, I am left with more questions than outcomes or answers. I am changed internally and charged with the intention to leverage my privileges as a health professional and collaborate with others to uplift the voices of directly impacted people and enact systemic and structural-level changes that better support the mental health of people like my dad and the children and families I have encountered this year. To achieve this, I believe that cultivating an abolitionist praxis is critical.

And though I still hold a lot of uncertainty around the how, I now also hold the unwavering belief that change related to our child welfare and healthcare systems needs to be radical. Funnily enough, the word *radical* was originally defined as “of, relating to, or proceeding from a root” (Merriam-Webster, n.d.). In pursuing new roots, I will continue to return to original roots and remember the flowers I have grown along the way.

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A Social Worker's Journey of Residing with a Military Member with Post Traumatic Stress Disorder

Tara Collins, Christine Walsh, and Dora Tam

Abstract: This reflection explores my experience residing with a military member diagnosed with military-related post traumatic stress disorder (PTSD). Despite being a social worker, I was unsure what was happening to my partner and myself following the diagnosis. With little supports and understanding from others about what I was facing, I felt completely defeated and hopeless as my own mental health plummeted to the point that I was also diagnosed with secondary PTSD. This paper reflects upon this journey while also sharing insight to help others in similar situations, researchers, and practitioners so that they are better equipped to address the concerns. The connection between healing the body, mind, and spirit was instrumental in my healing. It is hoped that through some of the strategies, and by demonstrating that healing is possible, hope will be instilled in others while also educating helping professionals on the impact of PTSD.

Keywords: self-reflection, military, secondary trauma, healing

Introduction / My Background Information

The military is part of my (Collins') family story. My mother identified as a "military brat" growing up. Throughout my mother's childhood, her father was a chaplain in the military. I never met my grandfather as he had passed away in an automobile accident when my mother was 16 years old. My maternal uncle also enlisted in the military as a military dentist. Although stories about the military helped define my life, I had no direct contact with military life until I was an adult. In 2003 I met my former military partner; we lived together until 2019 and currently share custody of our 15-year-old daughter. In 2008 my former spouse was diagnosed with post traumatic stress disorder (PTSD) as a result of his military service. Although I was a social work professional during much of the time he was struggling with symptoms of PTSD, as an "insider" it was difficult to recognize the disorder in my family member. The anger, the hypervigilance, the need to have everything in order, the alcohol use, the avoidance, and the self-destruction all began to make sense once he was formally diagnosed. While living through it, I personalized it all. Perhaps if I shared my experience earlier with a professional, the diagnosis would have come earlier and the pain we faced would have gone away quicker.

In 2015, after struggling with PTSD and substance use for several years, my partner accessed an inpatient mental health treatment facility. I was left alone for eight weeks to care for our daughter despite barely functioning myself. I was fortunate to have the support of family during this very difficult time. In a way him being away was good because I did not feel belittled and did not need to constantly worry about affairs or being yelled at because something I was doing was not good enough. On the other hand, I was hurting a lot emotionally during that time and was not sure even then how I got through it, let alone parented my daughter. Other times I did not know if I wanted to live anymore. I felt like I could not bear being put down anymore and felt worthless. It was at this time that I myself was diagnosed with PTSD, as a result of residing

with my former partner—I had not realized such a thing was possible. Shortly after, my daughter was also diagnosed with anxiety and depression. I hope by sharing my story I raise awareness of this issue for professionals and bring hope to those who suffer similarly. In bringing awareness of the many challenges family members of those with PTSD face, I hope that helping professionals develop a deeper understanding of the far-reaching impacts of PTSD.

Post Traumatic Stress Disorder and Military Families

PTSD is a psychiatric diagnosis detailed in the fifth edition of the *Diagnostic and Statistical Manual for Mental Disorders* (DSM-5-TR) that falls under the category of Trauma-and-Stressor-Related Disorders (American Psychiatric Association, 2022). In order to be diagnosed with PTSD, individuals have to have undergone a traumatic experience and meet the DSM-5-TR diagnostic criteria which include intrusion symptoms, avoidance, negative alteration in cognitions and mood, and alterations in arousal and reactivity (American Psychiatric Association, 2022; Kramer et al., 2016). Active military duty in combat has been recognized by many researchers to be a traumatic event that may lead to PTSD (Figley et al., 2020; Kenny et al., 2022).

In Canada, veterans who formerly served in the Canadian Armed Forces (CAF) number approximately 597,200 (Veterans Affairs Canada, 2020), while active CAF military members number around 70,000 (Canadian Institute for Military and Veteran Research, 2017). Depending on the intensity of combat, rates of PTSD vary. For example, Zamorski and Boulos (2014) completed an epidemiological study and found that following deployment to Afghanistan, the prevalence of PTSD in CAF members ranged from 8 to 20 percent. When PTSD is present, it impacts virtually all areas of functioning including family well-being (Blessing et al., 2020; Brennan et al., 2021; McGaw et al., 2020). Families of CAF include approximately 34,906 married spouses, which does not account for other partner types (Manser, 2018). Many of these individuals may be exposed to military service-related PTSD and struggle with their own PTSD.

Theory of Intergenerational Transmission of Trauma

When a military member has PTSD, it is not uncommon for their family members to also face mental health issues. PTSD can be diagnosed in family members (including partners and children) as a result of being exposed to a military family member's PTSD; this is known as secondary trauma or intergenerational transmission of trauma (Bride & Figley, 2009; Canfield, 2014; Nelson Goff et al., 2009; Yehuda et al., 1998). Theories of intergenerational transmission of trauma are not new. For example, offspring of Holocaust survivors were also shown to be at risk of developing PTSD (Danieli, 1981; Yehuda, 1999; Yehuda et al., 1998). Even when the offspring are exposed to comparable life events to non-Holocaust survivors, the children of Holocaust survivors reportedly found similar situations to be problematic or, at times, crises (Yehuda et al., 1998). PTSD trickles down and impacts everyone in the family. In fact, secondary trauma-induced PTSD can occur at similar rates to that of the military member with PTSD (Dirkzwager et al., 2005; Vasterling et al., 2015). I learned this on a personal level. I became one of these statistics. Although this reflection shares my own story as a partner of a military member with PTSD, it is important to consider that we also have a child, and children

are also impacted by living with their parent's mental health issues. However, that story is hers to tell if, and when, she chooses to do so.

My Story

Prior to residing with a military member with PTSD, I would say that overall, I was happy and had good mental health. Like many, I had my ups and downs but functioned well enough to earn bachelor's and master's degrees in social work. In 2015 when I was diagnosed with PTSD, I also began my PhD in social work. Despite high hopes of success, I found that over time, as my partner's symptoms of PTSD worsened, my mental health also deteriorated. I had good days, bad days, and really bad days. On the bad days, I struggled to be present in class and complete my school assignments. On the really bad days I experienced debilitating physical symptoms and occasionally had suicidal thoughts. When I was particularly hypervigilant and anxious my body would feel like it was vibrating from the inside. Although it may not have been visible to others, I could feel pulsing in the pit of my stomach and throughout my body. Very little seemed to help other than my attempts to soothe by curling up in a fetal position.

This disorder took a tremendous toll on my self-esteem and self-confidence. It changed me. I was no longer happy and felt alone. PTSD tore me apart. I felt like my heart was being ripped out every time I was yelled at. I remember being yelled at for simple things like not cleaning the sink enough. Every time there were affairs I felt destroyed, and there were many. My family no longer recognized me. They did not like what he was doing to me and did not want to hear me talk about him. They loved me but noticed I was not the happy and easygoing person I once was. During that time, I recall meeting one of my friends, who I had not seen for a few years. She told me how much I had changed from being someone who radiated confidence to someone who would cower at loud voices. It was true. Whenever someone raised their voice, I would feel the shakiness come back full force. At times my disorder would put me in a state where little could help calm my symptoms. I would just have to wait things out or take a fast-acting anxiety medication and go to sleep. I felt hopeless.

I never missed a deadline for my assignments and, in fact, managed to do quite well in my courses. However, overcoming the PTSD-induced debilitating physical symptoms and the resultant deterioration of my self-esteem and self-confidence proved more difficult.

My Healing Journey

I did not start to heal from PTSD until after my relationship with my former partner completely broke down. Although I tried to heal while in the relationship, I was—and we were both—still immersed in the trauma. We went to couples counselling more times than I can count. I went to individual counseling. Nothing seemed to work. We accessed all of the possible services through the military but still my partner was not okay, and neither was I. I could not concentrate. I could not think. I was not functioning. I felt broken.

Suffering from PTSD for so many years in my relationship incapacitated my tolerance for loud noises and criticism. We were not a good match. I am sensitive and tend to personalize other

people's behaviours and criticisms. And he was a screamer. My own PTSD and having a partner with active PTSD destroyed any chance for healing. Healing did not, or maybe could not, take place until after I was out of the relationship. Healing might be possible for some people while they are in the relationship; this was not the case for me. Even with supportive friends and family around it was not enough. No one in my family had been diagnosed with a mental health issue, so they did not understand why I stayed or the reason for my pain after the relationship broke down. I have friends who have depression and/or anxiety and so they had some understanding of what it was like to experience mental health challenges. They too did not really understand why I stayed in such a "toxic" relationship. During this time, I also went to group therapy and individual therapy which helped to a point, but not enough for me to feel "unbroken." At the beginning I could not even process what my therapist was saying or asking. In a way I felt unsafe. Not unsafe with my therapist, per se, but unsafe with myself—and I felt like I was going crazy. There was a lot of "gaslighting" in the relationship, and I no longer knew what reality was and feared that others would not believe some of the things that happened. I was afraid they would doubt me like I doubted myself.

So, what did help? There are three things I attribute as key to my recovery. One way that healing took place for me was by meditating. To be honest, I was quite skeptical of it and thought it was "new age" and not for me. But I was desperate. A friend of mine ran a meditation group online which I began to attend regularly. Although my mind continued to race some days, over time and through meditative practice it began to quiet. We practiced every day for ten minutes until my body and mind finally slowed down. Now I practice on my own and only when I feel stressed out.

Second, although I was physically active growing up, I had never really gone to the gym. I hated the treadmill. Other members of my family were going to the gym. My parents saw how "damaged" I was and offered to pay for a fitness trainer—thinking maybe that would help. In many ways I think this saved me. I was forced to exercise and could not cancel without having to pay. At that time, all I wanted to do was stay in bed and sleep ... which I did some days, but being forced to move on days I did not want to helped. My trainer was amazing. She could tell that I was struggling emotionally but encouraged me to not give up. She pushed me to be the best I could be even when I did not believe I could accomplish anything. I started to slowly get stronger physically, and I saw glimmers of hope that I would heal emotionally. In fact, despite not being a "gym person" in the past, I love it now. It continues to ground me and makes me feel good.

Third, I also attended individual therapy regularly. Although I would say that the gym and meditation were instrumental, I found that therapy was complimentary. I think the meditation and gym helped ground me enough to be able to take in and process what I learned from therapy. Meditation and the gym also helped me feel safe enough in my own body to listen and share what was going on for me. My therapist was gentle and patient with me despite rapid mood swings initially. When I felt hopeless, she reassured me that recovery was possible, and it was. I saw her on a weekly basis and then every two weeks, and then one day I no longer needed her. Although I had my ups and downs, I saw myself slowly get better. I began trusting myself

more and felt hope. I took two steps forward and one back. I no longer attend therapy but feel that I am self-aware enough to know when I might need to seek help again.

I still struggle with anxiety which can impede my performance in most areas of my life, but in particular with teaching or oral exams—all too common activities for aspiring academics. But with the different supports it is no longer as debilitating as in the past.

Implications for Helping Professionals

In a *Canadian Forces Mental Health Survey from 2013–2014* (the most recent available data), Statistics Canada (2014), reported that 6.5 percent of Canadian military members will have PTSD over their lifetime. Yet approximately 35.2 percent of Canadian military members with PTSD do not seek treatment (Fikretoglu et al., 2008), and when they do, one-fourth prematurely discontinue treatment (Steenkamp et al., 2015) or find that their needs are not met (Hoge et al., 2014). In order to meet military members' needs, engaging them in appropriate effective treatment is critical. Interventions with their partners and children may be a way to further help military members in ameliorating the intensity of PTSD symptoms (DeVoe et al., 2018; Kenny et al., 2022). With the interconnection between military members and their families' interventions, working with partners, children, couples, or entire household units through family therapy may be beneficial to all parties.

A 2016 scoping review by Cramm et al. explored PTSD among military members and found that three-quarters of manuscripts came from the United States, with the remaining dispersed between Australia, the Balkans, Canada, Iran, Israel, and Portugal; of the 660 articles included in the review, only 21 studies mentioned how military families are impacted. Even less is known about the impact of PTSD on military children and youth (DeVoe et al., 2018; Manser, 2020). Despite the growing body of literature establishing the connection between a military members' PTSD and families' mental health, McGaw and colleagues (2020) found that available studies “predominantly focus on assessments of the Veteran symptomatology, relationship satisfaction, or psychopathology in the spouse or children” (p. 456). Military families' experiences of their own mental health challenges are not readily heard (DeVoe et al., 2018; Manser, 2018; McGaw et al., 2020).

Despite this lack of attention in the research literature, the voices of military family members impacted by PTSD are often screaming out to be heard and need to be acknowledged in order for healing to take place. More research from the perspectives of family members of military personnel with PTSD can help to better understand their challenges and how best to develop therapeutic interventions designed to meet their needs. My story, while only shedding light on the experience of one family, hopefully highlights the challenges that families can face when they live with a military member with PTSD. My story and the many other untold stories of military family members call for more research of this important topic. Creating a knowledge base upon which to inform the development of services geared towards meeting their unique needs is critical.

Although my experience is with living with a military member with PTSD, developing my own diagnosis, and moving towards healing, healing happens on multiple levels and in diverse ways. It is not enough to look at one aspect of an individual. Not only did I need to heal my mind, but also my body and spirit through such activities as meditation, exercise, and individual counselling. The concept of exploring all aspects of the individual is not new. Trauma specialist Dr. Bessel van der Kolk in his 2014 book *The Body Keeps the Score* recommends focusing on holistic healing when working with someone who experiences PTSD or trauma-related symptomology. For me, and perhaps others, connecting my body, mind, and spirit was a crucial first step in healing.

Conclusion

While living in the throes of secondary trauma-induced PTSD, I never thought healing was possible. Hopelessness prevailed in my life, until it no longer did. For anyone reading this, whether you are a researcher, practitioner, or someone struggling with your own PTSD, I want to reassure you there is hope for the “broken.” I still have a difficulty with yelling, and I occasionally have bad days. The bad days, however, are fewer and are overshadowed by many good days. I wish I could assure helping professionals that therapy was my main conduit to healing. It helped, but it was not enough. Connection with others who had healthy coping mechanisms helped me feel like I belonged, and that healing was possible; and it was imperative in overcoming the challenges I faced. Following pathways to connect mind, body, and spirit was also instrumental in my healing. Even though this is a singular account, my story of healing, it is my intention that my journey can be useful for others confronted with similar issues and the helping professionals tasked with serving them.

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Invisibility Matters: Adult Sibling Loss and the Complicated Grief Experience

Tangela C. Sawyerr

Abstract: Homicide is a word that unquestionably invokes visceral responses. For families who have endured this traumatic experience, the manner of death augmented by social determinants complicates grieving processes. This narrative uses Worden's Four Tasks of Mourning to chronicle my journey of complicated bereavement following the loss of a sibling.

Keywords: adult sibling bereavement, homicide, complicated bereavement, self-narrative

The day started as usual. I was juggling tasks at work when I received a telephone call from my aunt. "Have you spoken to your sister today?" I answered no; she'd had a presentation to give at work, so I had planned to call her later to see how it went. My aunt replied, "I'll call you later."

Dial tone. I felt a twinge of uneasiness about the call, but I continued with my day. A couple of hours later, my aunt called again. "I need you to come home after work. Your cousin will be waiting for you at the bus stop." I didn't ask why I needed to make the 90-minute trip home, but the apprehension remained.

A strong wave of nausea overcame me and only worsened as the day wore on. It only happens when something is wrong. As I started the first trek of my ride home, the nausea became so intense that I had to lay across the seat. I could not sit up, and it felt like I would pass out. I could barely walk when I arrived at the bus stop. My cousin was waiting in the car with my infant son asleep in his car seat. I asked if he knew what was going on. He said, "No. I just heard we had to come home."

We engaged in small talk, but most of the ride was silent. I kept calling my sister, but she did not answer the phone. Finally, exasperated, I said, "I keep calling, but she's not picking up." He said softly, "Something bad must've happened."

I looked at him and placed a third call. No answer. I don't remember how fast he drove, but we were in front of my aunt's apartment before I realized it.

I opened the car door and began to vomit. "Somebody's dead. I can feel it." He looked at me, unfastened the car seat, and insisted on carrying the baby inside. We slowly walked up the stairs and knocked on the apartment door. When it opened, I saw several family members and a family friend I hadn't seen in years. Everyone was standing and looking uneasily at me but not saying a word. At that moment, I was sure an immediate family member was gone. It seemed like an eternity as I braced myself to hear which parent had died. I could only muster one word, "Who?" When I heard my sister's name, I dropped to my knees, and everything went black. I didn't realize that my entire family had learned of the homicide earlier in the day. I was the last to find out.

Sibling Loss

Sibling loss can be a devastating event in one's life. After a death, a shift automatically occurs in the family dynamic, forcing survivors to develop a new identity independent of the sibling relationship (Walsh & McGoldrick, 2013). Not only are siblings reconfiguring who they are, but they are also navigating altered relationships with relatives (Walsh & McGoldrick, 2013) and associates who may or may not have the capacity to provide needed emotional support. As such, griever may experience a spectrum of responses, including hardships adapting to the loss, invalidation of the sibling relationship, increased sense of mortality, and social withdrawal (Cicirelli, 2009; Marshall & Davies, 2011). Although sibling loss can cause distress, that is not always the case. For example, some sibling relationships are fraught with conflict, and death may rouse feelings of remorse due to unresolved discord (Marshall & Davies, 2011). In addition, spiritual or faith crises may arise because the loss challenges the sibling's presumptive beliefs and core values, mainly if the death occurred under sudden or tragic circumstances (Burke et al., 2011; Worden, 2018). Thus, it is imperative to fully understand the complexities of sibling loss to learn how to best assist griever with coping while validating their lived experiences.

Though bereavement research includes adult sibling loss, its inclusion amongst other familial relationships prevents the delineation of individualized experiences (Tasker & Wright, 2020). By extension, few studies solely explore the impact of homicide on bereaved siblings (Tasker & Wright, 2020). When a death occurs due to homicide, grieving processes may be distinctive compared to other forms of loss (Malone, 2007). Exhibited symptoms after homicide loss may include anger and shock as adult survivors attempt to navigate through grief and social systems, post-loss (Malone, 2007). Examinations of the lived experiences of sibling homicide survivors revealed varied symptomology, including delayed grief, isolation, ruptured relationships with parents, and decreased well-being (Pretorius et al., 2010; Tasker & Wright, 2020). Bereaved adult siblings may also perceive victim culpability, stigmatization, and lack of relatability from associates (Aldrich & Kallivayalil, 2016). Moreover, social pressures to "move on" or "find closure" unduly complicate bereavement and foster increased isolation because the aspect of closure is incongruous for homicide survivors (Aldrich & Kallivayalil, 2016). These findings suggest that further examination of homicide bereavement be conducted solely through the lens of adult siblings to explore coping methodologies and complicated bereavement following a traumatic loss.

Complicated Bereavement

Typical grief is a reaction to the death of a loved one with pronounced responses in the immediate days and weeks following a loss. Normal grief responses may include sadness, withdrawal, sleep disturbance, difficulties with concentration, and loss of appetite (Rando, 1993; Shear, 2015). These initial responses often dissipate within a year as mourners resume their routines and activities, accept the death of their loved ones, and learn to experience joy again in life (Rando, 1993; Shear, 2015). In contrast, complicated bereavement is, according to Worden (2018):

the intensification of grief to the level where the person is either overwhelmed, resorts to maladaptive behavior, or remains interminably in the state of grief without the progression of mourning towards completion. In normal grief, the transition, however painful, is neither overwhelming, interminable, nor prematurely interrupted. (p. 137)

Symptoms of complicated bereavement include anxiety, social detachment, problems accepting loss, identity disruption, and loss of trust in others (Rando, 1993; Shear, 2015). This persistent condition can be problematic due to incapacitation and lack of adjustment after death, and therapeutic intervention has been suggested to alleviate symptoms and assist grievers (Rando, 1993; Shear, 2015).

The DSM-5, *Diagnostic and Statistical Manual of Mental Disorders*, also includes Persistent Complex Bereavement Disorder. Persons assigned this diagnosis endure an incapacitating or extended response to bereavement involving prolonged yearning towards the deceased accompanied by maladaptive thoughts and behaviors and overall impairment in resuming everyday life (American Psychiatric Association, 2013). For those suffering from complicated bereavement, symptomatology increases over time due to denial or circumstances related to death, and the stagnation of grief processes can negatively affect varied aspects of a person's life (Rando, 1993; Shear, 2015). Therefore, addressing maladaptive symptoms that complicate bereavement and stifle productive processing and life adjustment after losing a loved one is imperative to bereaved individuals' overall health and well-being.

Four Tasks of Mourning

According to Worden (2018), mourning processes should be viewed in the context of four tasks: 1) accepting the reality of the loss, 2) processing the pain of grief, 3) adjusting to a world without the deceased, and 4) finding a way to remember the deceased while embarking on the rest of one's journey through life. To begin, Worden asserts that accepting the reality of the loss requires acknowledging that a loved one has died because even though a cognitive understanding of a loss may exist, the griever may still be in denial. Therefore, he argues grievers must fully accept that death has occurred and begin conforming to life without their loved ones. Next, Worden's interpretation of processing the pain of grief is to genuinely experience the raw anguish that accompanies loss with the understanding that all expressed or internalized emotions are valid. Subsequently, his third step of adjusting to a world without the deceased is adapting to a new reality post-loss as grievers recount their relationship with the deceased and how the loss has affected aspects of their external, internal, and spiritual lives. External adjustments involve new responsibilities and the development of life-reacclimating skills, internal adjustments affect one's sense of self, and spiritual adjustments correlate to death's impact on one's core values and belief systems. Finally, finding a way to remember the deceased while embarking on the rest of one's journey through life occurs through the creation of new relationships and goals while maintaining connections to deceased loved ones, experiencing newfound satisfaction in life, and positively redefining themselves post-loss. Along with these tasks, social considerations influence grief responses, which can impede or facilitate healing.

Meditators of Mourning

Worden (2018) suggests that grief processes are influenced by seven meditators: kinship, nature of attachment, manner of death, historical antecedents, social variables, personality variables, and concurrent losses and stressors. Kinship defines the relationship between bereaved and deceased persons and is vital because the closer the bond, the more grief is amplified (Boelen et al., 2003). The nature of attachment is contingent on age, gender, coping styles, and belief systems which vary according to the relationship status prior to the loss (Worden, 2018). Manner of death is a significant determinant in bereavement, and unexpected or stigmatized losses can adversely impact grievers due to trauma, abrupt change in life circumstances, and challenges to religious beliefs and worldviews (Burke et al., 2011; Worden, 2018). Also, examining previous death and non-death losses provides a better context into coping strategies, demonstrates how unresolved issues may compound grief, and offers insight into how to best help bereaved persons (Worden, 2018). By extension, culture, religion, and perceived support by grievers influence expressions of grief and correlate to feelings of validation or dismay depending on whether mourning behaviors align with expected paradigms (Bordere, 2016). Likewise, the death of a loved one can have a ripple effect on the household because concurrent losses or stressors might include financial setbacks or housing insecurity if the deceased was the primary breadwinner or had caregiving responsibilities (Worden, 2018). These life-altering changes can leave grievers in destitute situations or motivate positive changes through newfound independence. Thus, exploring meditators is beneficial in assessing multiple contributors to complicated bereavement and presenting focus points to mitigate impediments to healing and loss acceptance.

If you have a sister and she dies, do you stop saying you have one? Or are you always a sister, even when the other half of the equation is gone?

— Jodi Picoult, *My Sister's Keeper*

Accepting the Reality of the Loss

Following a loss, grievers will often experience shock or disbelief that the death has occurred or pretend that the death has not happened (Worden, 2018). However, following Worden, grievers must accept the reality of the loss, which includes participating in funeral rituals and accepting how significant this loss will be in their lives. Another important aspect involves the circumstances of the loss. For example, when an unexpected or stigmatized death occurs, as in cases of suicide, homicide, or drug-related overdose, societal determinants can complicate the grieving process resulting in mistrust and seclusion. In my experience, the loss and manner of death not only compounded my grief but resulted in unforeseen consequences that lasted for years.

Sister. 24. Dead. Homicide. Those words did not belong in the same sentence. I was in stunned disbelief because things like this happened to other families, not mine. My sister lived a low-risk lifestyle, so why her? No one knew what to say to me, including my family, who were also reeling from this sudden loss. To make matters worse, I had the unfathomable task of identifying my sister's remains. The drive to the medical examiner's office was muted, and the only thing I

recall about the building was its sterileness and ghostly silence. I was accompanied by my aunt, who handled the initial formalities until it was time for me to answer some questions. Afterward, we were escorted into a back room. As I stared at the photographs, there was no question it was her. I was too numb to feel anything because everything was happening so fast. Making the identification was like an out-of-body experience that could not be articulated, and many years later, I still have no words to describe it. I knew she was gone from a cognitive perspective, but my heart didn't want to face the harsh truth. Nothing seemed real, and it was as if I were in a nightmare of helplessness and confusion because her death did not make sense. As expected, my parents were emotionally shattered, so it was left to me to complete the funeral arrangements. I should not have had to undergo the process of picking a casket, deciding on the floral arrangements, and discussing the logistics of the funeral and interment options. Instead, I was on autopilot, trying to get from one hour to the next without losing my mind.

Five days later, we held a viewing that lasted for hours. I quickly grew tired of greeting mourners who chimed common sympathy adages and platitudes: "She's in a better place," or "She's with the Lord." I did not want to hear that. I wanted her with me, not with the Lord. I was in the throes of intense grief, so how were these empty phrases supposed to help? I did appreciate those who held my hands and said they would pray for me and those who hugged me without saying a word. That felt more like genuine compassion and support. Moreover, I knew her death was the topic of conversation and gossip since it occurred. Because of this, I was cautious because I could not discern who was there to pay their respects versus those who showed up out of sheer curiosity.

The following day, we said our goodbyes on a sunny Tuesday morning. The funeral was a complete blur. My only vivid memory was sitting in an alabaster viewing room where the sole object of color was the cherry oak casket in front of me. After the crowd dispersed, I rested my head, wrapped my arms around the casket, and listened for a heartbeat I knew I would never hear. This was the last time my sister and I would physically be together. I did not care who was waiting in the limousine or at the church for the repast. I stayed with her until I was ready to leave. I was an only child for five years and a sibling for 24. Now I was back where I started—without a sibling, and the unconscionable reality I was forced to accept left me incensed. When I reluctantly departed the crematorium, I glanced at her devastated friends standing at the back of the room. I had no words of comfort to offer.

Processing the Pain of Grief

Worden's (2018) model acknowledges that griever's will inevitably contend with various emotions following a loss, including sadness, anger, shame, hopelessness, blame, and guilt. Unfortunately, societal discomfort regarding death and loss can agitate mourning processes leaving individuals to suppress their feelings and grieve in silence. Successful navigation of this task involves understanding and processing these complicated emotions. Also, Worden reiterates that griever's must not avoid or suppress their feelings because the grief experience is individual, and emotions are typical regardless of whether they align with societal norms.

An array of unique circumstances accompanies death by violent means, and I was utterly unprepared to deal with extraneous variables and their impact on my well-being. There was lingering resentment about going to the medical examiner's office because the imprint of that final picture remains in my subconscious. When that image resurfaces without warning, it causes an acute response that leaves me in a temporary state of emotional paralysis. There was also a need to understand why this happened, and the lack of answers I received from law enforcement only aggregated my bereavement. Plus, I was perturbed by the media intrusion in the days immediately afterward and could not fathom how little respect families are afforded following a violent loss. I learned more about the circumstances of my sister's death from the newspaper than from law enforcement. I had trouble grasping how strangers could access such personal information when all I received were vague answers. There was disregard for her humanity in favor of storylines with no consideration for how it would affect my family. She was not a case number or statistic but a woman who was loved and missed. I could not reconcile that someone made a conscious decision to take her life without regard for the reverberating consequences. I thought about what I could have done to prevent this from happening, about her thoughts in those final moments. Life had thrown a nasty curveball, and there was no way to comprehend the enormity of a future without my sister. I blamed the perpetrator for ruining my life, robbing me of a future with her, and shattering my sense of security. All I believed about life was no longer germane because I existed in a new world of uncertainty and questioned everything, even God.

My cultural and religious upbringing emphasized that God would never give you more than you could bear. I witnessed my family's exhibited faith and reliance on God during times of crisis. They would pray and patiently wait until a solution presented itself. I adopted this practice and enjoyed my closeness to God. However, my sister's homicide shook my spiritual foundation. I wanted nothing to do with God or religion, and I refused to step foot in a church or say a prayer. God was supposed to be omnipresent, omnipotent, and omniscient, so why was this allowed to occur? Where was God during my sister's time of utmost need and vulnerability? I could not comprehend how unscrupulous people could walk this earth with impunity, but a peace-loving woman had to die so violently. There was no consolation for the pain I was experiencing.

Homicide is socially unspeakable, and it is easier for some to pretend that nothing has happened. As such, my sister became a taboo subject of discussion. It could have been a level of discomfort by others or fear of my reaction, but to not talk about her was to forget she existed. We had great times, so why should she be relegated to hushed conversations? She did nothing to warrant what happened and did not deserve erasure from the present. I wanted to talk about her and whether I laughed or cried was irrelevant. I needed others to support and allow me to be in the moment. My loss also revealed the minimalization of my grief experience as a bereaved sibling. I became invisible. No one I knew experienced a sibling loss, let alone one via homicide. So, where did that leave me? Well-intentioned people would constantly ask how my parents were "holding up," but the same courtesy did not extend to me. There were frequent reminders to be "strong" and care for my mother, but who was supposed to be strong for me? Losing a sibling did not make my grief any less valid. However, it was disheartening to realize how easily it was overlooked. I was unsure how to manage this invalidation, so I pretended not to be bothered while suffering in silence.

I fell hostage to a cycle of maladaptive and coagulated thought processes: First, there was the continuous recollection of postmortem photographs and replaying of the death sequence in my mind. Second, there was a preoccupation about whether she suffered and how she must have felt during those last moments. As such, waking up at times became emotionally tasking because I was returning to a nightmare with no escape. Third, I had an increased fear of mortality and an obsession with time. I tried to make the most of every moment because there was no guarantee I would see the next day. Fourth, I exhibited self-isolating behaviors because I no longer knew whom to trust. Fifth, I grappled with survivor's guilt. I had planned to call my sister the night she died and believed her death might have been averted if I had just picked up the phone. Finally, there was decisive avoidance of the death location and any place she frequented because being there would cause an avalanche of uncontrollable emotions.

After years of unresolved grief, I sought professional intervention, which proved challenging yet beneficial because I began to process the pain. The therapeutic process was unpredictable and raw because it meant addressing and working through my trauma. However, there was freedom to share deeply personal aspects of the sibling loss experience without fear of judgment. In addition, therapy allowed for the learning and application of critical emotion regulation techniques and ways to manage loss productively. As a result, I was mindful of triggers and their impact on my well-being and acknowledged those feelings without falling into a depressive state. Most importantly, I no longer felt guilt and engaged in self-compassion for my traumatic experience. The therapeutic environment also supported reconfiguring thoughts and recreating a new self-narrative geared toward acceptance and productive living post-loss.

Adjusting to a World Without the Deceased

Adjusting to life without the deceased can have varied interpretations for griever depending on relationship types and the influence the deceased had in their lives. These readjustments occur over a lengthy period and can require internal, external, and spiritual adjustments (Worden, 2018). Worden's external and environmental adjustments involve changing family dynamics and reconfiguring roles and responsibilities. Additionally, his internal adjustments involve self-assessments to discover and redefine oneself without the deceased. Finally, he states death can alter spiritual perspectives, leading griever to question their faith and reevaluate their lives and purpose post-loss.

External Adjustments

My sister's death will never make sense to me because it should never have happened. The expectations of raising our children and growing old together evaporated. There will be no nieces or nephews to spoil nor an aunt for my son to love. Sometimes I want to pick up the phone and call her about milestones, and it saddens me that I cannot. There would be no more social commentary, political banter, and lively conversations. By extension, I have an unending fear that I will forget the sound of her voice, so I cherish the few existing home videos that allow me to hear her laugh and see her smile again. She was an unspoken part of my narrative, and it never crossed my mind that she would be absent from it. I struggled with admitting she was

deceased to others because the inevitable probes would come after, and there was uneasiness about divulging the circumstances surrounding her death.

Moreover, losing my sister inevitably changed the family dynamic. I was suddenly an only child that felt the weight of potential caregiving situations for my parents in their later years. Even though they have remarried, I grow concerned when a medical issue arises because I know how fleeting life can be. There were new roles and responsibilities that I may shoulder alone—additionally, the parental relationships changed. I could not turn to my parents because they were engrossed in their grief experience. Their emotional detachment prevented them from seeing how devastated I was and my struggles in dealing with my loss. She was the glue that kept the family together; everything fell completely apart when she died. I was unsure how to be around them because we all changed that day. I walked on eggshells because I had no idea how their grief could be triggered. Consequently, finding a new balance and reestablishing boundaries within our relationships took time. It is not perfect, but it is manageable.

So many things were uncertain, but I knew my sister's life could not be defined by how she died. Instead, I wanted to ensure that others knew who she was and how she lived. She was a fashion designer who had just registered her business and had original collections showcased during her tenure at Pratt Institute. She was an innovative free spirit who effortlessly navigated life with an unapologetic stance about who she was and how she chose to live. My sister was the consummate optimist who always saw the glass as half full and danced to the beat of her drum. I will never get over losing her. Nevertheless, I have made it my mission to share my story with others and keep her memory alive. I am grateful to have been a part of a sisterhood, and even though it was for a short time, having her in my life was worth every second.

Internal Adjustments

My sibling relationship was meaningful because it symbolized a literal lifelong bond. We shared family history and childhood experiences and rejoiced in each other's success. So, losing her was not just the loss of a relationship but a connection to my past. She was among the few people in my "circle of trust," with her being privy to more secrets than most. We knew one another in ways that those outside our relationship did not, and her absence resulted in feelings of loneliness. There was an enormous disconnect from the world, and nothing felt the same. We had the expected sibling rivalry, but her death meant there would be no resolution to specific conflicts, and words spoken in exasperation could not be erased. There were things left unsaid because neither of us believed we would die before our lives began to blossom. I have made peace with knowing that our relationship was imperfect, but with no doubt about our love for one another.

My sister was intrinsic to my self-identity. So, I had to ask, who was I without her and how did her death change who I would become? Was it accurate to identify as part of a sibling group if she was no longer here? I wrestled with those questions because the answers were not clearly defined. I knew I was a sibling, which would never change, but did I want to talk about her to strangers? Was I ready to discuss how she died if asked? Some days the answer was yes, and others, no. As a result, I learned the importance of gauging conversational context and self-

disclosure. I disliked being the only child because it was an isolating experience, especially now that my parents are much older. I am not the same person I was before, and sometimes it saddens me because life was more carefree before she died. This transition has inevitably changed me because I am not as optimistic as I once was, but more cautious and aware. So, I take things one day at a time, take leaps of faith, and try to see the best in every encounter.

Initially, my biggest mistake was trying to live life for both of us, which was fruitless. Her life had ended, but I was still here. Hence, I had to forge new pathways and adventures that benefited me. Ironically my sister's influence is more significant now, and my life is truly better because she was in it. She modeled how to live life to the fullest and without regret. As a result, I developed a renewed focus on my professional and personal goals. I proceed boldly in my pursuits, and whether the endeavor manifests or not is immaterial; it is the attempt that matters most. Moreover, I adopted her philosophy regarding healthy living and self-care, being especially cognizant of my mental health. I live life on my terms, and because of her passing, I learned to relinquish control and allow things to happen. I also understand that life can be a whirlwind voyage, but it is more important to live life than to exist in it with fear.

Spiritual Adjustments

The injustice of my sister's death begged the question of why God would allow good people to suffer. However, I knew that individuals were free to make choices in certain circumstances and that every action had consequences. That did not make my pain less impactful, nor did it invoke a need to pray or seek religious counsel. On the contrary, the interruption of religious practice clearly illustrated my disconnect from God. I could not bring myself to enter a place of worship and celebrate when I was at the lowest point of my life. Previously held religious beliefs were out of alignment with my new reality, and I could not rely on the truths and promises that once provided solace and security.

Although I never stopped believing in God, more than a decade passed before I resumed religious practices. The anger I harbored for so long slowly dissipated and turned into immeasurable sorrow. I longed for a relationship with God and missed the comfort of weekly congregational assembly. Finally, I began attending church which was a first step to regaining my spiritual footing. There were frequent prayers for increased faith and purpose, and the eventual resuscitation of my faith resulted in a stronger connection and reliance on God. Select members of my chosen church family have been instrumental in providing support and encouragement. Their acceptance allowed me to share my loss experiences freely and struggles with faith without condemnation. As a result, my faith walk has grown more substantial, and I am an active participant in church activities. In addition, I have grown fond of the church elders or "seasoned saints" who have shared their life and grief experiences and provided me with unconditional love and words of wisdom. Their stories validate my experience and demonstrate that there is joy post-loss.

Each day is an opportunity for growth. Life is not without struggles, but we learn who we are through adversity. Even though life can be uncertain, as stated in Romans 8:28, I know that "all things work together for good to those who love God, to those who are the called according

to His purpose” (*The New King James Version Bible*, 2013). That scripture has become my mantra because it gives me hope and confidence to manage life circumstances. I know that God is with me; it is in His Word and promises that I find strength and guidance. There is hope in knowing a spiritual reunification will occur. My sister is in heaven, and I will see her again when the time comes. Until then, I will keep the faith, be thankful for the blessings I have been privileged to experience, and serve others in need just as others were there during my struggle.

Finding a Way to Remember the Deceased while Embarking on the Rest of One’s Journey through Life

Grievers must understand that their life does not end when a loved one dies (Worden, 2018). Instead, the bond evolves as they find ways to incorporate their loved ones into their existing lives. Through readaptation and self-discovery, grievors develop new identities outside of preexisting relationships they have lost and eventually experience fulfillment as they navigate life with renewed meaning and purpose. Worden’s final task allows grievors to honor the memory of loved ones but not at the expense of progressing in life. Finally, these tasks can be reassessed throughout the lifespan as grievors undergo the transformative processes associated with death and grief.

I had to decide whether I would let grief stunt my growth or use it for a greater purpose, which led to pursuing doctoral studies. One thing was abundantly clear from the beginning of the DSW journey. Although I had decades of experience in social work, there was much I needed to learn. I sat in classrooms with practicing therapists and clinicians whose worlds intertwined with theory and modalities. As such, there were many instances where I felt victim to imposter syndrome and wondered if I belonged. Frameworks and evidence-based practice are not part of a Child Protective Services worker’s vernacular. So, finding my voice and becoming secure in my knowledge and experience as a Child Protective Services worker amongst established clinicians took time. Moreover, I discovered that my lack of clinical experience did not lessen my positionality with peers but added to the already expansive dimensions of social work practice.

I wanted to understand the spectrum of grief theories and evidence-based research to examine the impact of loss and trauma on bereaved populations. There were conversations with notable grief experts who shared their personal experiences and insight into the evolution of bereavement work. Accordingly, these exchanges were fundamental in honing my social work concentration on thanatology, particularly adult sibling loss. In addition, I had opportunities to share my narrative of complicated bereavement with peers and professors. I was also able to advocate for bereaved adult siblings and the necessity of receiving support from informal and formal systems. My disclosure culminated in inquiries about how best to serve bereaved siblings and personal admissions from peers regarding their lack of awareness about this specific segment of grievors. Moreover, I discovered societal responses to grief could be inequitable, with a higher value bestowed on losses involving children, spouses, and parents (Marshall & Davies, 2011). Having experienced this firsthand, I desire to use my platform to bring greater awareness and advocacy for grief equity on behalf of bereaved adult siblings.

A significant undertaking during this period was separating my personal and professional perspectives of grief and loss. As a bereaved sibling there was an intimate relationship in which a mourning process was prominent with lifelong consequences. However, there is also recognition that one must invest in addressing personal adversity before assisting others with their challenges. From an academic lens, there was a shift from the self toward the community. Understanding the complexities associated with grief and how it impacts the totality of one's well-being was crucial. As a result, there were opportunities to examine how lived experiences can influence service provision and be an impetus toward awareness, change, and social justice within professional practice. From a researcher's perspective, receiving constructive feedback from others about my lived experiences has been humbling. Although others may view my work through varied scopes, I am learning to receive these observations objectively and within an academic framework. That is not to say that receiving feedback has become easier, but I am teachable and still developing in this area.

During my DSW journey, I found the language to articulate my position as a woman of color within social work practice. I used my voice and experience to highlight disparities, historical traumas, and ways systems aggregate grief following traumatic losses (Rosenblatt & Wallace, 2021). The doctoral experience also made me question how my privilege and authority as a social worker impacted engagement with clients and colleagues. I had to ask myself whether I was authentically present for families suffering from a loss and evaluate the effectiveness of my service provision. Through scholarship and reflective self-assessment, I have become increasingly aware of the importance of inclusive language, being cognizant of death and non-death losses, and how they influence decision-making and coping (Worden, 2018). More importantly, it is centering the clients' humanity, respecting their autonomy, and empowering them to speak their truths even when it makes me uncomfortable.

Everyone has a story to tell, and those narratives often illuminate how clients react to life stressors, including death and loss. Therefore, it is crucial to hold space with families during their most vulnerable moments authentically. In addition, advocacy is imperative for families whose voices are overshadowed by larger social systems (Bordere, 2016). Because the communities I serve are predominantly those of color, I witness how systemic marginalization can impede families from seeking assistance from entities they perceive as authoritative or discriminatory (Rosenblatt & Wallace, 2021). As such, I wish to use intersectionality to examine systemic disparities and their impact on the grieving processes of bereaved siblings (Crenshaw, 1991).

Although death will affect everyone during their lifespan, addressing it initiates uneasiness and avoidance. Social workers are "helping professionals" tasked to value each person and engage in empathetic human connection. Consequently, there should be candid and uncomfortable conversations about death. My professional and personal experiences invite dialogue about allyship, privilege, and social justice in bereavement work (Bordere, 2016). First, it challenges social workers to critically assess their biases and value systems when working with diverse communities with complex and historical traumas (Bordere, 2016). Second, it provides avenues for thought, attitude, and behavioral changes that would otherwise harm persons in

vulnerable positions. Finally, social workers can revisit their loss journeys, make meaning for themselves, and be more attuned to others during bereavement.

Conclusion

Bereavement is not a linear process. It ebbs, flows, and undergoes continuous readaptation according to life changes and personal redefinition. There is no way to erase the experience that formed the person I am today. However, it has helped me better understand the multifaceted aspects of grief from a personal and professional perspective. Reflecting on my experiences has demonstrated meaning-making after homicide loss and the importance of narratives. Life experiences hold value and are worthy of being told. I hope this narrative emboldens other adult siblings to give voice to their bereavement, speak their truth, and know that they are not alone.

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A Little Spice: Reflections on a First Visit After the Lockdown

Sara J. English

Keywords: COVID-19, long-term care, nursing home, pandemic, re-opening

This poem details my first visit to the nursing home following the long lockdowns associated with COVID-19. I have a long history with long-term care and have served as an activity director, administrator, marketing director, and social worker in assisted living residences and nursing homes. I conducted my dissertation research with younger men who were living in nursing homes. Over time, I became quite close to the participants, who were younger, socially isolated men with limited relationships, and I would occasionally visit them long after my dissertation was completed. One of these men was “Edgar” (a pseudonym), an unmarried African American man of 50 who had lived in the nursing home for over a decade. During his early adulthood, Edgar had lived in the state prison after being convicted of a series of crimes, including theft and distribution. This left him estranged from much of his family, save for a nephew whom Edgar had taken in following the nephew’s multiple arrests.

Edgar was admitted to the nursing home after being beaten with a brick by this nephew during an argument. This incident caused traumatic brain injury and left Edgar blind in one eye and dependent upon others to bathe, dress, and transfer him. He used a wheelchair but was unable to transfer into it or to propel it forward. Physical rehabilitation had not been successful, and it was expected that Edgar would remain in the nursing home for the remainder of his life. Edgar was a primary focus of my dissertation research. I liked him and respected his humor and resilience. I always looked forward to visiting him.

The lockdowns that abruptly began in the spring of 2020 halted my visits and, because I was neither a family member nor a responsible party, I was cut off from these men and remained in a state of worry for over a year. The disabilities of the residents, the lack of staff, and a primary focus on taking care of the immediate needs of residents during COVID-19 limited telephone conversations and virtual connections. Residents were confined to their rooms and often—as in the case with Edgar—to their beds as the nursing home staff triaged their way through shifts, responding first to the most pressing of emergencies. After the COVID restrictions were relaxed in March of 2021, I took the long drive to the nursing home. This poem depicts my visit with Edgar, who became a focus of my dissertation.

A LITTLE SPICE: REFLECTIONS ON A FIRST VISIT AFTER THE LOCKDOWN

It is 173 steps to the entrance and uphill.
In my left hand, I carry my car keys. In my right, a brown paper gift bag,
My cell phone intertwined with the handles.

“Been a long time,” says the receptionist, who points the laser at my forehead. “98.5. You’re gonna make it.” She smiles as she peels the green sticker with the handwritten record of date, time, and temperature. *Screened*, it reads. I stick the sticker on my left shoulder and turn to walk

412 steps to the room where Edgar lives.

Today is a celebration because they have let me in to walk down the deserted floors.
It smells of antiseptic and bleach.

Months ago, before lockdown, Edgar would be waiting for me, sitting in the entry hall,
His large frame testing the wheelchair, commenting on people’s shoes.

“You can tell a lot about a person by what they wear on their feet.”

I haven’t seen Edgar for months.

If I were a relative, I would have been relegated to visits through the glass of the front door.
But, I’m not, so I couldn’t, so I didn’t.

If he was sick, I never knew. If he was well, I didn’t know that either. Nobody knew.
Edgar doesn’t have a family. Not really. He hasn’t seen them in years and
People who haven’t seen people in years were kept, sealed behind the locked entrances and
closed doors, as the virus swept through the floors of the nursing home, leaving a coating of
fear. It still lingers.

I walk along polished tile, 120 steps straight, turn left, 62 steps; turn left again, 12 steps; knock;
wait.

“Come on in, girl!” He waves from his bed,
The other hand on the metal triangle that he uses to pull himself up.

He has sock monkey slippers on his feet, which tells you a lot about him.
I am not used to seeing him in his bed, surrounded by alarms, buzzers, and bells.
He looks smaller, grey, frail.

“Lemme see you!” he requests and I step back, until I am against the wall.
I notice that he notices my shoes (red, leather, gold buckles).
He notices that I notice that he noticed.

Edgar smiles behind the blue paper mask at the present I gift him,
A little bottle of hot sauce.
Red, smokey, yellow cap.

“Girl, yes! This food’s so... well, you know.
Let me just tuck this away.” He shakes his head.
“After the year we’ve had, well...
We can all use a little spice.”

I am drawn to the narrative of persons' lives. As a gerontologist, a researcher, and a social worker, I intentionally seek out creative opportunities to share the lived experiences of persons who are often living along the margins of society. Art, photography, and poetry can communicate the emotion of experience, connecting persons through an emotional thread of meaning. This poem is an adaptation of a *villanelle*, a 19-line poem that repeats phrases throughout. This interpretation expresses two *villanelles*—a “before the visit” and a “during.” Though words do not repeat, emotions do, and the work is an effort to make meaning in the midst of the liminal space where we find ourselves—before and after—the pandemic.

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Nursing Home Social Work During the COVID-19 Pandemic: Reflections Behind the Mask

Priscilla D. Allen and Daniel Leff

Abstract: The majority of COVID-19 deaths between 2020 and 2021 were older adults with compromised health. Nursing homes in the United States were the highest risk places for death caused by COVID-19 due to the physical vulnerability of residents, close quarters, and staffing shortages. Skilled nursing facilities are required to have trained social work professionals to meet the psychosocial needs of residents—made more severe as a result of the pandemic with visit restrictions, limited staff, and few incentives—yet the placement on trained social workers of incredibly high caseloads and expectations was only increased during the pandemic. Our article provides literature relating to social work wellbeing, recommendations from us the authors, and includes a first-person account of our daily work life to illuminate the complex and rigorous, psychologically demanding, and still too-little recognized role of the nursing home social worker as a key agent for change, problem-solving, and essential care.

Keywords: COVID-19, nursing home social work, psychosocial care, social work in skilled nursing facilities, nursing home death

COVID-19 was not just a disruption for nursing home staff and residents; it stands as a catastrophe that devastated occupants of long-term care facilities like nothing in recent history ever has. As of December 2020, out of approximately 270,000 COVID deaths, nursing home residents and staff comprised 106,000 such casualties—and as of mid-2021, 40 percent of all US COVID deaths have been linked to long-term care facilities (AARP Public Policy Institute, 2021; Bondi, 2020; HealthDay News, 2021; Konetzka, 2021). In fact, terms such as “hot spots” or “death traps” were regularly used where the spread of the virus was rampant among the vulnerable nursing home residents in places like New York, Louisiana, Minnesota, Connecticut, and Rhode Island (HealthDay News, 2021). The catastrophe had deep and lasting painful realities for the front-line workers, stretching beyond nurses, including the under-sung, essential certified nursing aids (CNAs) and the social workers or social service designees.

Social work is a stressful role in non-catastrophic times. The added pressure of the pandemic created an impossible work-life situation for many professionals, adding to fatigue, high-risk behaviors, loss of trust in administration, and burnout. Advocates for improved psychosocial services hope that COVID unearthed the reality of the nursing home industry employing undertrained social work staff (Bern-Klug & Beaulieu, 2020), but the cause-and-effect relationship of higher trained social workers and improved care quality data remain hard to substantiate, in part leaving facilities defaulting to bare bones staffing. Comorbidity influenced increased death rates, but so did the reality of understaffing and risk to staff in a closed institution add to the residents’ vulnerability in a stretched-thin workplace (Miller et al., 2020, 2021). Still, efforts are alive and well to promote advocacy and policy changes to provide skilled gerontological social work services for vulnerable older adults, the need the pandemic critically highlighted (Berg-Weger & Schroepfer, 2020).

Social workers are people whose roles rely on familiarity and presence to problem-solve and intervene in complex mental and compounded physical health realities, planning and securing material needs while fighting for justice in many realms. In short, the role is impossible with the law still requiring only one certified social worker at a BSW or MSW level for 120 residents, and no standard for education or training for smaller homes (Elizaitis, 2021). The fault does not simply lie in the industry, nor the motivation of the professional, but in larger societal constructs that neither celebrate nor recognize social workers or nursing home residents and close the door to let them languish together. So, the true heroes are the ones who plug along, working against the tide of impossible demands and haunting memories.

Restricted Visitation Effects

Many of the people who would see residents and families daily were unable to have contact which presented both the residents and the staff with new challenges—from confirming end-of-life/DNR determinations to keeping up with routine care planning and upkeep of records. Presence of the outside community is a correlate of improved care via the Hawthorne Effect (outcomes influenced by the mere presence of someone monitoring), in some respects, but it works in favor of both residents and families (Allen, 2006). Lockdowns affected morale, health, and wellbeing in the facilities. Allen (2006) spoke about community presence influencing improved care quality and fewer complaints, and once the community was locked out and fewer were looking, care shifted to the necessity of triage and rationing of care due to the overwhelming needs of the residents juggled against the threats of the pandemic (McFadden et al., 2021). Alessandri et al. (2021) wrote about the “loss spiral” (p. 8595) that added to a decline of worker wellbeing and loosened the inspiration to care in the work setting (Seng et al., 2021). When the links were broken, so too was the care quality. The compounded realities only weakened care in nursing homes, fueling risk and eventual life loss. Furthermore, the loop of sending sick residents to the hospital often posed more risks than keeping residents in place. Staff were torn between their own safety, many working without the necessary personal protective equipment that was recommended by the Centers for Disease Control and other concerned experts who updated the country regularly. (The political climate itself was part of the risk slope as people were receiving mixed information from heads of state and leadership in the US Administration.)

Justice was not to be seen in nursing homes, which have historically been viewed as warehouses for older adults, despite long efforts to humanize and to professionalize and advocate for the 1.6 million persons residing in the US facilities. Members of the National Nursing Home Social Work Network (nh-sw-network@uiowa.edu), an invested group of researchers, scholars, and advocates of nursing home psychosocial care and quality, organized a national support session which took place each Monday from May to August 2020 with slots opened for other days/times where direct line workers could drop in and share sobering or hopeful stories. Sad realities included workers walking by lines of rented refrigerated 18-wheelers to house the dead due to the overload of the deceased in mortuaries in largely metropolitan areas. There was no time to mourn—social workers, if able, shared that they had to keep moving as the work was mounting and the residents needed them. More hopeful stories spoke about how to engage residents through creative enterprise, parades, card writing, recognition, Zoom meetings, and other virtual

(or when possible, socially and physically distant) interventions to lessen isolation, pain, and frustration of a world disrupted. The role of the family in nursing homes is often the area that can create the most help and the most labor-intensive effort, due to logical guilt and worry, and fear or realities of less-than-ideal circumstances and care. The biggest plus was that an already invested group mobilized quickly as if a social work national guard was on standby to hear, help, and hopefully heal by sheer presence or availability. While call-in numbers were at times low, due to the fact of no time with limited resources, many spoke about the sessions being uplifting and helpful even just to hear others were experiencing similar challenges. For those in facilities with fewer COVID-19 cases, participants were able to hear what to expect if numbers rose. One participant spoke candidly about how calling families to update on general health and happenings during the COVID crisis should continue even after cases decline, or a vaccine is available. Relationship building occurred with many of the staff who had to endure the worry of carrying on their own lives and go to work daily when the rest of the world was told to stay home. Not only could they not stay home, but they also had to enter the homes of others who were at the highest risk. The group carried on, though the role was lonely and daunting. The optimists among us hope that a silver lining is that the role of social work will be recognized as a key player in mitigating risk, finding new ways of doing things, and recognizing the resilience in the workers themselves who ultimately and directly enhance the lives of those they serve and support. The following timeline of one social worker's inside view shows a process of working solely against such mass opinions of under-valuing and ignoring realities of the hardship of all staff inside the facilities.

Essential and Overstretched Social Work

Staying and Leaving

Shortage and turnover of staff are prevalent in the nursing home in favorable economic times, never mind when there are factors intersecting with work continuity. For years, scholars, advocates, and practitioners like us have been concerned about work stability when tax refunds and other stimulus opportunities arise. This shows less that people are unmotivated, and more that people live week-to-week and that \$1000 can make the difference for someone on minimum wage to not plan beyond the temporary windfall of money. People who are in highly paying or stable situations have a hard time relating and expressed sentiments profoundly such as: "People don't want to work anymore" due to "all those stimulus checks!" or "They can make more on unemployment." Responses such as "people DO want to work, for good wages and benefits and working conditions" elicit either blank looks, or mistrustful glares.

Small Incentives

Recognizing that nursing home staff were struggling, several symbolic efforts were made by local organizations and by the facility. We began 2022 with a budgeting and quality management meeting that acknowledged a need: When hazard pay was issued in facilities with high COVID rates in late 2020, their absenteeism rates were *half* what they were as of July 2021. Other incentives included the following, taken from second author Leff's notes:

Local hospitals offered monetary incentives (increased hourly pay, sign-on and referral bonuses) as well as in-kind benefits (several local, privately-run hospitals offered to pay for education for staff that stay at least 6 months/12 months, etc.).

The local Assistance League formerly offered small Christmas cash bonuses to facility staff but announced that no more bonuses would be given out after the 2020 Christmas season. This was announced in January of 2021, right after the holiday season. Vague talk of “budgetary issues” but no solid reason given. Staff became skeptical of the facility’s investment. Administration failed to make even a token attempt to fight the Assistance League’s decision.

Local Behavioral Health Unit (BHU) Outreach Coordinator mentioned that she had been trying to reach out to local nursing home social workers to assure them that the BHU was functioning as usual and accepting new patient referrals. However, she was reportedly unable to talk to any local social workers, stating “they are all gone.” When pressed to clarify she said, “all the nursing home social workers seem to have quit,” but she was unable to speculate as to where they went.

Social workers, housekeepers, and dietary department workers asked to stay late one to three times per week to serve and feed veterans, due to shortage of CNAs and Dietary Aides. All hours over 40 in a week eligible to be paid out as Overtime at “time-and-a-half.” Training on “how to feed” provided by Employee Education RN.

Admissions slowed due to lack of staff needed to care for prospective new admits. A member of the front office staff quietly mentions that “we are working our people to death.”

2020–2021 Timeline

Co-author Dan Leff’s personal experiences as director of social services at a state-run nursing home inform the timeline-based narrative of the terrible events of the COVID-19 pandemic. The frank nature of this fact-based recounting of events constitutes a form of raw poetry.

MARCH 2020 – COVID hits America. The Veteran’s Commission in a Midwest state closes the doors of all 7 Veteran’s Homes (skilled nursing facilities open to qualifying veterans, referred to generally as MVH) to the public. During our daily Clinical [Interdisciplinary Team] meeting, my facility Administrator reads off the current tally of positive COVID cases in the other 6 facilities, for both residents and staff. Our facility is supremely vigilant, and we have no positive cases ... yet. It’s apparent to me and most everyone else on my team that our Administrator, in a less-than-subtly competitive spirit, is pleased that we are COVID-free. It falls on my Social Services team to start the first of a near-infinite round of phone calls to families, to explain the protean and ham-handedly bureaucratic visitation rules. Needless to say, we bear the brunt of many irate and confused conversations with the family members of our residents.

APRIL 2020 – In a rare display of largesse, the Veteran’s Commission provides my Social Services team with trac phones and iPads. We are then directed to call the families of our veterans and offer Facetime/Google Duo video chats, as well as phone calls, so families can talk with their veterans. Reaction to this program is mixed, ranging from outrage (“My father is scared and confused and I can’t visit him??!!”) to grateful (“Thank you for letting us talk to our veteran.”). Social workers are required to keep track of how many phone calls and video calls we arrange each week to show that we are indeed “seeing to the psychosocial needs of MVH residents.” We then forward our weekly tally of contacts to Administration and Medical Records (who add the information to the voluminous ocean of data for which they are responsible). For the first month or so, the weekly tally reports elicit praise from the Administrator (“Wow! That’s a lot of contacts this week! Keep up the good work and thank you for all you do.”) The praise then dies down, but my department is recognized at the January All-Staff Meeting for our diligence in keeping up with the contacts.

MAY 2020 – Restrictions continue. Our monthly Alzheimer’s Support Group (which I run) is cancelled, which is honestly one less thing for me to do, in the midst of all going on. I am given an official letter, signed by my Administrator, stating that I am in fact an “Essential Worker” and am to be allowed to go about my business. I am to keep the letter in my car’s glove box at all times in case I am stopped by some sheriff or policeman during a shutdown (thankfully, I am never stopped by Law Enforcement and the letter stays in the glove box, where it remains to this day). The phrase “thank you for everything you do” is more frequently used as a way to end phone calls or emails. I predict that this will soon become the equivalent of “have a nice day,” and say so to a few other people, none of whom do more than smile knowingly and nod when I mention it. I realize quickly that my George Carlin-esque devotion to poking holes in sacred cows will be unwelcome in this rural Midwestern milieu, most especially during a time of outbreaks and quarantines.

JUNE 2020 – Despite all our efforts, COVID-19 has entered the building. The Administrator and Director of Nursing grumble loudly about employees who proudly post non-socially-distanced escapades in bars and other venues on social media. Our Administrator, normally prone to mumbling and talking to his laptop screen during meetings, stands up and loudly announces the presence of COVID in the building, stating wearily “we did our damndest to try to keep it out but it is here.” We have had a number of employees get sick (in a rare display of forbearance, no one accuses the sick employees of unsafe behavior outside of work). The situation is now formally a crisis because the virus has hit the resident population. I wake up to a Saturday morning text from my Assistant Administrator, a fair-minded and hard-working woman; she requests that all Team Leaders (of which I am proudly one) contact their teams to try and get as many people as possible to come in and move belongings and do other chores to facilitate access by Maintenance to key areas so that magnetically-sealed doors and air-recycling units can be installed. These installations are critical in turning Unit A into an Isolation Unit. Part of Unit C is also similarly sealed off to serve as a Quarantine Unit, for those who may have been exposed but are under observation, and haven’t yet tested positive.

Our other two units (B and D) retain their original function and populations. Unit D is a locked unit, reserved for residents at risk for elopement due to dementia or behavioral issues. We hope against hope that COVID does not get into Unit D, for we know how rapidly it will spread. Our worst fears are realized later in the game.

JULY 2020 – Video chats and phone calls continue on the Isolation Ward. Social workers are encouraged to go onto the Ward for 2–3 hours at the end of the day to help veterans chat via phone/video with their families. Entrance onto the Ward requires full Tyvek jumpsuit, N95 mask, face shield, gloves, and shoe coverings. Tyvek jumpsuits are initially available in sizes ranging only up to 1X; I put on the jumpsuit and burst the front zipper in a manner that would do The Incredible Hulk proud. I cover the front of my garb with a protective gown and later snag a bunch of 3X jumpsuits when our Requisitions department finally gets some in. Working 2 hours in such garb is a herculean test of endurance; in less than one hour in full garb, I am dripping in sweat and fighting fatigue. My first day on the Ward I find out that the CNAs there lack phones, laptops, bottled water, and radios, and chargers for all of these items. I become their advocate and the Assistant Administrator helps me get the Ward staff what they need; she and I agreed in advance that she would be my point of contact for all Isolation Unit needs. I also notice quickly that the least experienced and least motivated staff are assigned to the Ward. Beds and material are stashed in the hallways in this chaotic and leaderless situation. Information is also at a premium; more and more residents are sent over the Isolation Unit but the staff there lack a current census and roster. I make copies of the most up to date census sheets available and bring them over for my end of day rounds, to grateful sighs of relief from the confused staff.

At the end of each shift on the Isolation Ward, I leave by an outside door and go to my car, dripping with sweat from 2–3 hours work in full hazard garb as described above. When I get home I strip all clothing and throw it right into our laundry machine. I then take a shower immediately. My wife avoids all contact with me until I complete this ritual. Words are inadequate to describe my feelings of being filthy, hazardous, and unclean; these feelings being in addition to those of weariness and fear after seeing Isolation Ward suffering first-hand.

AUGUST 2020 – Demand by families for video/phone chats increases. The Assistant Administrator requests (falls just short of ordering) Social Services staff to work on the Isolation Ward each weekend to facilitate video/phone chats. I agree and take the first weekend. My team is cooperative and we get the month covered. Fortunately, the weekend work “requests” trickle away after a couple of months, and some subtle negotiation between myself and our thoughtful Assistant Administrator.

During one Saturday shift, the CNAs on the Isolation Unit complain that one resident’s wife has obtained the number for one of the nurses’ station phones and has called incessantly to speak to her husband. The tracphones, placed on the unit for use in helping residents call their families, have been left unplugged overnight and are useless. At a loss for other ideas, I get the wife’s number and call her from my personal iPhone. I reach her

and give the phone to her husband, who has a brief but loving conversation with her. (I later wipe the phone down with a bleach wipe and leave it in my car overnight for extra preventive measure, before bringing it back into my house.) The wife asks me “You let my husband use your own phone? Don’t you know he has tested positive for that COVID?” I respond by telling her “Yes, I knew. Do you want to know a secret? I’d do it all over again.” Choking back tears, she thanks me. The resident is dead within a week.

SEPTEMBER 2020 – Wing D is the aforementioned locked unit. Bringing our worst nightmares to life, COVID has swept through Ward D like wildfire and there is no one left on the unit except me (because that’s where my office is). All residents are in the hospital, on the Isolation Ward, or dead. I walk through the corridors and hear only my footsteps where once the noises of televisions, crying out of confused Alzheimer’s patients, and Bingo games were heard. I am still coming to terms with the impact of this empty silence on my soul. The following year, a social worker at a facility in Florida asks me to describe that empty feeling more specifically. I refer her to the haunting scene in “Citizen Kane” in which the protagonist, alienated from all around him by his wealth and anger, is at last alone in his mansion, with only his possessions for a cold sort of comfort. (Needless to say, a social worker like myself lacks luxury and other lavish resources for “comfort,” cold or otherwise.)

Not long after Labor Day, all Leadership members at all 7 facilities are asked to speak to a law firm. The facilities are under investigation by order of the Governor for allegedly allowing the pandemic to get out of hand, resulting in many deaths and hospitalizations. My own deposition was scheduled for a Saturday morning. I come in and take the call, which lasts for 2 hours. I am assured before the deposition begins that, while names of witnesses will be included in the concluding report, no quotes will be directly attributed. I try to bear in mind the advice often given to me by my attorney father (may he rest in peace) ... “Never volunteer information.”

OCTOBER 2020 – At the insistence of the Governor, the results of the investigation are published and made available to the public. Quotes are very much directly attributed, and my name is mentioned several times. I am a little dismayed with how much information I seemingly “volunteered” (somewhere in the afterlife, my father must surely be shaking his head). I email my Assistant Administrator to ask what in blazes I’m supposed to do if I get sued over this report. She doesn’t reply immediately so I call her. She tells me “Don’t worry about it.”

NOVEMBER 2020 – Active positive COVID cases in the building start to wind down as residents either die or recover. Wing A is to remain an Isolation Ward indefinitely. The MVC determines that we are eligible for hazard pay so my paychecks are a little bigger. This helps a lot but sadly the hazard pay will wind up going away in March of 2021, just when I start getting used to it.

DECEMBER 2020 – The Administrator (at the not-so-subtle prompting by the Director of Nursing) declares “I want to get all that stuff out of the Chapel by Christmas.” Social

workers (with help from other departments) begin the herculean task of moving items into various rooms. Confusion abounds and I introduce the Midwestern folk to the term “schlep” which I find needs no translation. The Isolation Ward is nearly empty. When the last veteran moves off, the Ward is deep cleaned and then kept empty, due to staffing shortages. Grumbling about how “nobody wants to work because of all these unemployment benefits” is occasionally heard, but the grumbling gets louder and more frequent after the 46th president is sworn in. I point out that the benefits won’t last forever, and the immediate rebuttal from a coworker is “Well, they don’t seem to think so!”

Casual conversation among my coworkers reveals that I am not the only one who is drinking more alcohol lately. I get some counseling through our Employee Assistance Plan and this helps, somewhat. A social work colleague in my city admonishes me on Facebook: “Dude, you’re grieving over all that’s happened to you this year! You are only human!”

JANUARY 2021 – Now down to nearly half our original census of nearly 200, we try to settle down into some sort of new normal. Rules governing visits with residents by family, friends, and clergy are revisited and modified various times. I find that regular visitors are more apt to take the changing rules in stride, with shrugged shoulders and a chuckle over “government regulations.” After extensive and confusing wrangling with our HQ, we are given directives regarding admitting new residents. Our nurses are sent to do a PCR test on prospective admissions. Once cleared as “negative” for COVID, they are admitted and then placed in Unit C’s Quarantine area for two weeks prior to transfer to their assigned room. Families are usually less than pleased that they are not able to visit during the two-week quarantine period; however, I notice that the families of residents suffering from Alzheimer’s are grateful for the two-week hiatus and are quick to nod agreement.

SPRING/SUMMER 2021 – HR has become more desperate to find workers. Our Recruitment Officer asks me my advice on how to find and retain new people. When I tell her “Get HQ to pay us more,” she smiles ruefully. Grumbling over how “they” don’t want to work persists. I point out to one coworker that “they” are tired of overworking for paltry wages and poor treatment. I am immediately told “Oh no! That’s not the reason! The real reason is that this new generation doesn’t want to work!” Well at least I now know who “they” are. In this ethnically and demographically homogenous rural area, there’s not much reference to other races but inter-generational ageism is alive and well.

AFTERMATH: WINTER 2021/22 to SPRING 2022 – Around the end of 2021, a variety of incentives were introduced by the state legislature, with the goal of raising pay for state employees in general and Veterans Homes workers in particular. The standard Cost of Living Allowance is bumped up to 5 percent, a good step but still not quite in line with inflation. A better step involved pay raises for Nursing, Housekeeping, and Dietary staff. While no dedicated social worker would object to working people getting a much-

needed raise, Social Services (and Maintenance) workers did not get their base pay raised.

This led to an exodus from the agency being focused on for purposes of this analysis. Of a department of 5 workers, 2 left in the Spring of 2022 for a different state agency. They retained their benefits and PTO and got a nice pay raise, leaving behind the headaches of dealing with irate and confused families and residents. A sternly worded request to raise the pay rate for social workers ASAP is emailed to HQ. No response is ever received.

These two social workers truly cared for the resident population and left with tears in their eyes. Neither one said whether or not the experiences of 2020–21 were a factor in their decision to leave. Pay and commute times were mentioned as motivators. One of the social workers who did stay said they would leave once their pension was vested (in 5 years from the time of this writing) to “do something different,” with no mention of any deeper sentiments.

The lack of open communication about the events of 2020–21 forms a tapestry of silence that hangs over this particular Veterans Home like a gossamer web of sadness. The services of an Employee Assistance Plan are available to all workers but, apart from a brief mention during the New Employee Orientation, are not advertised. Counseling services are available through the [plan], for 6 sessions at a time—more sessions are easily obtained, as long as one gives a different “issue” as the reason. However, in a small, closely-knit, rural community, it is possible that local residents might not want to be seen visiting the offices of what few counselors might be available in the area.

A better intervention might be to have an out-of-town counselor provide sessions to employees at a designated location with a significant gap between each session, to allow clients to come and go hopefully without encountering anyone else. Perhaps better still would be to promote telehealth counseling sessions. This would require some active promotion by Human Resources but could be easily accomplished, especially considering the ubiquity of smart phones with video capability. Telehealth sessions would also eliminate the need to travel to the counselor’s location, a boon in this time of inflated gasoline prices.

Within the Home itself, ongoing research into the nature of trauma suggests a number of different potential interventions. Overall, two conclusions are most frequently arrived at by the various sources. First, self-care is universally touted. Most workers can identify at least the rudiments of good self-care (adequate sleep, better diet, etc.). Occasional chuckles about “wine and chocolate” as good “coping strategies” are still heard.

The second conclusion, deeper in its implications and perhaps more difficult to face head-on, is the simple fact that traumatic experiences must be processed effectively in order for the trauma survivor to have the opportunity to live in a manner that includes some promise of inner peace. No attempt was made by the nursing home in question to

facilitate any manner of process groups, journaling, or any other exercises to help traumatized workers process their experiences.

Pinning Down PTSD

To what extent has PTSD reared its head in the nursing home under discussion? No open discussion of the events of the pandemic was ever held, apart from continued admonitions to “follow infection control protocols, we don’t want another outbreak.” One of the staff in charge of training stated, “We just don’t talk about what happened” (said with sad expression and tone of voice). In keeping with the taciturn communications culture, no more is said in this vein, at least within earshot of the reporter.

The need for ritual as a means of achieving solace is nearly universal among humans. The nursing home under discussion resorted to two rituals as a means of seeking closure:

- During Christmas of 2020, almost all of the staff stood in a circle in the main dining room. Going around the circle, the names of residents who had died during 2020 were read, as a means of honoring the dead.
- On Memorial Day of 2022, the names of all residents who had died during 2020 through the present time were read in a ceremony that was open to families and friends of the deceased. The gathering was the first Memorial Day service open to the public since 2019 and was well-attended. Two of the remaining social services staff read the names. One social worker made sure to include the nicknames by which the deceased had been known (“Big Cal,” “Miss Nan,” etc.). The voice of the other social worker, who had a lengthy and distinguished tenure at the home, almost broke with emotion several times during the reading.

While it is possible to consider these two rituals as “interventions” on behalf of weary and grieving staff, it must be noted that these were singular rituals with no follow-up or progress-oriented goals implicit. It continues to be difficult to gather data on the extent to which the trauma of the 2020–21 period left lasting marks on the staff. Certainly, one of the two social workers who quit in 2022 had, again, a very lengthy and distinguished period of service in the home, and it is possible that they quit in an effort to get away from the milieu with its attendant sad memories. Conversations had with nursing staff elicited a handful of statements amounting to “If we ever have another outbreak like that again, I’m out of here. I’m just going to leave. I am not going through that again.” During the 2021–22 period, a number of CNAs and Certified Medication Techs resigned with no notice, with one CNA getting frustrated with a schedule change and leaving at the beginning of their shift. Direct correlations between individual traumas and reasons for leaving (and modes of departure) are, unfortunately, very difficult to track in this tight-lipped and somewhat reticent region. Since “what resists, persists,” the lasting effect of the traumatic effects of the 2020–21 period may potentially be felt for some time to come.

Although it is well known that motivation to help is largely intrinsic, it is not to say pecuniary incentives don't reinforce good intentions (Francoise & Vlassopoulos, 2008). Good people often do good things based on their own moral compass of compassion, but the layer of accountability and recognition can reinforce positive actions and stronger ties to work, not to mention a host of psychological wellbeing realities and the balance between resources and outlook (Alessandri et al., 2021). Often there is a reductive tendency to blame poor care (service, etc.) on the workers not showing up, versus the loss spiral of job insecurity, worker risk, and fatigue that was resultant of poor governmental and industry oversight (Bondi, 2020). Concern seemed more about what the consumer wasn't getting versus the hardship that the worker was facing. In no way should this undergird exploitation of good people in impossible times and allowing valuable staff to be pulled out in the tide of devastation. Producing narratives such as this one, tuning into the challenge of remembering, documenting, and reflecting with intention to change is the only constant we can hold onto after so much horror in our ranks as social workers.

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Straddling the South African Two-School System During the COVID-19 Pandemic—A Reflective Narrative of How One Student Teacher Traversed the Changing Education Landscape

Cindy Sars and Eugene Laloo

Abstract: The South African education system has been aptly described as a “two-school” education system. This description refers to one of the many legacies of apartheid, which resulted in one well-resourced school system that offers high quality education to one sector of the population, with the other under-resourced and generally struggling to achieve the same results. As part of my teacher training, I have worked in both systems. Straddling this dichotomous education system during the COVID-19 pandemic has given me valuable insights and has significantly contributed to how I envisage my career as a teacher. Through this narrative reflection I provide an account of key moments during my teaching practice module that contributed to my altered worldview. Entering the teaching profession during the COVID-19 pandemic proved very challenging, but ironically, it was this disruptive entry that has changed my worldview so that I now feel drawn to working in under-resourced schools.

Keywords: COVID-19, teaching practice, novice teacher, mentoring, under-resourced schools

This work is a critical reflection on my experience as a Foundation Phase student teacher. I (Sars) explain how I prematurely entered the teaching profession during the COVID-19 pandemic and how my initial ineptitude was overcome with the support of experienced teaching professionals in an under-resourced school in South Africa. I also lay bare my initial apprehension to work in an under-resourced school and explain how my experience during the COVID-19 pandemic has shifted my perspective so that I now feel drawn to working in under-resourced schools.

This I do by using the reflection in action model by Killion and Todnem (1991). I have found this model particularly helpful as it facilitates examining past and present actions to generate knowledge that will inform future actions. Reflecting on different moments during my journey as a student teacher I offer the reader detailed vignettes of different moments in my training that shaped my perspective on teaching in under-resourced schools in South Africa.

Where It All Started

My introduction to the teaching profession was as a result of utter frustration in my previous career in the hospitality industry. I was working as a reservationist for a hotel chain but had become increasingly disillusioned when I looked at the image that the hotel chain portrayed and the culture that I, as an employee, experienced. The lack of psychological safety in some industries, including the hospitality industry in South Africa, has been well-documented (Nzonzo, 2016), and I reached a point in my career where I seriously considered leaving the industry.

During the same time my maternal uncle (second author, Laloo), who resides in Australia, was visiting our family. As he has a degree in industrial psychology, I confided my unhappiness with my job, and he counseled me on my career. We explored my interests, values, and aspirations through the process of mind mapping. This process involves identifying a central idea—in my case, unhappiness with my position at the time—and identifying different ideas that would allow you to reach your goal—in my case, happiness in my chosen career (Pollitt, 2003). After going through this process I came to realize that I wanted to enter the teaching profession. The following year I enrolled for a Bachelor of Education (Foundation Phase Teaching) degree at the University of the Western Cape.

As a mature student, my study experience was possibly different from those of my contemporaries. I was also the mother of a young child, and balancing my studies with raising a child was of utmost importance to me. Perhaps it was my perception that I was at a disadvantage to the younger students in my class which motivated me to work very hard at balancing my personal and student life. This balancing act certainly stood me in good stead, as after my first year of study, I was awarded the Dean's Merit List Certificate for Outstanding Performance in the Faculty of Education at the University of the Western Cape. With this validation, I felt I made the right decision to return to academia to fulfill my aspirations to become a teacher.

My First Introduction to the Teaching Profession

The teaching practice module, as part of the teacher training curriculum, provides students with an early glimpse into the teaching profession. In South Africa, because of past discriminatory government practices, public schools range from affluent ones that are well-resourced to schools in disadvantaged communities with very limited resources. This dichotomous education system has been aptly described as “the two-school system” (Spaull, 2013, p. 438). To equalize education is not possible in the short term, and Robinson (2014) argues that student teachers need to be prepared to function in any of the variety of contexts in this dichotomous education system.

During my first and second years of teaching practice, I was placed at two well-resourced schools. I thoroughly enjoyed my teaching practice at these schools. I enjoyed that the schools were well-resourced, had lower student–teacher ratios, and had learners who were generally better equipped (Spaull, 2013). I did not experience the difficulties that my contemporaries, placed on the “other side” of the education divide, were experiencing. I was doing very well as a student and having experienced teaching in well-resourced schools made me aspire to work in this well-resourced subsector of the education system.

Enter COVID-19: An Early Teaching Opportunity

The COVID-19 pandemic has severely impacted the resources of many schools (Soudien et al., 2021). As a result of many teachers being infected with the coronavirus, there was suddenly an increase in vacancies at schools, and many principals were willing to employ senior education students to fill the void created by teachers who had succumbed to the coronavirus. This was a difficult time for me, as teaching at universities had also moved to online learning platforms

(van der Merwe, 2021), a shift for which I was unprepared. The pandemic also impacted my financial position negatively, and with the sudden increase in teaching positions and the fact that my university classes had moved online, it became imperative for me to consider gaining employment. By this time the Department of Education had called for students to register their interest in teaching positions. After reconsidering my dire financial situation, the new form of online teaching at my university, and the abundance of teaching opportunities, I registered my interest in a teaching position. Soon after registering my interest, I received an invitation for an interview at an under-resourced school. Compared with the schools that I had been exposed to in the early stages of my studies, I immediately envisaged the challenges that I would experience at this school. With some trepidation, I accepted the invitation to an interview, and later the position.

The impact of COVID-19 on South African schools was swift. The first registered case of COVID-19 in South Africa occurred on March 5th, 2020 (Mahaye, 2020), and by December 2020 I had applied for a vacant position. I started my first teaching position, albeit unqualified, in February of 2021 as a Grade 3 educator. My initial trepidation gradually turned to elation when I realized that I now had my first opportunity as a teacher. I developed an eagerness to apply the knowledge that I had gained over the past three years as a student.

The first month was very challenging. My first response was that the university had not prepared me for the challenges of teaching practice in our poorer communities. The reality was in fact more complicated than this simplistic thinking. The COVID-19 pandemic can be described as the “perfect storm” in education as it affected all aspects of the teaching system, including the training of teachers, the resources at schools, and the teaching and learning of learners. Face-to-face contact at universities came to an abrupt end, classes moved to online platforms, students’ training was severely impacted, and schools were suddenly deprived of experienced teachers that had succumbed to the pandemic. Suddenly there was an abundance of positions, and the allure to enter the teaching profession, albeit as an unqualified teacher, was very big. Upon reflection, I however realize my ineptitude in the classroom was because I had stepped into a position prematurely.

I had to be a teacher and a student simultaneously if I wanted to be successful. My sleep patterns were disrupted as I was up most nights having to prepare lessons and attend to my online studies. Shortly after my appointment, I had a visit from the curriculum advisor. The assessment was very stressful, and in hindsight, I now see that I was indeed ill-prepared for my new profession. I dealt with this situation by rationalizing that this was my first teaching position and that I was not doing too badly. I however realize that this was a result of a confluence of factors brought about by the COVID-19 pandemic. I had not mastered all my academic work owing to the pandemic and was ill-prepared to work in schools with fewer resources and higher learner–teacher ratios, and where the learners had a backlog because of the COVID-19 pandemic. I was now working on the “other side” of Spaull’s (2013) two-school system and needed help. I received some constructive feedback from the curriculum advisor and had to work on my shortcomings for the follow-up visit.

An Early Lesson for Me

As I further immersed myself in my teaching practice I started to notice some peculiarities that I did not expect, as in hindsight I realize that I had come to the school with preconceived ideas. While the learners at this school were from a low socio-economic environment, contrary to what I expected, these children were always well-behaved and wore their school uniforms with pride. The children's behavior was not much different from that I had encountered in the well-resourced schools. While my observations of the children's school uniform and behavior may seem superficial, I do believe adhering to the uniform code of the school demonstrates that these children were proud of their school. I also noticed their academic performance. While the school could not be compared with the well-resourced schools I had been exposed to, I noticed that approximately 60 percent of the learners in my care were academically strong and could read and write well for their grade level. I also noticed the high participation rate of parents. Parents were generally very involved in their children's learning and regularly communicated with me. Although this school did not have the advanced distance teaching and learning platforms of the well-resourced schools, parents communicated with me via simple technologies such as WhatsApp or telephone calls. I began to look beyond the façade and noticed the culture of the school and the many positive things that the school did with its limited resources. The school, for instance, had after-school mathematics and reading programs to assist learners who required additional support, and employed a part-time learning support teacher to assist with learning interventions. I began to see the glass as being half full, instead of half empty.

My Final Teaching Practice and a Further Opportunity

Unfortunately, my temporary employment at the school ended abruptly when a qualified teacher became available for the position. I however still needed to complete my final teaching practice module, and again found myself at the crossroads—the crossroads of the two-school education system. This time my decision was not a difficult one, as I was now determined to continue my teaching practice at a similar school—a school on the lower socio-economic scale of South Africa's two-school education system.

Working at the previous school had such a profound impact on me, and I realized that the preconceived ideas I held of these schools were unfounded. I saw first-hand the challenges that these schools had, and I felt compelled to be part of the solution and therefore chose another school in a lower-income community. Working in under-resourced schools has now become a matter of principle for me. While searching for available schools, I noticed an opportunity in the area where I had grown up, a low socio-economic area. I felt driven to this school and was accepted to complete my teaching practice at it.

The first day at the new school was a very significant day for me. On my way to the school, I had to drive past my late grandmother's house. As I drove past the house, the house where myself and second author Laloo had spent some of our formative years, I was filled with emotion. I have driven past this house on many occasions, but on this day the house had a deeper meaning for me. I felt like the house was a symbol of my family's struggle to escape poverty. While my background has always been part of my consciousness, for the first time I

truly realized that I too could have been one of these children. At that moment, I knew I had made the right decision to do my teaching practice at this school. I wanted to work in the less privileged side of the “two-school” education system. My teaching practice has now become part of a bigger narrative, as I felt that through my studies and placement at these schools, I was doing a form of philanthropy where I contributed to the development of children in an area that I, through education, was able to escape.

My mentor teacher was very welcoming, and from the start, I felt I was benefiting from her vast experience and insights into teaching practice. She often joked and said that I was teaching her some things too. I really appreciated her collegial approach. COVID-19 had also impacted my mentor teacher, as her sister had succumbed to the disease two weeks before my mentoring program had begun. Although this must have been a very difficult time for her, she was very professional and I could not fault her mentoring. She gave me every opportunity to succeed, and during this time I felt more like her colleague and not like a student teacher. I would assist her with daily screening of learners on arrival and departure and even attend planning meetings with the other Grade 3 teachers.

The backlog that schools were experiencing as a result of the pandemic (Ramrathan, 2020) was palpable in my classroom as well. To overcome this backlog, my mentor teacher guided me to assess learners, conduct diagnostic tests, and teach lessons. This hands-on experience accelerated my learning.

During this time, however, I noticed a contrast between the two schools where I had worked. At this school, more children were struggling with reading and mathematics, compared with the previous school. I thought this was because the school was in an even more impoverished area, but like at the previous school, the staff at this school were simply getting on with the job at hand. For example, the school participated in the National School Nutrition Programme, and although the school had an average learner–teacher ratio of 37:1, all staff members contributed equally to the distribution of meals to the learners. I admired the staff’s passion to make a difference in the lives of these children. Despite the problems these teachers encountered, their great team spirit made it so easy to work with them. I continued to see the glass as half full, and not half empty.

The New Normal in Teaching

Many scholars have offered suggestions on how education authorities should respond to the impact of COVID-19. At the beginning of the pandemic, these responses ranged from scrapping the academic year, promoting all learners to the next level, or only focusing on the core knowledge that learners needed (Jansen, 2020). Other authors have suggested that the pandemic presents less of a challenge, as learners spend 12 years at school and that the shortfalls could be covered during subsequent years (Ramrathan, 2020). I felt the learners for whom I was responsible did not have the luxury of waiting to catch up in subsequent years. They were already at a disadvantage, and we needed to do what we could despite our limited resources. I now felt committed to the course.

To control the spread of the COVID-19 pandemic, schools have introduced different aspects of social distancing and disease control. These include improved hygiene, wearing of masks, monitoring playgrounds, and so forth. While these do not adversely affect teaching and learning, one form of disease control that does impact learners is the introduction of alternate school days. Spaul (2013) underscores that there are many inequalities in the South African primary school system. This author argues that higher numbers of learners per class in lower socio-economic schools contribute to the inequality in our school system. At our school this is certainly the case, but continuing to teach a class with high numbers of students during a highly contagious pandemic would be adding the proverbial fuel to the fire and would certainly contribute to the spread of the disease. Introducing this practice at our school was therefore very important. As a novice teacher, I however realize that this measure comes at a cost, disadvantaging our learners even further. Learners now attend school every other day. This shortened school week created considerable pressure on both teachers and learners.

In class, I could see the impact of this curtailed school week in an environment where blended learning was not possible, as learners had no access to technology. The limited teaching time also tested the skills of teachers, as they had to find strategies to recover work lost because of the alternate school day system. These pressures also influenced educators, who, for instance, now had very little time for revision before assessments. While much of the focus during the pandemic was on the heroic work of frontline medical workers, I felt our teachers were also deserving of recognition for their efforts as they continued to provide teaching to our learners and guidance to novice teachers, like myself, amidst the pandemic (Padmanabhanunni & Pretorius, 2021). More importantly, there was stress on the learners, already at a disadvantage.

As part of my training, I attended several workshops with the education department where we were constantly advised that there would be a three-year gap in the education of learners owing to the COVID-19 pandemic (South African Broadcasting Corporation, 2020). I however thought that this would not hold true for the well-resourced schools in our education system. Because of their access to technology, their much lower learner–teacher ratios, and so forth, many affluent schools will possibly not experience this backlog. Their resources are such that they are more likely able to practice social distancing and teaching and return to normal. However, schools in poorer areas are not able to do this. Returning to the full class complement will breach social distancing protocols, and the school could become a super spreader of COVID-19. I began to understand the enormous challenges that poor schools in the “two-school” education system experienced and how COVID-19 exacerbated the problem. My resolve to continue teaching in lower socio-economic schools did not abate.

My Final Evaluation as a Learner Teacher

For my supervised lesson I was evaluated by a retired school principal. By now I had lost the ineptitude I experienced during my first assessment. I had been guided by experienced and skilled teachers and felt very confident about being assessed. My experience in teaching during a pandemic also made me more resourceful. Knowing that these learners were struggling, I combined my mathematics supervised lesson with a cha-cha-cha song to draw learners’ attention and to integrate direction in mathematics. I taught the learners decomposing and integrated

adding three-digit numbers. The learners found the lesson very interesting, and I could see they truly enjoyed it.

I then gave them flash cards to make numbers in hundreds, tens, and units. Then we moved from the known to the unknown. I gave them one example of how to add numbers by units, tens, and hundreds, and asked them to do a few sums in their workbooks. The learners interacted well, and I felt in control of my lesson. My learning had now come full circle and I felt that I was ready to manage a class independently. The supervisor as well as my mentor teacher gave me positive feedback, and my first supervised lesson was a resounding success. I had a baptism of fire entering the profession under the difficult circumstances caused by the COVID-19 pandemic, but thanks to the support of the teaching professionals that mentored and guided me I was on my way to becoming a qualified teacher.

Soon after this, I had to be assessed on a second lesson. This time I had to present a phonics English Home Language lesson with “ey-sounds.” The success of my first supervised lesson gave me the courage to be even more resourceful, and I started the lesson with a well-known song, “Circle of Life” from *The Lion King* (1994). I instructed the learners to listen to the words carefully and told them that this was one of my childhood favorite songs. I then flashed sight words with which learners were familiar and asked random learners to answer and build sentences with the words. Then I read a short story and asked the learners which sound they thought we were discussing. I then showed the learners pictures of certain words like “hockey,” “chutney,” and “monkey,” and asked them to match the picture with the word. I ended the lesson by asking the learners to fill in the missing words so they could identify them in a sentence. I had lost the ineptitude I had experienced six months previously and felt quietly optimistic that I could now hold my own in this school environment of which I was part.

A Validation of My Teaching Practice

During the last week of my teaching practice the principal offered me a further short-term placement to teach in the Intermediate Phase for four months. I felt conflicted. Although I was very happy to have been asked, I was concerned that he had asked me to teach a higher grade. The principal however reassured me that he had the utmost faith in my abilities and that he was confident that I would be able to do the task. He told me that I had now learned the principles of teaching and that I would be able to apply these in other grades as well. Although the work content would be different, the principles that I had learned during my teaching practice module would ensure that I would be able to teach the higher grade. He told me that owing to the COVID-19 pandemic, these learners still needed considerable revision and assistance with bridging the gap between the Foundation Phase and Intermediate Phase.

I was very nervous but preferred to view the fact that the principal had asked me to assist with teaching at the school as a validation of my teaching abilities. He would surely not have asked me if he did not think I was able to do the job. I felt honored to have been asked, and so I agreed to take my second teaching position, albeit for only four months. I have had to find ways to balance my workload with the remaining study period at the university. My balancing act seems to work, and I have grown used to the idea of attending to my university studies in the late hours

of the night, something that is now possible owing to the COVID-19 pandemic. Although not an ideal start, my teaching career has begun.

Conclusion

The COVID-19 pandemic disrupted many aspects of our society, including our education system. As a result of the impact of the pandemic on primary schools, I was afforded an opportunity to work as an unqualified teacher. I was however ill-prepared, and the premature entry into the profession at two under-resourced schools was indeed very challenging for me. Ironically it was these very challenging circumstances that contributed to my changed worldview. A worldview where I am now drawn to working in under-resourced schools.

During my Foundation Phase teaching module, I found myself working in the community where I was born and raised, and reflecting on my childhood, I found that I was now highly motivated to contribute to the development of the children in my care. The Teaching Practice is the final stage in the training of teachers, as it allows students to enter the classroom under the guidance of an experienced teacher and subject advisers. My experience occurred during the COVID-19 pandemic, and although at times very stressful, my overall experience was very positive, as I was guided by highly skilled professionals who are passionate about their vocation. I was given the opportunity to contribute, and from an early stage in my interaction with my mentor teacher, the principal, and other teachers at the school, I felt that I was given every opportunity to succeed in this module, which paved the way for my entry into the profession. I am honored to have had the opportunity to conduct my Teaching Practice module on the “other side” of Spaul’s (2013) two-school system and overcome the challenges of a pandemic to boot.

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It Started with a Tweet Calling White Social Work Educators in: Building a Professional Learning Community

Lauri Goldkind, Elspeth Slayter, Jennifer Ann Parga, and Pat Shelly

Abstract: This narrative documents the early stages of a collective called #SWEDUACTS. We are four White, female social work educators who have led the planning of a teach-in event held in October of 2020 and subsequent monthly drop-in, peer-led Professional Learning Community meetings drawing dozens of participants over nine months. We reflect here on how engaging in the planning and delivery of the drop-in sessions helps ground our commitment to anti-racist pedagogy as well as facilitates the capacity of other social work instructors to build their own capabilities as anti-racist social work pedagogues.

Keywords: Professional Learning Community, anti-racist pedagogy, practice community, reflective practice, social work faculty, social media, Twitter

Mandatory stay at home orders related to the impact of COVID-19 forced academia to shut its physical doors in March 2020 and transitioned all faculty and students to work remotely. On May 25, 2020, George Floyd was murdered by Minneapolis police officer Derek Chauvin. This undeniably brutal police killing of an unarmed Black man sent shockwaves throughout the world (Cheung, H., personal communication, June 8, 2020). Social work educators began to express dismay through social media outlets. In early June of 2020, three weeks after the murder of George Floyd, four White female social work educators logged on to a Zoom video call in response to a Twitter thread discussing how social work educators and respective schools of social work ought to respond to ending police violence against Black Americans as well as addressing anti-Black racism in social work education. That initial meeting, over 18 months prior to the writing of this article, seeded the beginnings of a Virtual Professional Learning Community (VPLC). Ford et al. (2008) describe VPLCs as using Internet technology to facilitate engagement and interaction among faculty for the purposes of relationship building and learning, and they serve as an important option for faculty across a single discipline and when geographically dispersed (Brooks, 2010). Toner et al. (2022) surmised through research that because all faculty collectively were working remotely, they were operating on an equal playing field when it came to accessing meetings, building community, and sharing information. Additional research suggests that because the community is experienced in a digital environment, the VPLC has the potential to mitigate biases that may exist in face-to-face or synchronous settings (Trust et al., 2017).

The Beginning

Twitter is great for many things: sharing resources, networking, professional development, and staying abreast of current trends and news. In some online communities like #SWTech, #SocialWorkTwitter, #SWFutures, and #TherapistTwitter, you can network with individuals you've never met in real life who have similar research interests or senses of humor—or perhaps you just like their morning hello tweet. The tweet which showed up in our feed on June 2, 2020,

was from Dr. Desmond Patton, a professor and the Senior Associate Dean of Academic Affairs and Curriculum Innovation at Columbia University's School of Social Work.

Dr. Patton researches the intersection of gang violence and social media. He is the founder of the SAFE Lab and works in partnership with the Data Science Institute among other endeavors. Dr. Patton published a tweet calling out to White social work educators to stand as allies to Black Indigenous People of Color (BIPOC) teacher-scholars. Patton's (2020) tweet said, "Schools of Social Work, can we join initiatives related to police violence? I know we're responsive to our own communities but it would be powerful to link up."

Reflecting on her thoughts at the time, author Parga says "I read Patton's tweet and the community organizer in me thought, this is completely doable. How could a school of social work not join these efforts?" She entered a reply of support and waited a day for comments and/or direction. Seeing additional posts for ongoing support, she sent a direct message (DM) to Dr. Patton expressing continued support and concern she had missed next steps.

Parga (2020) sent: "Just following up to your tweet about mobilizing with SSW. What is next? Are you going to convene a group or representatives? Brainstorm? Google doc? I just don't want to miss an opportunity to collaborate or drop the ball here. Time is right!"

Dr. Patton (personal communication, June 3, 2020) replied to this DM: "Really hoping a white colleague activate around this issue and mobilizes the community. I wanted to put the idea out there." Ready to activate and engage in action, Parga selected June 10, 2020, and tweeted out details to recruit faculty interested in mobilizing around Dr. Patton's tweet.

On June 10, 2020, three of us authors, also White social work educators, logged in to join Parga: Goldkind, Shelly, and Slayter. We discussed our experiences teaching and learning about anti-racist practices and pedagogies. Collectively, we agreed to continue the conversation and if we moved forward, increasing participation would be important. We brainstormed topics related to Dr. Patton's tweet, potential action(s) to take, and the option to collaborate with organizations already working in the space. The ideas generated in the brainstorm coalesced around mapping our networks of possible partners in supporting a grassroots anti-racist teaching group and some efforts to understand the student experience in social work classrooms.

We leaned towards starting something new and listed potential ideas. Ultimately, we discussed how anti-racist work could look for White social work educators: consistently showing up and lift up BIPOC voices (especially in the social service community), while also identifying strategies and resources to bring that dialogue more accessibly into social work education.

We then discussed next steps, noting that this "group" needed more social work faculty involvement. To do that we would tap into our social capital, generate promotional materials, and use Twitter to activate our networks. We created and adopted a hashtag, #SWEDUACTS, which stands for Social Work Education Acts, reflecting our desire to focus on social work educators taking action. This was also an homage to Dr. Patton's (2020) initial tweet calling in social work educators and institutions to engage in collaboration.

Our specific recruitment efforts for the June 30th, 2020, “Amplifying Structural Racism and Police Brutality in Social Work Education” Zoom meeting welcomed approximately thirty social work educators. As large and small groups, we brainstormed.

At this June 30th meeting, individuals representing 18 schools of social work met for the first time to collaborate and design action. Two strategies emerged. One sub-committee decided to focus on advocacy and cultivating influencer relationships. This group wanted to contact, encourage, and advocate trade associations like state-level leaders as well as the National Association of Social Workers to take a more explicit anti-racist stance. The other sub-committee opted to plan a national teach-in focused on police brutality as a form of structural racism. While the advocacy influencer group did not ultimately achieve cohesion as an organizing body, the anti-racist teach-in group continued to meet and work collectively to plan a national teach-in and live Zoom event on October 27, 2020.

As #SWEDUACTS members collectively worked towards planning and confirming details for the week-long teach-in, a central focus to lift up the voices of social work scholars of color who were experts in the areas of police brutality and structural racism emerged. An official #SWEDUACTS event was created to be held during the week of the teach-in. We researched experts of color and engaged in a collaborative decision-making process with the larger #SWEDUACTS community members; this led us to invite the following as panelists for the event: Dr. Sharon Moore (University of Louisville), Dr. Tina Sacks (University of California at Berkeley), and Mr. Mel Wilson (National Association of Social Workers, Washington, DC). These scholars and activists were invited to serve on a panel of experts on the topic of police brutality as a form of structural racism for the National Teach-in. With over 500 social work educators and students registered, the #SWEDUACTS event included a welcome from Dr. Patton as well as a screening of the Dr. Kimberlé Crenshaw 2016 TED Talk titled “The Urgency of Intersectionality.” Dr. Crenshaw’s TED Talk details the intersectionality of racism and sexism as they play out in incidents of deadly police violence and can be accessed here: https://www.ted.com/talks/kimberle_crenshaw_the_urgency_of_intersectionality

Growing a Seed

#SWEDUACTS offered five open peer-led drop-in preparatory sessions for educators interested in participating in the week-long October 26–30, 2020, teach-in. We did this knowing that it can be difficult to teach about race, racism, structural racism, and police brutality, and that faculty might want to have some support ahead of time in thinking about how to talk to their students about these topics. The drop-in support meetings were publicized on Twitter and sent out on national professional listservs. Over thirty participants from a variety of racial and ethnic groups attended each session. Educators were eager to talk, and some were anxious about how to engage their students in a useful and constructive dialogue about race relations centered on police brutality as a form of structural racism.

To support faculty, we discussed and modeled core tenets for engaging in difficult dialogues, such as setting up conditions for hard conversations in the weeks leading up to “the big week.” We talked about the group navigation of developing shared agreements, and specifics on how

the classroom would manage difficult dialogues. We brainstormed with our faculty colleagues' strategies for how to navigate "hot" moments and asked people to bring up examples of such moments and how they had handled them. We examined ways we had done things wrong ourselves and tried to create a learning space allowing for discomfort, growth, and openness. We held these conversations in large and small groups offering more intimacy of breakout rooms where colleagues excitedly discussed their lesson plans related to the teach-in.

It was through this experience that we began to realize that perhaps there was an ongoing demand for this type of dedicated space in social work education, not just in preparation for a teach-in. Slayter thought about all the times her colleagues at Salem State University complained about the fact that they never had the opportunity to actually come to a meeting to talk about teaching. Shelly reminded us that central to anti-racist practice is the need for consistently showing up. Parga recalled university emails encouraging faculty to hold space in their classroom "in light of recent events." It seemed like a need would be met by consistently creating space for social work educators to talk about how to engage in anti-racist practice as educators. This was the creation of the monthly drop-in structure which began in January 2021. Before detailing the work of our VPLC, we share the reflections of the four conveners of #SWEDUACTS on how they came to be part of this work.

Our Stories

Slayter

I entered into this work as a believer in the concept of what Dr. Estela Bensimon (2006) coined as equity-minded practice. In her conceptualization, this approach involves four actions on the part of the practitioner: awareness of racial identity, awareness of racialized patterns, reflection on racial consequences of actions, and agency to produce racial equity. In the context of social work education, equity-minded teacher/practitioners take personal and institutional responsibility for the success of their students, and critically reassess their own practices through engaging in what is known as reflexivity and reflectivity (Schön, 1983, 1987; Simmons, et al., 2021).

To be reflexive as an educator, you consider and investigate your interactions through introspection as they occur. You do this given the cultural, historical, linguistic, and political context that you exist in. With reflection, on the other hand, the focus is on a variety of factors; these can be spoken, nonverbal, or emotional, but you also consider your thoughts that follow the actions you take in the classroom. All of this is applied to the "in between" the student/s and social work educator and the interaction they share with the classroom or field placement. A central question to ask oneself as an equity-minded practitioner/educator is "How do I create and influence knowledge about my teaching practice that I use to make decisions about pedagogy?" In this way, I believe that equity-minded practice can call upon the tenets of the anti-oppressive social work practice framework (Jeffrey, 2005), in which we engage in reflectivity and reflexivity about the social locations and power dynamics between social worker and client (Jeffrey, 2005).

My first job out of college in 1990 was working as the facilitator of a women's collective that was devoted to the intersectional purpose of fighting racism and sexism (University of Minnesota Young Women, an affiliate of the Young Women's Christian Association). Working in a group of people from all races and ethnicities for the first time was a wake-up call, and I had to confront my own White privilege and my own ingrained racism. It was a painful but necessary process that set me on a path towards becoming an anti-racist practitioner. I now know that as a White person, the work of reflecting on one's privilege and ingrained racism is never done, but is just part of the process, and that's ok. I am happy to use my own mistakes and negative experiences as a model for others who are just entering this process since the wakeup call that many had after the murder of George Floyd. There's good learning in those. I have written extensively about the racial justice accountability processes I have gone through in my own school of social work and those reflections may be helpful to some (Slayter, in press).

My belief in the equity-minded practice approach and in the use of anti-oppressive practice links to my commitment to anti-racist practice as a social work educator. I am committed to consistently showing up in order to create space for other social work educators to wrestle with what it means to engage in anti-racist practice. That means learning about what anti-racism is, wrestling with our own racism, sharing our successes, and especially sharing and unpacking our failures—all in community. I believe that #SWEDUACTS is about building an impetus in the larger community of social work educators towards a shift in our culture. This will be a shift towards more racial identity awareness among White educators, more capacity to sit with and teach about difficult content—topics such as race relations, racism, white privilege, whiteness, white supremacy, white fragility, and Anti-Blackness. I also believe that this will, over time, translate into us being able to assist our students in being able to do the same work with their clients. In the year that I have been involved in #SWEDUACTS, I have been struck by how often people seem to have no basic knowledge about what it means to be anti-racist, and have not done the basic work of grappling with what that concept means to them. This says to me that we need to make a consistent space to help people begin that process, in which we can offer non-judgmental peer support. People helped me on my journey, and I want to give back. It's "all hands on deck" time, and we have to stay in the fight.

Parga

I chose to enter this space initially as a way to flex a community organizing muscle. I saw an opportunity for unique partnerships, identified self-interest, and a possible win-win for stakeholders. I stayed because I have found a community outside of my institution and a level of accountability I could never have alone to reflect and learn.

Prior to #SWEDUACTS, I had a deep misunderstanding about the fluidity and ongoing nature of developing an anti-racist practice. I anchored my anti-racist actions in how I treated others and stayed very much in the present moment. I thought about but never deeply questioned my privileged childhood, colonial education, or the opportunity to make adult life choices. I recognize the advantages now, and also the choice I get to make on when and how I do the work. My social work practice started at a small non-profit in City Heights, the most diverse community in San Diego. The high schools I worked in at the time had a 34 percent graduation

rate, 100 percent free and reduced lunch, and were designated Title 1 schools. Although I felt like I was embedded in the community, at the end of the day, I got in my car and drove out of the area where I worked and into my mostly White suburb. I later supported programming in 200 affordable housing units and maintained food-coop programs and workforce development contracts. My role evolved as it most often does with small nonprofits, and I worked on donor development with small family foundations. The irony, reflecting now, is outside of my work directly with clients, my interactions were with people who looked like me. There was a lack of BPOC in leadership positions, the majority of the foundations were wealthy White families, and for most of my time the field organizations were led by White males. I hardly questioned the structure, impact and intent, quantity over quality, hiring practices (Gray, 2019), or individualism and avoiding conflict (Okun, 1999).

#SWEDUACTS and the faculty who show up each month have a permanent spot on my calendar, and it has become a dedicated space to unpack, unlearn, and deeply reflect how I can develop an anti-racist pedagogy in my social work classroom.

Goldkind

When I took my first adjunct teaching job, the year prior to joining my university full time, I was handed a syllabus and little else. At the time PowerPoint was less ubiquitous, so there were limited materials to share, but also no real sharing culture. I relied on cold calling professors whose textbooks I admired to help me craft a cohesive learning plan for my students. In my practice life, I had spent over a decade working in youth development organizations, as well as school adjacent programs. Luckily, I had exposure to theories and models of teacher training from the secondary school world. In parallel, I also spent three years early in my career at an organization called the Posse Foundation. Posse exists to diversify highly selective liberal arts colleges. Young people are offered a merit leadership scholarship based on their communication skills and are sent to college with a mission of having hard conversations about racial justice on predominately White college campuses.

My constitutional inclination and ability to lean into hard conversations as well as my personal and professional values around social justice and human dignity were a great match for the work of the Posse Foundation. In many ways, my ideas about creating brave spaces where learning can happen in discussion and dialog are grounded in the Posse ethos. Now, in my thirteenth year in higher education, I have taught Fordham University's Human Rights and Social Justice course for over five years. Prior to the world learning of George Floyd, my classes were commonly talking about issues of race, anti-racist social work practice, and how to bring an equity and social justice lens into social work services. Without specific training, I have cultivated a reflective teaching practice focused on building anti-racist social work educators. Now, a year or more after the murder of George Floyd and the explosion of interest in being and doing anti-racist work, it is important to me to continue to develop as a reflective anti-racist teacher. I personally think our students deserve nothing less.

Shelly

I hold a staff position at the University of Buffalo School of Social Work as Director of Community Engagement and Expansion. I take our school's curricular focus on human rights and trauma-informed perspectives and anti-racist social work to new locations to build community and share resources.

My interest in anti-racist social work stems from reading Black feminist writers (particularly Crenshaw's original 1989 law review article on intersectionality), and Indigenous authors writing on resistance to settler culture (i.e., Kauanui, 2018; Simpson, 2021; Weaver, 2019), and decolonization (i.e., Del Vecchio et al., 2018; Tuck & Yang, 2012, 2021).

I also was part of the global movement working to end violence against women in during my decade working at a rape crisis center in the 1980s and 90s. Through the internet and email, those networks spanning the world shared strategies to address the myriad forms of gender-based violence: child sexual abuse, sex trafficking, female genital cutting, marital rape, and child marriage, and more. The networking revealed the very different solutions and barriers that different traditions, cultures, and governments employ to address this epidemic. It fostered an early commitment to cultural humility.

Throughout my nine years at the University of Buffalo, I have developed a Professional Learning Network (Hitchcock, 2020; Hitchcock et al., 2019) while managing the university's Twitter account. I'm part of the original group that started the #MacroSW "Twitter Chats" in March 2014. The chat is a weekly Thursday evening synchronous conversation on the micro-blogging platform Twitter and an example of the power of using digital strategies to build on- and offline communities. #SWEDUACTS is a natural progression that deepens my experience in digital activism and organizing on social justice issues. Through Twitter, we act to advance current social work education to an explicit anti-racist pedagogy and practice.

Growing Roots

When it comes to anti-racism work, the needs of the BIPOC communities have centered more on the need to foster resiliency and recover from harms continuing to occur. In contrast, for the White members of our community, we have needed to develop awareness of our White racial identity, our white privilege, and our white fragility in an effort to move towards being active and accountable allies to our colleagues and friends. This was explained to every meeting's attendees as a way to model a best practice for anti-racist pedagogy across contexts. In addition, we were conscious that we were four White women, all in social work academia, convening this project. We wanted to participate as non-experts and practice a peer-led approach of showing up around key questions for discussion and exchange of tools related to anti-racist pedagogy in social work education. Being mindful of the aforementioned structure, the January 2021 drop-in session was designed as implementation of community guidelines (Table 1) and large group introductions (10–15 minutes), randomized breakout groups (30–35 minutes), and a large-group report out session (10–15 minutes).

Table 1

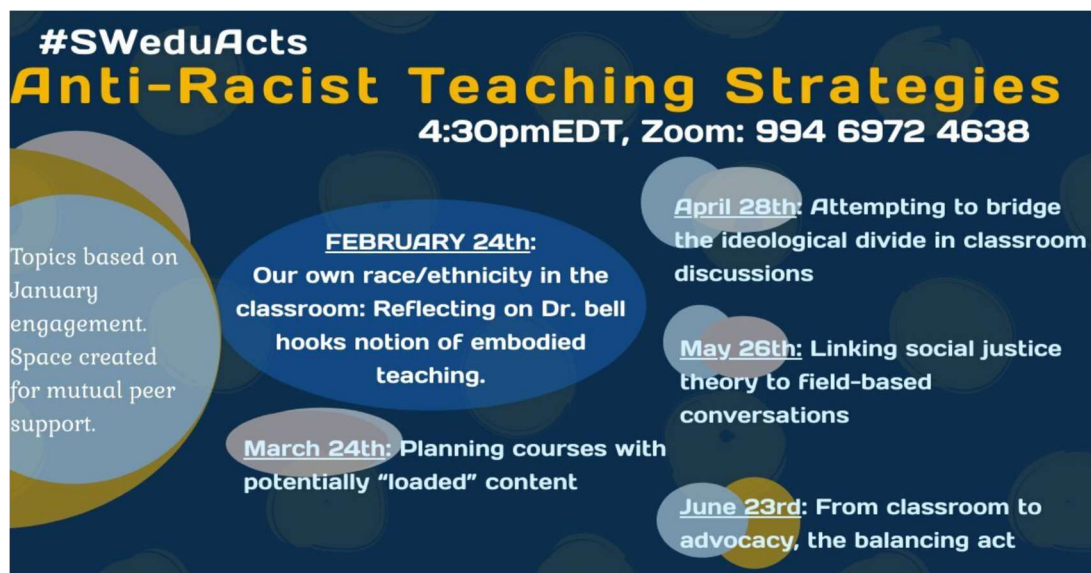
Community Guidelines

Participate as you are able.	Take feedback with an open heart and don't be defensive; own your own impact.
Engage with one another respectfully, acknowledging that this is a really difficult and challenging topic for many and also a challenging time in our world.	Prepare to be vulnerable and uncomfortable in your learning ... That's the way learning often happens!
Respect one another's views.	Wrestle with the material.
Maintain confidentiality—leave details in this Zoom room, but take learning with you.	Ask for help!
If you are confused about a comment, ask for clarification, but assume positive intent.	Take care of yourself.

The January meeting goal was to gather input and identify what the attendees wanted to explore around anti-racist teaching strategies for the entire semester. Figure 8 outlines these topics.

Figure 8

Spring 2021 Monthly Topics, Dates, and Login Information



The verbal report back was noticeably lackluster. As a result, in the debriefing collectively a decision was informed by one member's school implementation of racial and ethnic affinity groups during faculty meetings. This was based on her experience preparing faculty for a teach-in on the Black Lives Matter movement and the benefits of using racial and ethnic affinity groups. Affinity groups are used to call people into a community or group based on a shared aspect of identity (Strong et al., 2017). When talking about race and ethnicity and implicit bias,

for example, it can be helpful for people of specific racial and ethnic groups to talk about this on their own to facilitate openness and depth within the conversation, as instructors' experiences vary widely. The February meeting embraced the new opt-in feature for Zoom breakouts for folks to choose to go into a White or BIPOC group to discuss the monthly topic. The feedback from the February group was that members "didn't know where they would like to go" or that they had difficulty choosing because, for them, "deciding about racial identity included multiple ethnicities." Being responsive to feedback, the March breakout rooms added in an additional room option of a "non-affinity group" so it had the potential to include both White and BIPOC participants who wished to engage in dialogue together. After three meetings, it was clear that there was an unmet need for social work faculty from across universities to come together in virtual spaces to discuss anti-racist pedagogy and our own evolving anti-racist practices personally and professionally.

Developing a Sprout

While our work with #SWEDUACTS is new, the process of building and sustaining educator Professional Learning Communities (PLCs) has a long history in secondary and higher education. Many of the definitions and practices of PLCs come from the secondary school world. Hord (1997) describes a PLC as a community of learners, where teachers in a school and its administrators continuously seek and share learning, and act on their learning. The evidence supporting PLCs suggests they have the potential to improve student achievement and student learning outcomes (Harris & Jones, 2010). PLCs can also be powerful vehicles for changing instructor behaviors (DuFour & Eaker, 1998). Effective PLCs can be characterized by shared values, a focus on student learning, and reflective dialogue and action enquiry (Hord, 1997; Mason, 2003; Stoll & Seashore Louis, 2007). Surprisingly, while PLCs are common features of K-12 education, they are less utilized in post-secondary, college, and university environments (Price, 2005).

Conclusion

On a good day, teaching is complex, uncertain, and filled with dilemmas (Clarke, 1995). Often new post-secondary instructors are expected to have excellence (Matheson, 2020) in their teaching with little to no formal training in addition to scholarship and service demands from the institution (Fitzmaurice, 2008). It has been noted that if you are a faculty of color, the challenges the "Ivory Tower" add on—cultural taxation, discrimination, and emotional labor—are compounded (Harris et al., 2017). #SWEDUACTS aims to assist educators in brainstorming about how to engage in anti-racist pedagogy.

After a year (at this time of writing) of holding monthly Zoom engagements, the #SWEDUACTS collaborative feels strongly that there is a need for improving anti-racist pedagogy in social work classrooms. Our self-organizing group has stepped in to fill a gap not met at the university level nor via the Council for Social Work Education. As scholars as well as teachers, we understand and make sense of the world through information dissemination. As such, included with this paper is a collection of discussion questions for consideration in social work classrooms based off of our own work with #SWEDUACTS (see Appendix). We have

proposed a pre-conference workshop using this same model at a large social work education conference. Additionally, two of the authors are crafting a manuscript on the application of a theoretical model for anti-racist pedagogy to online teaching for publication in an academic journal.

Thinking strategically about the future of our collective, we have identified a threefold approach which can contribute to moving social work education towards building and adopting new techniques and approaches for teaching about race, racism, antiracism, privilege, and oppression. At the individual level, we encourage individual faculty and field educators to embrace both their curiosity and their commitment to the difficult and challenging work of reflective and reflexive anti-racist pedagogical practices. As a result, we will continue to hold monthly sessions in which social work educators can self-select into peer support sessions on anti-racist teaching topics. We believe that this same work also needs to be supported at the mezzo or groups level by program coordinators and chairs. For example, social work educators can do better to meet the needs of our students of color, who are often overlooked in these conversations, while the needs of White students are centered in teaching about race, racism, and antiracism (Fulambarker Buehler et al., 2021). We can also build on the one area many BIPOC scholars and community members have called on schools of social work to be responsive to: diversifying the theoretical base from which we craft our entire curriculum—although much more work is needed (e.g., Maglalang & Rao, 2021; Odera et al., 2021; Ortega-Williams & McLane-Davison, 2021; Tillotson et al., 2021). Institutionally, deans and directors can model their commitment to reflective and reflexive practice around anti-racist pedagogy by integrating this content in strategic planning, faculty and staff agendas, and other university settings.

Pointing to one specific lever of change is not the social work way. As systems thinkers who have found a path of self-reflection, we encourage you to think about your own teaching practice, your department's policies and procedures for grading, curricular development, and even admissions. Simmons et al.'s (2022) approach to equity-minded practice in the consideration of grading is one guide to how to do this work, with a nuts-and-bolts description of the work. It is critical to look for where whiteness is centered and how the collective "we" can continue to move towards building more equity and inclusion for all the voices. At the end of the day, we accepted the call to action and brought about change.

End Note

Debates regarding how to write about identity abound. One article that captures the spirit and scope of these debates as related to race is presented by the *Columbia Journalism Review* (Perlman, 2015) and recommends capitalizing Black, but not White. Arguments in favor of capitalizing White are made by Appiah (2020) and the National Association of Black Journalists (2020) who argue for the explicit recognition of White racial identity through capitalization. The language in the present document reflects the wishes of the authors, who choose to capitalize both Black and White when referring to racial identity. When discussing concepts such as whiteness and white supremacy, we do not use capitalization. We encourage the readers of this

work to make their own decisions about language use based on a thoughtful review of the literature and based on their contexts.

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Appendix

February session: Our own race or ethnicity in the classroom: Reflecting on embodied teaching

Text from Dr. bell hooks for group to reflect on:

“Professors are in the classroom to offer something of ourselves to the students. The erasure of the body encourages us to think that we are listening to neutral, objective facts, facts that are not particular to who is sharing the information. We are invited to teach information as though it does not emerge from bodies. Significantly, those of us who are trying to critique biases in the classroom have been compelled to return to the body to speak about ourselves as subjects in history. We are all subjects in history. We must return ourselves to a state of embodiment in order to deconstruct the way power has been traditionally orchestrated in the classroom, denying subjectivity to some groups and according it to others. By recognizing subjectivity and the limits of identity, we disrupt that objectification that is so necessary in a culture of domination.”

bell hooks, *Teaching to Transgress* (p. 139)

Discussion questions:

1. How do I honor my own lived experience as a Black woman when speaking to classes of mainly White students?
2. As a faculty of color, how do I manage heated conversations between students of color and White students?
3. As a White faculty member, how do I manage heated conversations between students of color and White students?
4. As a White faculty, how do I best support students of color in primarily White classrooms so that they can have a voice if they want one, without tokenizing them?

March session: Planning courses with potentially “loaded” content:

Discussion questions:

1. How do you create a safe space in a virtual world?
2. How do you create a safe space when in an asynchronous vs. synchronous model?
3. How do you balance course content with addressing important issues not in the curriculum?
4. In revising courses, how do you create intentional content and not reactionary content?
5. What particular skills and frameworks can be used to help with intensity around certain issues such as race, privilege and oppression. How do I juggle and hold all that while reading faces on the screen?
6. How do you teach students to take abstract concepts and research and apply them to day to day practice, all tied together?
7. How do you manage the isolation of teaching topics and get connected with others teaching?

April session: Attempting to bridge the ideological divide in classroom discussions

Discussion questions:

1. How do you speak to topics from both sides with civility and professionalism? Topics might include flying the confederate flag or one’s position on immigration.

2. If the location of your school is conservative it can be difficult to broach racial justice issues. How do you bridge that within an organization, do you change the curriculum?
3. How can you be critical of social workers' efforts in a reflective way?
4. Have you had success in using social issue debates in the classroom?
5. Students often come to class with good intentions but a lack of skill in terms of how to talk with each other (unless they are agreeing), how do you handle this?

May session: Linking social justice theory to field-based conversations

Discussion questions:

1. How do conversations about race, privilege, oppression, etc. show up in field education?
2. Do people use specific anti-racism-focused assignments or frameworks when covering these issues in field seminars?
3. How can we boost the capacity of our field instructors to be able to talk about race, privilege and oppression with our students given what they are getting in the academic classroom setting?

June session: From classroom to advocacy, the balancing act

Discussion questions:

1. How can you help students find their own voices in this process so they can be agitators, disruptors in the institutions they will work with in the future?
2. How are others navigating any advocacy they do with their administration on their campuses around issues of justice and calling out white supremacy?
3. Students are sometimes energized to change the injustice they see, how can we navigate that organizationally? How much as faculty do you get involved in such efforts?

We will kick-off the 2021–2022 academic year with a short brainstorming session to hear about the topics you want us to touch on re: anti-racist pedagogy in social work over the course of this year. We will also explore what it means to be an anti-racist social work educator. We will review definitions of anti-racism and touch on the basics of anti-racist pedagogy in social work education before splitting into breakout groups for discussion.

Reflections on Recruiting PhD Students: Change Happens from Within

Sondra J. Fogel, Amy E. Nourie, Stephanie Rosado, and Shelton K. Gilyard, Jr.

Abstract: The lack of diversity within the academic social work environment has enormous ramifications for the profession as this affects students, the curriculum, academic policies, research inquiry, and knowledge building for the field. The question is—how can this be addressed? One way to do this is for PhD directors/program chairs to recruit and form cohesive cohorts that represent diverse ethnic and racial backgrounds. This reflection includes a retrospective of the behind-the-scenes work and the lessons learned regarding the important process of *recruiting* a diverse group of students. This reflection speaks to the important issue of cohort cohesion: how this helps to support *all* students and their academic success. Finally, this narrative focuses on three social work PhD students from the University of South Florida as they started their precarious journey into academia in a year many would like to forget ever existed.

Keywords: doctoral education, PhD education, diversity, program development, COVID-19

According to the *2020 Annual Statistics on Social Work Education*, 1,463 applicants applied to 62 PhD programs (Council on Social Work Education, 2021). Of those, only 518 applicants (35.4 percent) were accepted into a program, the majority of whom were female, White (non-Hispanic), and over 30 years of age. Furthermore, of the 277 social work research doctorates awarded in 2019–2020, the majority of graduates were female, White (non-Hispanic), and over 30 years of age. It is no surprise then that in Fall 2020, the majority of full-time faculty members in social work programs were female and White (non-Hispanic).

This lack of diversity among social work faculty is a problem for many reasons (Chadiha et al., 2014). These include but are not limited to privileging of educational content from a White majority lens, lack of understanding and representation of students from different cultures and racial backgrounds, and academic systems of rewards that favor particular types of research as well as specific areas of inquiry (Wingfield & Adams, 2019). In sum, the lack of diversity within the academic social work environment has enormous ramifications for the profession as this affects students, the curriculum, academic policies, and research inquiry and knowledge building for the field. The question is—how can this be addressed? One way to do this is for PhD directors/program chairs to recruit and form cohesive cohorts that represent diverse ethnic and racial backgrounds, while also advocating for emerging areas of scholarship, as well as those in traditional fields of practice. (This work focuses on the recruitment of students for a PhD degree, however recruitment for students for the DSW degree is also of interest to many social work students and professionals seeking a higher educational degree.)

It is interesting to note, for as much as there is written about PhD programs, there is little attention to the undertakings of *how to recruit* a qualified entering cohort (e.g., Anastas & Kuerbis, 2009, Aubrey et al., 2016; Danso & Aalgaard, 2019). There may be various reasons for this. These include (a) competition for applicants keep program directors from discussing recruitment strategies, (b) recruiting applicants is done from another office or not part of the

PhD program director's role, (c) senior or esteemed scholars informally recruit applicants to the school and/or specifically to their research project, or (d) the reputation of the school attracts applicants. Of course, there may be other reasons as well. For instance, entangled with the issue of recruitment are the university admissions requirements, as well as those of the individual PhD program prerequisites. The main point is that the *recruitment process* of students to pursue a PhD has received little attention in the larger discussion of the lack of diversity among faculty in social work programs (Creedy et al., 1979; Francis et al., 2021).

Because there is scant literature about how PhD chairs/directors engage in the recruitment process (Chin et al., 2018), or the experiences of PhD applicants, this reflection includes a retrospective of the behind the scenes work and the lessons learned regarding the important process of recruiting a diverse group of students. In addition, this reflection speaks to the issue of cohort cohesion—how this important component helps to support *all* students and their academic success (Brady et al., 2015). Finally, this narrative focuses on the (not so) extraordinary story of three social work PhD students from the University of South Florida (USF) as they started their precarious journey into academia in a year many would like to forget ever existed. This diverse group of social work PhD students started their application process just prior to the January 2020 invasion of the COVID-19 virus in the US. Put together, this reflection speaks to the lessons learned about the recruitment process that precedes the start of the academic year, and the stories of a diverse and impressive PhD cohort.

Assuming the PhD Program Chair Role

Let's start at the beginning. Sometime in 2018, I (Dr. Fogel) received the “ask” to reinstate our PhD program. While this was an exciting opportunity, it certainly was terrifying as well. The beginnings of a PhD program certainly can provide many challenges. The increase to my workload, the need for curriculum development, and learning about university processes and procedures was at times overwhelming. In addition, the timing for the first cohort was Fall 2019, which meant a lot of the behind the scenes work that had to be done was occurring at the same time as recruitment for our first students had to begin.

What did I know about how to do this? I reached out to a PhD program director at another university for assistance with understanding how to begin recruitment and what I should be aware of. The PhD program director was very helpful, sharing marketing material and event planning information. However, recruiting applicants for a new program such as ours was going to be more challenging. There was limited funding for marketing and no time for planning a recruiting event. Instead, social media, listserv blasts, and local word of mouth were the primary tools used to promote the program.

In our school, the PhD committee is responsible for selecting candidates for consideration of an offer. Our committee uses a holistic approach to evaluate an application package. According to Francis et al. (2021), this method views each applicant independently of others, considering their background, non-academic and other experiences, and previous educational accomplishments as well as other required material. For social work doctoral programs, this is not hard to do.

Applicants reveal their individuality through their personal statement, writing sample, professional experience, interview procedures, and other informal interactions, including emails.

As the PhD chair, my role includes engaging with all applicants to answer questions, describe the program and requirements (What is a dissertation?), schedule interviews, and represent the faculty as well as the program. While these activities are geared to build a pool of applicants, I recognized early on that I am also building a relationship with each applicant. Through emails, conversations, and questions asked, it is easy to get to know quite a bit about the applicants: their reasons for pursuing the PhD, why now, past experiences, future goals, ability to deal with frustrations and accept critical feedback. This process of getting to know the applicant takes considerable time and is worth the additional effort. As I later reflected on this process, the ability to *build rapport* with each applicant became an important part of the recruitment process. This was an important first lesson.

While learning about an applicant's research interests and past professional experience helps to identify potential faculty mentors, assessing an applicant's fit with other applicants is also important. (Remember, not all students will accept offers of admission.) This informal assessment is also an important piece in the recruitment process that is often left unsaid. This is the second lesson learned. Knowing a bit about the personalities, past experiences, and research interests of the applicants are very helpful pieces of information to use to build and support cohort cohesion even before the students actually meet. It is very important that the PhD program chair is transparent and consistent with each applicant regarding program information, expectations, challenges, and opportunities. In speaking with potential applicants, this can be done by sharing—very generally—the interests of other applicants that may be similar to those of the applicant that you are speaking with. However, this must carefully be done without sharing personal information that can easily identify who may be applying to the program.

Starting out, our small Fall 2019 cohort was ready, capable, and diverse. Most applicants found us through our local marketing efforts, but other social media avenues led students to us as well. We all began this semester hopeful for an exciting experience that will begin the career trajectories of these new scholars as well as to help inform and improve our program and processes. However, the first year led to a few students leaving the program as they determined that this career path was not in line with their goals. As I learned, attrition is not uncommon in PhD programs, yet this was very disappointing. Their experience made me reflect on the recruitment process and identify areas to improve as well as lessons learned from the initial cohort recruitment. Two of these lessons are noted above.

What may not be apparent is that as the first semester was beginning for the first cohort, recruiting for the next cohort was also occurring! However, prior to starting this effort, the PhD committee took time to evaluate if our admissions procedures worked as intended, which was to admit a diverse cohort of students who will be successful in the program. The PhD committee also spent time reflecting on our first year of recruitment and the processes we used. We learned several things. For instance, it was important to ask specific questions during the applicant's interview about scholarly interests, professional plans, readiness for the workload, and scholarly product expectations. Many applicants were in desire of an advanced degree, especially to

advance their desirability to teach students. The resources from the Group for the Advancement of Doctoral Education proved to be very valuable to share with applicants, as this organization provides overviews of the doctoral programs, has resources that clarify what the difference is between the PhD and DSW, and offers applicants opportunities to see what doctoral students are doing.

Other important reflections for the recruitment effort included the importance of frequent conversations with me, the PhD program chair, by phone or email. The purpose of these conversations was to build relationships with applicants, but also set the tone and expectations for academic and professional success in the program. In addition, these conversations explored their research and personal interests in the program, expectations of other graduate students, availability of local social support networks, and interest in the social work profession, not just the degree. There were also a few other lessons learned related to how to run the admissions process in the school in coordination with the college and university, sources for student funding, and reviewing common applicant misunderstandings about how the process worked. Most importantly, we learned that students enter this advanced degree program with a great deal of variation in their readiness for the type of pedagogical models in PhD education. In our case, we endorse an apprenticeship model, also described as the “signature pedagogy” of PhD programs (Lyons & Doueck, 2010, p. 7).

As applications for the Fall 2020 cohort were received, we renewed our commitment to recruit a diverse cohort who would be successful in the PhD program. At this time, plans for a typical program start were in place and no one had heard of COVID-19. Then, we did. Even though we were virtual for the Spring 2020 semester, we continued with our recruitment efforts, improved by the lessons learned from the previous year, expecting a typical Fall 2020 experience for students. Despite COVID-19, our second cohort was an excited group of new, diverse students waiting for the Fall 2020 semester to begin. Our improved recruitment efforts paid off!

Here are the remarkable stories of the how this PhD cohort—the COVID-19 Fall 2020 cohort—managed the start of their scholarly journey—in their own words. Grit, resilience, diversity, and unknown (to them) commonality all combined to bring into view the future of our profession.

In the Beginning

In the Fall of 2020, Amy Nourie, Stephanie Rosado, and Shelton K. Gilyard, Jr. began their academic expedition at USF, each leaving behind a career and stable income to pursue their dreams of working in higher education. Stephanie relocated (again) from Philadelphia, PA, to sunny Tampa, FL, leaving behind her role as a supervisor in child welfare. Amy left her position as a supervisor at the Guardian ad Litem Program after working for 11 years in the Florida child welfare system. Shelton gave up his 20-year social work career in early childhood development and contract management to pursue that elusive PhD. For some reason, applying to graduate school at this time seemed the right thing to do. This feeling was only reinforced as the incoming cohort members quickly bonded. Although these three students came from starkly different walks of life, they “clicked.” Maybe it worked because the two former athletes (Shelton and Stephanie) had enough of a sense of humor and thick skin to deal with the (very)

non-athletic New Englander, Amy. Or maybe they bonded because Shelton's laid-back personality balanced out Amy and Stephanie's detail-oriented personalities.

Maybe they bonded because they were instantly referred to as the "COVID Cohort" and this automatically linked them together for having the courage to start a PhD program in the middle of a historic pandemic. Or maybe, just maybe, they felt safe—bonding because they knew that they could be themselves, their whole selves. No one really knows why they initially clicked (well, maybe the PhD program chair does), but the three students soon formed a tight bond of complete acceptance. Diversity was not an issue for this cohort. In fact, it created a sense of belonging. Here are their stories of why they applied and what they found.

Shelton

Growing up in a small northeast Florida town, a fifth-generation migrant farm worker, I realized at an early age that I wanted more for my life and that my dreams were bigger than my circumstances. I was no stranger to hard work and, by age 10, I knew what it was like to stack 50-pound bags of potatoes for eight hours and carry a basket of cucumbers across a 50-yard field for one dollar. With a sense of pride, a fierce work ethic, and a value for education, I earned my BSW and MSW from the USF School of Social Work program and dedicated my career to promoting the health and safety of children with disabilities. My experience serving children and families impacted by developmental disabilities, including those with autism spectrum disorders, extends more than 20 years, connecting research to practice, and funding to outcomes. I am a former Olympic level athlete, winning ten Olympic Weightlifting National Championships, five collegiate championships, and breaking multiple American records in my athletic career. I realized a lifelong dream of leaving the state of Florida to pursue Olympic aspirations, as I was invited to the Olympic Training Center in Colorado Springs to prepare for the 2004 US Olympic Weightlifting Team Trials.

Although a doctoral degree was always one of my goals, participating in the Multicultural Mental Health Training Program was the catalyst for pursuing a PhD. This fellowship program, funded through the Florida Legislature, aimed at increasing the number of ethnic minority mental health professionals in the state. This provided early exposure to my understanding of the importance of more minorities, particularly Black males like me, to engage in empirical behavioral research. After reaching out to another career-long mentor, I applied to the USF PhD program. After my acceptance, I met two of the most dissimilar individuals who also were deciding to pursue doctoral degrees in the midst of a global pandemic. I knew right then this decision was the correct one. The "COVID Cohort" is the nickname that we became known as, and we planned to realize this journey together.

Amy

I always identified as a social worker but, without a BSW or MSW, could I actually say that I was, in fact, a social worker? After working full-time and attending a rigorous, online master's degree program in Family, Youth, and Community Sciences, and still remaining at the same job in child welfare, with the same issues, and the same pay, I realized I needed more. Maybe I was

no longer needed on the front lines of child welfare and, instead, would be more useful in research and academia. Although obtaining a PhD was always a goal in the back of my mind, I didn't think it was ever really a possibility. Yet, I applied to PhD programs in social work, and was accepted at USF.

After making the difficult decision to leave my stable job, with a steady, though relatively small, income, I began my PhD journey in the Fall of 2020 ... in the middle of a pandemic. The most amazing thing happened within just a few months of starting school. Yes, I took some great classes and met some helpful and remarkable professors. But the best part of this entire process was the immediate bond I felt with my cohort. There are only three of us and we are very, very different, from unique points in our lives with incredibly distinct research interests. Somehow, though, we clicked. I am a very guarded person and don't let people in my bubble without a long period of testing. Despite this, the other members of my cohort seem to accept me and I, in return, accept them and trust them unconditionally. For some reason, they encourage my wild fantasies about saving the world and using critical feminist and queer theories to explain the downfall of the child welfare system and how to fix it. It's almost as if this is actually where I belong.

Stephanie

I am an outgoing Latina with a big voice and an even bigger heart. I am prideful of my upbringing and take every chance to share that my hometown and humble beginnings in the poverty-stricken urban city of Pontiac, MI, commenced the building of my resilient nature. Pontiac and my environment made me value education as I knew it was my ticket out of the "hood." As an adolescent, I found basketball and knew that coupled together, basketball and education, would surely take me far as long as I put in enough hard work. Throughout my educational and sport journey, I knew that I wanted to contribute to the greater good and make an impact for someone in need.

I played division I college basketball and also played professionally overseas. I led the Puerto Rican Women's Olympic team to their first gold medal in the 2010 Centro Basket Caribbean Games. However, my athletic career was plagued with injury and a host of other vulnerabilities. My athletic career ultimately ended because of double knee reconstructive surgery. After some career transitions and trial and error, I discovered my niche and career aspiration in social work with an emphasis on sport social work.

My interest in sport social work began as an MSW candidate at the University of Southern California. There, I became an executive committee member of the Alliance of Social Workers in Sports and published an op-ed titled "Student Athletes Deserve Mental Health Care Access" in the Fort Wayne Journal Gazette (Rosado, 2018). I understand firsthand that athletes are more than the physical characteristics associated with peak performance. Furthermore, especially for minority athletes, I know that sport is oftentimes a feasible route to higher education and attainment of a decent career that would otherwise be unavailable to them. I am amazed that like me, so many other athletes, although vulnerable, have been able to overcome their own circumstances and contribute to the greater good. Athletes throughout history have bypassed risk

factors, and changed the trajectory of their own lives as well as their communities, by utilizing sport as a catapult to change their circumstances.

I decided to pursue my PhD at USF with intentions to contribute relevant evidence to sport social work literature as a way to promote sports as an intervention for social change and well-being. I also want to inform best practices for the mental health of athletes. I was led to USF through the advice of a long-term mentor. I was made aware that USF embraces diversity, welcomes novel ideas, and would be a great fit to continue my professional development. My application, interview, and admission process for the PhD were quite unique in that they occurred right before the coronavirus pandemic. I relocated from Philadelphia, PA, to Tampa, FL, in the midst of the pandemic, led by faith and optimism. Something just felt right about it. My gut-feeling did not let me down as I quickly bonded with faculty and cohort members.

In Less Than 365 Days

There has been a lot of attention focused on the impact of COVID-19 on the typical college-age student (Lederer et al., 2021; Scheffert et al., 2021). However, less attention is paid to the adult learners who were entering universities during COVID-19. Like other students, these new PhD students had to begin their PhD program using virtual technology for everything: courses, meeting their peers, engaging in university activities, and functioning as independent learners more quickly than expected. These students did not have the typical informal opportunities to meet other faculty and establish formal and informal relationships. The usual pedagogical model for engaging PhD students in professional socialization was thrown away as everyone—faculty, students, and administrators—were working day by day to ensure safe, supportive, and personalized attention was given to all.

After a year in the program, the meaningful learning experience of the COVID-19 Cohort is revealed by the clarity of what they can now articulate as the focus of their work. A significant contributor to their success *was* their diversity and appreciation of each other's strengths, areas of differences, and struggles, while recognizing their common goal to obtain their PhD. Their group dynamics of support, respect for the individual, and honest constructive feedback demonstrate that what can bind groups together is less about their differences, but more about what they want to contribute to others.

Building this cohort cohesion is certainly an unspoken issue in this process (Brady et al., 2015). The chair of the PhD program can play a huge role in creating this sense of community. However, not enough attention has been paid to how the PhD group dynamics contribute to the successful outcomes of PhD students. This is unfortunate as it was and it is this important element—the cohort cohesion of the COVID-19 class—that has pulled and pushed these three diverse scholars towards clarity of their research and self-assuredness of their place in the academy (with a little help from their PhD program chair). Here is where they are now.

Shelton

My research is in the area of behavioral health with an emphasis on health disparities and access to early screening, navigation, and resource linkage among children and families impacted by autism spectrum disorders (ASD). At this time, male children, and more specifically Black male children, are most likely to be diagnosed with this condition after a school referral (Sheldrick et al., 2022). This means that early services and supports to help children develop social skills and intervene in family issues are thwarted by a delay in the diagnosis (Elder et al., 2017).

Furthermore, there is no indication that the prevalence of ASD is on the decline nor the complex behavioral health needs of diverse communities particularly in the projected post COVID-19 era (Maenner et al., 2021). The intersection of screening for autism spectrum disorders and the use of e-health technology such as a chatbot to aid in the early access of behavioral health services among minority families is an area that needs to be investigated. The use of chatbot technology among mothers of children with ASD has enormous social and health implications for early detection among children and parental education related to this condition. My research will add to the body of knowledge on the use of technology for raising autism awareness, and potentially influence policy around delivery of services to children and families impacted by autism spectrum disorders across service systems.

I recognize that we are in a transformative period in our nation's history. The imperfect history of our country, the awakened cultural consciousness, and the recognized need for change: Our cohort exemplifies the kind of purposeful efforts necessary to unpack system barriers to a diverse academia. The need for research and expanded knowledge around the complex social challenges within communities of color is long overdue to foster a stronger society. These complex research questions need to be explored and answered from an inclusive perspective of a social scientist more representative of the diverse society in which we live.

Amy

As a teenager, my goals were large, grandiose, and probably unobtainable. Specifically, I wanted to save the world and make it a better place for everyone. Now, as a PhD student doing research, with years of child welfare experience under my belt, I'd have to say my goals are pretty similar to the goals of my younger self. Though I still want to save the world, as many social workers do, I think my understanding of what saving the world looks like has changed. Maybe I cannot completely end child poverty or eliminate sexism or racism in America on my own, but I can have a lasting impact on these issues through my research and publications. I can also impart my wisdom and knowledge of social justice issues onto new social workers as a teacher at the college level. I want my impact in the social work academic world to be the same as my non-academic life. Specifically, I want to be a good mother, wife, daughter, and friend who advocates for radical changes in unjust, unequitable, and unfair policies and systems across the globe.

So, yes, I still want to save the world, but I have a greater understanding of what needs to be fixed and how to begin the process. I want the world to be a more just and equitable place for all, and I want to empower future social workers to also strive for these big goals of justice and

equity. As a cisgender white woman (among several other intersectional identities), I understand that I have an incredible amount of unearned privilege. Rather than focus on the guilt I feel for having this privilege, I, instead, choose to focus on action. The question is not, what *can* I do, but what *am* I doing and what will I continue to do. I will continue to be actively anti-racist and advocate for racial equity in my research and academic writing. I will continue to promote a more diverse social work environment, especially in management, leadership, and academia. I will continue to use a feminist, queer, and intersectional lens in all my work and writing, unapologetically. I will especially continue to uplift my fellow LGBTQ+ community members because life is so much more fun and beautiful with rainbows and cats.

Stephanie

The research interests that I came into the program with are now more specific and specialized. They still consist of helping people, sport social work, addressing vulnerabilities, and making a difference within communities of color. However, these research interests are now research areas: They are now doable, researchable, and clear. This was done through constant mentoring from faculty, research advisors, and peer mentors as well as the active role and genuine interest in my success that was taken by the program director. Now going into my second year, when someone asks that question that I once dreaded and took 10 minutes to answer, “What’s your research interest or area?” I can confidently say, “I am interested in addressing osteoarthritis, a health disparity that largely impacts communities of color. More specifically, I’m interested in the biopsychosocial effects of the disease and its impact on young adults, such as athletes and others young groups.” BOOM! Two sentences! Honestly, the first time I was able to just spit those two sentences out fluidly and without skipping a beat, I felt so proud. I attribute this to the mentoring that I received in my program which stretched me, challenged me, and continues to develop my critical thinking capabilities.

I am still figuring things out as far as what my future will look like. As a perfectionist and goal-oriented person, this only exacerbates my anxiety. But somewhere, deep inside, where I can’t even see right now, blinded by my doctoral studies, I know that my future entails an eclectic career full of teaching, being a life-long student, and being an advocate for the unique subspecialty of sport social work. I am sure that I will have my hands in multiple pots and wear multiple hats, so to speak, but I would not have it any other way. One thing that everyone knows about me, and that has been apparent from all the reflections earlier, is that I am always willing to get my hands dirty, help out when I can, try new things, and be the first to dive into learning a new skill. I guess I see my future as an outgoing explorer of the academic realm and the world at large, but also as a person who wants to use my eagerness to learn, bravery, and eclectic skillset to make a better path for those coming behind me.

Recruiting Forward

There was a meaningful, transformational process that occurred in this cohort. Faculty and course content moved these students into new ways of critical thinking. However, this group held each other together. Their experience was not without the typical pressures one may expect when entering a PhD program—and that does not even include dealing with COVID-19.

Instead, upon reflection, it was their differences—and their recognition of these differences—that helped them be supportive of each other and push on through the “pain” of a PhD program.

As PhD program chair, I (Dr. Fogel) am watching this process and continuously reflecting on what is making this cohort work and what did I learn from this class because—as they were in their first semester—I am in the process of recruiting for the next cohort. While I am doing this, the PhD committee is also reflecting on what research interests, skill sets, and other factors will influence the selection of applicants offered admission to the program. My biggest lesson should not surprise anyone. I remain convinced that it is the diversity within the cohort that dismantles the competition, fears, and doubts often found in groups of students pursuing intense, advanced work. Experiencing the dynamism of this cohort was instructive for recruiting and selecting applicants for our next PhD cohort: Fall 2021. A small, diverse group of students accepted the offer to join our PhD program. They too are from under-represented faculty groups in the social work academy. And already, this group has formed a bond with each other, as well as with the previous cohorts.

Conclusion

Soon, these students will be seeking academic positions. There is no doubt that these future scholars will continue to diversify our field and be influential to our scholarly thoughts. Recruiting for PhD programs is an understudied area in the larger conversation of diversity in the social work academy. More specifically, examining the role of the PhD program chair in the process of recruiting diverse cohorts is vital and needs further study. In the meantime, there is a need for action among PhD programs. PhD programs can and should evaluate their educational content and administrative practices and demonstrate efforts to implement the recommendations noted in the Group for the Advancement of Doctoral Education in Social Work’s (2020) *Statement on Anti-Racism* as we move further into the 21st century. And if anything is clear, it is the diversity of the cohort—characteristics, as well as critical area of interests—that builds opportunities to further the conversations about creating inclusive educational environments and scholarly content that is reflective of our larger society. This is how the academy will change.

End Note

All paths, plans, opinions, and academic development statuses detailed for this cohort are as they were at the time of writing in 2021.

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Conquering Chaos: Critical Reflections of Beginning Doctoral Education in 2020

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Abstract: In a time of the COVID-19 pandemic, civil unrest, and the tumultuous 2020 presidential election, our first-year PhD cohort reflects on beginning doctoral education. This collaborative autoethnography provides insight into our lived experiences during this time. Three major themes identified include: (1) unprecedented socio-cultural, economic, and political national context; (2) interpersonal connections with students and faculty; and (3) strategies to overcome challenges. Strategies include staying connected virtually, making the most of face-to-face time, meeting with professors during office hours, normalizing feelings of uncertainty, and asking for help. Implications for students and faculty are discussed in the forms of consistent and transparent communication. Ultimately, it is our hope that the critical reflections shared will be able to assist students and faculty in gaining insight into overcoming challenges in times of uncertainty beyond these specific events.

Keywords: COVID-19 pandemic, doctoral education, social work, collaborative autoethnography

Introduction

The COVID-19 pandemic has been described as a catastrophic event that caused the academic system to struggle while grappling to regain a sense of normalcy (Blankenberger & Williams, 2020). An international study by Aristovnik and colleagues (2020) found students were most concerned about the future of their careers, leading to anxiety and frustration. They also found that “male, part-time, first level, applied sciences [students], [with] a lower living standard, from Africa or Asia were generally more strongly affected by the pandemic since they were significantly less satisfied with their academic work/life” (Aristovnik et al., 2020, p. 1). Furthermore, women, non-Hispanic Asians, those in fair to poor health, low income, and those who knew someone with COVID-19 reported having higher levels of psychological impact (Browning et al., 2021). Female students studying social sciences, working full time, that had not lost a student job due to COVID-19, and without financial problems, appeared to be more satisfied and positive during this time (Aristovnik, 2020). In addition to student impacts, resource strain experienced by academic support systems themselves caused by budget cuts across the board in higher education led to declines in research, student funding, and staff capacity (Blankenberger & Williams, 2020; Johnson et al., 2021). The uncertainty created by the pandemic caused the machine we know as academia to come to a slow and grinding halt, as decision-making became cumbersome due to limited and changing information being provided across media and government sources (Nagler et al., 2020).

In addition to the COVID-19 pandemic, tensions around police brutality were also foremost thoughts in the minds of college students across the nation. The brutal murders of African American woman Breonna Taylor on March 13, 2020, and African American man George Floyd

on May 25th, 2020, spurred social action by Black Lives Matter protesters along with other advocacy groups (Davalos et al., 2020; Nguyen et al., 2021). A recent study conducted with over 100 college students found that witnessing events of police brutality on mediums such as social media caused students to experience symptoms similar to those of post-traumatic stress disorder including anger, sadness, and fear (Campbell & Valera, 2020). Various academic institutions responded by communicating messages of solidarity and racial justice, holding webinars, starting research initiatives, and launching the recognition of Juneteenth as an academic holiday (Hadden, 2020).

Along with anxiety surrounding the pandemic and a new reckoning with social justice, there was the 2020 presidential election. Robocalls, home visits from campaign workers, and media overload were an added layer of worldly chaos experienced by students during the 2020 Fall semester. Immediately following the election, the nation seemed to come to a standstill as a debate over the validity of the election took place. Tensions rose and anxiety set in as the country awaited the final turnout to be provided. An article from the Washington Post captured student sentiments around the election as creating a sense of confusion, apprehension, nervousness, and fear (Lee, 2020). Furthermore, terms such as “Trump stress” and “Trump-related distress” to describe student reactions such as anxiousness specifically for those students who identified as part of a marginalized group had begun to appear in scholarly literature (Albright & Hurd, 2020, 2021).

Cohort Context

Our cohort, decidedly named “Justice League,” consists of a group of diverse students who began the first year of their PhD program in the fall of 2020 in the field of social work. Each member of this cohort possesses a unique personal background. Jana Woodiwiss identifies herself as a Latina, mid-30s, first-generation immigrant, Christian, heterosexual, divorced, and a mother of three. She was adopted and raised within the Southern culture of the United States and identifies as a member of the lower-middle class. She believes her background and experience in life and practice have influenced her constructivist epistemological stance. Brian Graves, the lone male student in the program, is of both Caucasian and Korean descent. As a racially mixed man in his mid-20s who was raised in the lower-middle class of the American South, he possesses a blended cultural background and is a first-generation college student in his family. He holds a post-positivist epistemological lens to research. Fahmida Afroz, the only international student within this cohort, is from the South Asian country Bangladesh. Her religious beliefs and cultural orientation are different from all other members of this cohort. In her home country, she belongs to the middle-class of society. As a growing scholar, her epistemological and methodological approach to research is influenced by post-positivism. Jennie Pless identifies a white lesbian woman in her mid-twenties who grew up within the lower-middle class in the Southern United States. She tends to hold a constructivist epistemological lens toward research. The final member of this cohort, Kasandra Dodd, identifies herself as a heterosexual, Christian, single, African American female, and has experienced various levels of social class throughout her life. Along with two of her other colleagues, she too holds a post-positivist epistemological approach to research. While talking about herself she mentioned:

I am the only African American woman in my cohort: the oldest, most professional experience, and except for my international accomplice and colleague, the only one who has lived for several years outside of my home state of Georgia. I am at a pivot point in my career, not the beginning. I feel non-traditional in every sense of the word and a sense of purpose in coming home.

In terms of class structure, waivers were provided to some professors to teach online due to the COVID-19 pandemic. This was one factor that led classes to be held in a combination of in-person, hybrid, and fully online instructional formats initially. Onboarding and orientation activities were held online. Zoom was the primary meeting platform used for online instruction throughout the semester. In-person class sessions were held at the school's social work building, where precautionary measures such as social distancing, mask requirements, and sanitary wipe-downs before and after using all working spaces were enforced. Students participated in a total of four classes their first semester, and each student was additionally paired with a research mentor as a graduate research assistant. Assistantships were completed in a mixed modal format depending on each student's individual agreement with the professor they were working with.

With the pandemic looming over our daily activities, our social justice-minded cohort became focused on racial injustice at a national level. For over 40 years, social work's role in police brutality has been questioned and called for throughout scholarly publications (e.g., Banks, 2016; Ellis, 2011; Wilson & Wolfer, 2020). For cohort members that had been practicing in the field, there was a "boots on the ground" mentality that led us to want to take action, protest, become active in the community, and find what we saw as tangible ways of making our voices heard. Although, the time commitment of the doctoral program—specifically in the first year—became a barrier to doing this. As we discussed actionable steps we could make within the realm of academia, we were encouraged to use our writing as a form of action, hence this study. Places of reflection, such as Integrative Seminar, became a sounding board for our thoughts and feelings around issues related to the pandemic, police brutality, and the pending election.

Narratives used for this study were obtained from each of our autoethnographies (e.g., Ellis et al., 2011) which encompassed material from individual weekly journal submissions throughout the course of the semester during Integrative Seminar class. This class was led by the PhD program director and academic advisor for our first two years of the PhD program. Excerpts from each student's autoethnography were used to create this collaborative autoethnography which provides insight into our experiences within the context of the program, the school, and the culture of academia. Themes from our individual autoethnographies were utilized to develop three general themes. Using thematic analysis, we worked together to develop a grand narrative to further present our experiences.

The goal of this paper is to inform fellow doctoral students and social work educators about this cohort's shared experiences of entering a doctoral program. Additionally, how we overcame the challenges and complexities of beginning our journey of becoming social work scholars in the context of the COVID-19 pandemic, with racial tension brewing as a result of social injustice and the chaos of the 2020 presidential election, will be discussed.

National Context

Undoubtedly, the first theme to emerge from our autoethnographies was starting the doctoral program during the COVID-19 pandemic and tumultuous national social context. As previously mentioned, an unnerving culmination of the global pandemic, civil unrest, and a controversial presidential election created a unique sociocultural and political context during the fall of 2020. Brian shared, “Following quarantines, lockdowns, and closures during the spring and summer, the academic term at universities nationwide was in a state of flux. For many people, there was a ‘new normal’ that required getting used to.”

Indeed, the pandemic resulted in an uncertain period for those attending universities. The more typical adversities that come with entering a PhD program, such as the workload and intellectual growth, were confounded with virtual classes, social distancing, and the ever-growing uncertainty as to what would happen from one day to the next, as described by two students:

As an initial start into the semester, the first field journal prompt was, “how do you feel you are adjusting to year one in the PhD program?” This was answered by feelings of uncertainty due to the COVID-19 pandemic, which started in the United States in March of this year, hesitation about meeting workload expectations, and getting acquainted with my professors and other students in my cohort. (Jana)

I started this PhD program amid a pandemic situation which made socialization more difficult for all of us. Even in the class we had to maintain social distance and follow safety guidelines that never allowed us to spend time together. (Fahmida)

This period of uncertainty paired with obstacles to connection-building resulting from the pandemic, social separation, and virtual formats led to feelings of anxiousness and disconnection. From Jennie’s perspective, “We did not have a non-COVID point of reference for doctoral education.” Kasandra noted, “I honestly do not know if the stress and anxiety are more heightened due to the pandemic because at this juncture, this is all I can reference as a first-semester student.”

In addition to the pandemic, civil unrest was pervading the streets nationwide in response to the highly publicized and controversial killings of Breonna Taylor and George Floyd by law enforcement earlier that summer. The resulting protests, riots, and calls for reform posed serious questions and concerns for the field of social work as well as for first-year doctoral students. Kasandra pointed out, “The Black Lives Matter Movement has forced the Social Work profession to confront racism within the field and within the profession.” Jana felt this critical reflection should prompt large-scale re-evaluation and changes to the field of social work from within: “The radical social injustice occurring, accepted, and even being solicited at the administrative level may cause social workers to re-evaluate the current paradigm (person-in-environment) and incorporate a social justice-based paradigm to increase the efficacy of practice, research, and education.”

The third component shaping the national context was the political landscape that saw an emotionally charged presidential election in November of 2020. Some cohort members felt completely distracted by the political spectacle while others felt emboldened in their academic endeavor.

In the weeks leading up to and during the week of the election, the topic dominated day-to-day discourse and deeply rooted itself in the inner realms of my mind like a rapidly growing seed. I constantly wondered what the defining moments from this election presently taking place would be remembered as years from now and how this will shape the politics of a new decade. (Brian)

Social work is political, and the field's relationship with politics may be more apparent now than ever. This is seen in both the racial tensions that seem to be coming to a head, and with a president who is challenging some of the most fundamental rights of our citizens, including the right to vote. This is a reminder of the importance of our work. (Jana)

Aside from the national context serving as a distraction to completing assignments, which was certainly the case most of the time, this perfect storm of national adversity was a prime reminder that this intellectual pursuit to help shed light and formulate solutions to social issues is a venture most needed. (Jennie)

Jennie reflected that the whirlwind that shaped the fall of 2020 certainly created a tumultuous period of uncertainty. Despite this, we were able to recognize and manage the unprecedented challenges faced as well as learn to see the silver lining through it all. "The contradictions I encountered throughout this semester in the School of Social Work during an election year and a pandemic created this space for me to analyze my own self and where I fit in this new culture." She also stated:

My cohort affectionately named our experience "The Struggle Bus." I selfishly felt some comfort that my colleagues who had recently finished school experienced the same difficulties while juggling demands and producing quality work. To ask more of myself daily was no easy task. That coupled with the world in chaos as we work through an international pandemic.

Interpersonal Connections

Crucial support came from interpersonal connections with each other and with faculty members. These connections were not made without some difficulty, but ultimately proved to be key in navigating our first semester successfully. The social distancing practices that became the hallmark of the COVID-19 pandemic created unique difficulties for this group as they worked to integrate themselves into this new social environment.

It is difficult not to be able to truly socialize with classmates. While we can talk over Zoom and from six feet apart in some classes, we are not able to go out to lunch or coffee on breaks, or any of those other informal interactions that help to form connections between people. (Fahmida)

Not only did we enter the program expecting to bond with each other, but with faculty members as well. Barriers to socialization with each other prevented similar interactions with faculty in the same way. Kasandra explained, “As personable as our professors have been, we all missed the experience of bonding with each other and other faculty members.” The pandemic restrictions heightened the already stressful process of getting to know new people, even more so for students who hold cultural and language differences and were already worried about navigating those differences while forging new relationships. From an international perspective, Fahmida noted:

Limited knowledge about American culture and the cultural differences I have with my other classmates sometimes makes socializing challenging for me. The concern of not doing anything culturally inappropriate to them also has sometimes held me from socializing with them. My limited English language skills have always been an obstacle for socializing with American classmates, even when I was a master’s student.

Despite limitations, we did create a bond that proved to be a huge help for each of us individually. Jennie elaborated:

Despite these limitations and challenges, I would say I could develop a sense of belonging with my cohort members as we all went through this together and could build a support system that I believe will get stronger in the future.

Cohort connection is especially important in dealing with feelings of isolation that both the pandemic and any doctoral program can bring. Coming together to mitigate some of the stressors of doctoral education was exemplified by communicating needs as a group. For example, during a particularly stressful time, we came together to collectively ask for an extension on an assignment. In reflection of our efforts, Jennie also shared:

Embarking on a PhD is primarily a self-driven effort that can produce feelings of isolation and disconnection as opposed to the undergraduate experience. Countless hours spent separately reading, writing, and staring at a laptop screen can make you feel like the only person in the world going through that experience. Given the increased feelings of isolation, a higher level of importance is placed on building relationships with fellow cohort members to create a shared atmosphere of understanding that we are all going through the same academic challenges.

Through this isolating process, we found comfort in knowing that there were other people around us who were going through those same feelings and struggles. We were not alone. We had each other. While the lack of ability to truly spend time together hindered fostering those cohort connections in some ways, it also created a common experience between us all. No one

else in the world began a social work PhD program at this university during this unprecedented time. Fahmida reflected, “So, in short, this journey cannot be made alone, and the support of my colleagues and fellow accomplices is not only essential but has been an added blessing for us all during this crucial period in our lives.”

In addition to connections with each other, faculty mentorship and connection proved to be a tremendous support. This support came in the form of flexibility, encouragement, and sharing their own experiences. The genuine feeling that faculty understood and respected our individual lives outside of the program was invaluable. Professors made as many accommodations as they could to ensure we were still able to get the most out of the semester, despite near constant chaos going on around us. Furthermore, professors were transparent about their own experiences and struggles, and invited us to share our thoughts far beyond basic course material. This included creating space to be open about the anxieties the current socio-political context created, as well as the typical anxieties one might expect from beginning a doctoral program.

Each of our instructors has been extremely open about expectations, and honest about the aggregate feeling around the uncertainty regarding how we will meet due to the COVID-19 pandemic. They were also open in discussing how racial tensions in our nation may trigger some of us, and how we can feel free to openly share our concerns in class, with them during office hours, or with the student support center. (Jana)

We felt the support and encouragement received from both each other and faculty members was vitally important. Kasandra described, “[One professor’s] ‘it can be done’ attitude was encouraging and reaffirming.” Two professors candidly shared their experiences of the 2016 election. They were open and transparent about some of the difficulties they had experienced and shared some insight on what may arise for us both personally and professionally based on the election outcome. During one class, we were all asked to reflect on what we would do when election results came back, and how it may impact our individual areas of interest. We all came to the PhD program to advocate for a specific population through research. Identifying how that group may be impacted by either the existing or a new administration was concerning for all of us. We were surprised to hear from one of our professors that they themselves would set out to protest if election results were not accepted. At that moment, we bonded and felt supported. We felt camaraderie, and most of all we felt glad that our values were shared by our instructor. The shared experiences with each other, and flexibility and encouragement from faculty embodied the sentiment of being in the right place, at the right time for us all.

Strategies to Overcome Challenges

All the cohort members wanted to succeed in the program, but this was new ground. There were no rules or instructions on matriculating through a PhD program during a pandemic or national state of emergency. Attending an already rigorous and intensive program was new territory within itself. Developing methods to adapt proved to be needed and necessary to move forward, and in many ways, became instinctive. The human need for connectedness during a crisis showed itself in various ways during our experience. This section discusses a collective summary of some of the techniques that helped us progress through the semester.

Staying connected virtually took effort, but it was critical in maintaining the support system we needed as we were acclimating to doctoral studies. To stay connected, we formed a group chat via text, attended monthly Virtual PhD Student Happy Hour sessions created by student members of the doctoral program committee, and checked in with each other via text or call on assignment completion. As odd as it seems, a funny GIF in the group chat at midnight when we were all up working on projects went a long way. Fahmida's reflection regarding virtual connectedness entailed:

Knowing the fact that we all are in the same situation due to COVID-19 helped me connect with my cohort. The group chat made it easier to communicate with each other as well as to feel connected to each other. Additionally, while doing the school projects, especially statistics assignments, I reached out to my cohort members which eventually made me feel like I was bonding. I did most of the classes online. When anyone joined online for any reason that also made me feel happy and connected.

Flaherty (2020) highlighted a study examining faculty mental health during the COVID-19 pandemic, showing data indicating higher stress levels, faculty struggling with online teaching adaptations, and secondary trauma. University of Georgia traditionally offered its PhD curriculum in face-to-face classroom settings. To reformat teaching methods with little notice or preparation seemed to be taxing for professors and staff.

To make the most of limited face-to-face time, before or after the classes we did have together, we arrived early to meet with our cohort. While it was not much time, we were able to make the most of it. We put effort into arriving early, which gave the group a sense of solidarity and respect. We used this time to discuss classwork, vent about the madness going on in the world, and check in with each other. Brian shared his view about connectedness and the classroom experience:

There was limited connectedness due to COVID-19 and the virtual format, but we were all going through the same unprecedented situation, so the patience, understanding, and willingness to find different ways to connect was useful. Certainly, support is vital to getting through a PhD program under normal circumstances, let alone what we are going through.

Meeting with professors during allotted office hours (and beyond) proved an important strategy to stay connected with them, as well as to obtain information about their existing projects and research opportunities. Jana stated:

[Our instructors] have been open in discussing how racial tensions in our nation may trigger some of us, and how we can feel free to openly share our concerns in class, with them during office hours, or with the student support center. This held true for the duration of the semester in discussions with instructors during and after class time, and even in more discussions which were scheduled.

Jana also decided to refocus and cope by joining a protest against forced sterilizations being performed on Latin American immigrant female detainees in a South Georgia detention facility. She also engaged in research with an organization that works with mixed-status families separated by detention or deportation. Bowe and colleagues (2021) discussed in their research the mental health and well-being benefits of giving back, especially during a crisis. They argued that volunteering or supporting a cause-built community's cohesion can also reduce the anxiety of the person providing support. With advocacy being one method of refocusing, we all normalized feelings and asked for help when we needed it. Kasandra shared:

My anxiety level during the pandemic was at an all-time high. Starting an academic program in the middle of the pandemic and so much racial tension only heightened it. Learning to ask for extra support from my department and attend to my mental health became necessary.

Learning to address anxiety, attend to our well-being, and identify the “contradiction” of the unknowing scholar in embracing our lack of knowledge, all culminated during this period. Imposter syndrome and the questioning of belongingness were also factors. Jennie shared:

Embracing the contradiction of the unknowing scholar was important for me in being able to feel a sense of belonging. Before understanding that other people in academia felt this way, it felt like maybe I just didn't belong. I think this may have related to my cohort members and our interactions because it helped me to realize that no one has it all figured out. Coming into the program, it felt like everyone else had it together, and I just slipped through somehow. So, learning that other people feel this contradiction helped me to feel closer to my cohort and to really see that we were all on the same (or very similar) page.

In hindsight, many of the strategies we used were more instinctive than intentional. For future students who may find themselves in unpredictable environments, developing intentional strategies may prove beneficial not only for the students but also for whatever program they are a part of, as the success of any program depends on the students' success.

Implications

Through shared experiences and reflections of progressing through the first year of a social work doctoral program during a pandemic, we learned a great deal about managing stress and overcoming challenges in academia during periods of uncertainty. From the challenges themselves to the stress-mitigating and support-maximizing strategies utilized, doctoral students at any stage of the process and faculty may learn from these experiences to better prepare for the next period of uncertainty. Thus, this section will provide recommendations for both students and faculty to best enable a supportive academic environment that facilitates success during times of instability.

For Students

In periods of uncertainty, relationship-building and forming peer support systems are crucial in reducing feelings of isolation (Wang & DeLaquil, 2020). In our case, we were physically divided given the virtual format adopted during the pandemic, which meant we had to consciously find novel methods to form relationships with one another. While virtual conversations laid a foundation, some classes were offered in-person which allowed us to utilize some face-to-face time. Additionally, normalizing each other's negative feelings during periods of instability provided comfort and understanding. In line with normalizing feelings, it is also recommended that students acknowledge and embrace the differences between each other in the cohort. Each student brings something unique to the cohort and each student possesses different strengths, which can be utilized to the benefit of the entire cohort. If one student excels in writing but another shines in statistics, students should work collaboratively to benefit all involved as they engage in the research and the publication process.

When building relationships with faculty, students should take responsibility for informal mentorship and asking for help when they need it (Wang & DeLaquil, 2020). For our cohort, it was especially important to have ample opportunities to connect with faculty members, whether they were our current advisors or not. The openness and willingness of faculty to have one-on-one meetings with students led to new insights and oftentimes opportunities to collaborate, which was essential for us as growing scholars. Branching out by sending an email, attending office hours, and scheduling Zoom conference calls are all appropriate methods for enhancing informal mentorship. Proactive efforts with faculty were almost always rewarded with stronger connections, a sense of support, and shared compassion.

For Faculty

Faculty members looking to create a supportive environment for students in times of instability should begin with exhibiting compassion and understanding for doctoral students. Indeed, faculty members who were flexible and understood their students as individuals who will one day likely become peers, as opposed to viewing them as subordinates, were the most helpful. Getting to know students beyond their research interests and remaining empathetic to various life circumstances demonstrated a genuine care for the students as people, which provided much-needed support in our eyes. One instructor even invited our cohort to their home for a socially distanced lunch and conversation following the final class meeting. This allowed for invaluable connection forming and an opportunity to get to know each other better. To note, over some amazing fajitas, it was also the place we decided to write this collective autoethnography.

Instructors who were both receptive and adaptive to student learning needs were able to effectively teach in hybrid formats with both in-person and online modalities. Responding to the explicit needs of the students made the unprecedented educational period transition seamlessly into a productive space for learning, regardless of format, and made us all feel a little more normal. Above all, compassion, flexibility, and transparency from faculty were instrumental in

making us feel welcome and needed in the culture and space of social work academia during a time of uncertainty.

Finally, we recommend that faculty and university administrators prioritize clear communication and active efforts towards public relations. Aristovnik and colleagues (2020) found that university faculty and staff's public relations was one of the largest forms of support for students during the pandemic. Our experiences were consistent with announcements put out in the dean's weekly digest updating us on the latest developments about the pandemic, university efforts, and other political and social matters. Additionally, we received time-specific announcements from the dean regarding election results and trial verdicts that encouraged students to take time, reflect, and reach out for supportive resources if needed. These consistent reminders of alignment within our school administration were a grounding reinforcement for us.

Conclusion

Throughout our first year of the doctoral program in the field of social work at University of Georgia, a Research I University, we experienced great uncertainty due to the COVID-19 pandemic, racial tension, and political tension as a result of the 2020 presidential election. In acclimating to the pressure of first year of doctoral studies, we became each other's lifelines. Staying connected virtually, making the most of face-to-face time, meeting with professors during allotted office hours, getting active in the community, normalizing feelings of uncertainty, and asking for help when we needed it became our strategies to manage the stress and challenges we faced during our first semester as a cohort. The roots of acceptance and normalization of uncertainty, in addition to a problem-solving focus, may be due to our post-positivist and constructivist lenses (e.g., Al-Ababneh, 2020).

The role of our instructors and administration was also key in bolstering our aim to remain grounded throughout a very chaotic time. Their transparency, clear communication, and candor created a sense of trust and assurance which was needed during this period of uncertainty. They were consistent, aligned, and honest when they did not know the answers to our endless questions. This made a difference for us. It is our hope that this collective autoethnography will provide students, faculty, and administrators with detailed insight to our experiences, as well as assist in navigating challenges during uncertain times.

Final Thoughts

Justice League made it through what had the potential to be an anarchic first semester. In reflection of our experiences used to create this collective autoethnography it is with the understanding that the strategies implemented were the result of a supportive and nurturing learning environment. We also found that dedicated effort from our cohort to support each other was critical in our collective success. Being willing to show up for one another even when we ourselves were drained, disoriented, and fatigued due to rigorous classes and the utter madness we knew as 2020, highlighted the solidarity of who we were becoming as a cohort. Our relationships are what kept us engaged, and we are pleased to say are still a large part of our strategy in pursuing successful PhD careers.

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COVID Keepers: How the Pandemic Can (and Should) Transform College Teaching

Jessica L. Sniatecki and Jennifer Randhare Ashton

Abstract: The COVID-19 pandemic thrust higher education into the seemingly overnight shift to remote instruction. The drastic increase in online offerings expanded course accessibility in ways that we never imagined, especially for students with disabilities. As we continue to adapt and shift to more hybrid and in-person interactions, it is crucial that we reflect on the insights and lessons that we have learned during this era and examine what we should retain even after the pandemic has become endemic. This paper synthesizes the observations, pedagogical strategies, and perceptions of two associate professors at a mid-size, public university in the northeast United States, State University of New York Brockport, who shifted from in-person, synchronous instruction (pre-COVID) to fully online, asynchronous formats in the 2020–2021 academic year. We explore lessons learned and offer suggestions for preserving the approaches that resulted in improved course accessibility and flexibility. *What are our COVID keepers?*

Keywords: college teaching, students with disabilities, COVID, remote teaching

In March 2020, COVID-19 forced higher education into the seemingly overnight shift to remote instruction and as the months have turned into years, it is clear that we will likely never return to pre-pandemic circumstances. As we transition and adjust to more hybrid and in-person interactions, we are struck by how much this pandemic has thrust us into new realms of course and educational accessibility that just a few years ago never seemed beneficial, or even possible. As faculty at a teaching institution, at the forefront of our minds is what we have learned about teaching and access during this time. Reflecting on the measures we put in place to modify our courses and help our students learn in virtual formats, we are now considering which aspects should stay even after the pandemic is behind us. It is imperative that we do not lose the lessons and insights that we have learned during this time. To that end, this paper contains insights and reflections of two associate professors at State University of New York Brockport who taught in asynchronous online formats for the 2020–2021 academic year, in courses that previously were mainly in-person and synchronous. We examine what we have learned from this era and what should stay after its conclusion. *What are our COVID keepers?*

Before we explain what we are keeping and why, it's important to first understand the immediate and longer-term changes that we made in our teaching as well as the immediate and longer-term impacts on our students' learning. As veteran educators, perhaps we had become a bit complacent in our pedagogy because it just felt familiar and good. We liked our pre-COVID teaching strategies—a lot. We really didn't see any need to change them. But that decision was not ours to make. In one hot minute back in March 2020, the world pivoted (to use a now tired term), and, ready or not, we were suddenly fully online professors. It was difficult, but we were educators and had a job to do so we learned how to make it work. Sometimes it worked well, sometimes it was a disaster, often it was somewhere in between; but throughout all of this sometimes painful learning, we have changed. Yes, we (still) much prefer face-to-face interaction where we can experience the personal nuances such as facial expressions, organic

and spontaneous discussion, and actually getting to know the face/name/voice combination of the humans that we are teaching, but we have learned that we can, in fact, teach online. As educators, we know that learning requires one to figure out how to assimilate new (possibly contradictory) information into our schema to create opportunities for new understanding and COVID made that imperative in our pedagogy.

In March 2020, we quickly learned that there was a chapter missing from the proverbial “How to Be a College Professor” textbook: specifically “What to do when you are in a pandemic and your online students are in various states of crisis and they are struggling with mental health, physical health, childcare, employment, housing, technology, politics, racism, homophobia, ableism ... and they can’t seem to get their work done.” Chapter Abstract: Zero tolerance never works. Find the balance between empathy and rigor. Listen, flex, support, hold them accountable, hold high standards, but provide opportunities for redemption. Teach. Excuse me while I respond to the students in crisis and then send out a few mass emails explaining the importance of communication, time management, self-care, and personal responsibility so that this week will be better than last week. It wasn’t as simple as flipping our courses to online formats; it was complicated, messy at times, and in many ways, a fundamental shift in college teaching. Out of this struggle came growth and innovation for both the students and ourselves.

Previously, when asked to consider providing more online programming, our resistant argument had often been that we simply can’t have students learning everything remotely. That what we do in brick and mortar buildings simply cannot be reproduced or replaced by remote activities. Although we value in-person instruction, we have realized that this was a privileged stance that prioritized our desire to teach live in classrooms (in often inaccessible buildings and classrooms and at inconvenient times) over our students’ ability to access our instruction. I (Ashton) certainly made that argument; in fact, when we were asked to make one of our new teacher education programs have an entirely online option my department collectively refused. We argued that field experience and meaningful interactions could not happen without students being physically present in our classrooms and in the field. Well, now I’m a liar. Because for over a year, my department has been providing fully online programming (yes, including methods courses and field experiences) to all of our students. Apparently, we can do this remotely. We just didn’t have the proper motivation. The ableism in this is literally oozing out of the seams of the very programs we created to make for better inclusive educators.

What did we see in our students during the remote COVID-19 era? Some students absolutely thrived in the asynchronous structure of remote instruction. Tasks, deadlines, software applications, text-heavy interactions, independence—that almost video game-like interaction just clicked with some students and they were almost unbelievably efficient and danced their way eloquently through the semester. However, those same tasks, deadlines, software applications, text-heavy interactions, and need for independence elicited a very different reaction from other students. Without the personal classroom interactions where a student could see/hear/discuss/question in real-time with their classmates and an actual human professor, it all seemed like they were thrown into a random chaotic mosh pit and they were not sure that they would actually make it out alive. Of course, there were many students in between.

When the pandemic began, many colleges and universities significantly restricted physical operations and shifted to remote work and education, even in jobs/majors where this had until recently seemed impossible. One of the first things we realized is that, once hosted online, our courses became more universally accessible to many of our students. This shift has arguably had the largest impact on people with disabilities for whom access (physical and digital) has consistently been a challenge, and often a barrier, to educational and vocational participation and achievement. Additionally, post-traditional students, those who work or care for family members full-time, benefited from a course schedule with numerous options for online classes. Moreover, many students who do not identify as disabled or post-traditional also found the shift to remote instruction to be quite complementary to their learning and/or lifestyles. Though online teaching and learning doesn't automatically result in 100 percent accessibility (as measures still need to be taken to make digital content accessible), it certainly (and at least temporarily) eliminated barriers and constraints that were cumbersome for some students. If something is working well, it makes sense to find ways to continue and even possibly expand those practices, and this is where the work of this paper is focused.

Accessibility During COVID—Improvements and Challenges

The rapid shift to online learning improved access for many students with disabilities (SWD), a population for whom access has been a perennial and sometimes insurmountable challenge. Courses that at one time we felt were not appropriate for online instruction were suddenly accessible remotely. Without having to be physically present in a classroom, many SWD were able to choose if and when they would disclose their disabilities to their peers, thus reducing stigma. Prior to the pandemic our institution utilized an in-person paper-only system for notifying instructors about a student's need for disability accommodation that sometimes created awkward conversations about their disability that students had to navigate. The shift to remote instruction necessitated an institutional shift to an online notification system for instructors that eliminated the need for students to engage in these conversations in person. Recently, we helped to facilitate a panel of SWD who spoke at length about how remote learning has benefited them. They spoke about not having to travel across campus to get to their classes or navigate obstacles in classrooms that limit physical accessibility. They also highlighted the accessibility features of online lectures and resources that were not readily available in face-to-face instruction. Online administration of exams also meant that SWD could get accommodations such as extended time and reduced distraction environments without having to take the assessment in an alternative setting (potentially outing them to other students) or to miss classroom instruction.

This does not, however, mean that the shift to online learning resulted in perfect accessibility for all students. Data gathered in the early stages of the pandemic during Spring 2020 from higher education professionals that work with SWD found that there were still significant barriers in the pandemic transition (Scott & Aquino, 2020). Participants indicated that SWD experienced similar challenges compared to their non-disabled peers, but these challenges tended to occur more frequently. "Three areas presenting more frequent difficulty for students with disabilities included access to the network/Wi-Fi, access to course assessments or exams, and communication with instructors" (Scott & Aquino, 2020, p. 2). Since this data was collected during the semester of rapid online transition, one would hope that these challenges reflected the

reactive and abrupt approach taken and were addressed and minimized in the past two semesters when instructors had more time to proactively prepare to teach effectively online. In fact, follow up data collected by the same authors in January 2021 indicate that there was improvement: “Almost half of higher education professionals reported that access had improved in areas related to technology including having needed equipment and devices, assistive technology programs, and network/Wi-Fi service” (Scott & Aquino, 2021, p. 2).

However, Scott and Aquino’s (2021) findings in other areas were less promising with mixed findings regarding SWD’s ability to access counseling services as well as food and housing, with some respondents reporting decreased access in these areas compared with Spring 2020. “Similarly, a majority of survey respondents reported improvement in their communication with faculty but nearly one third indicated that communication with faculty related to classroom accommodations (29%) and inclusive course design (37%) had not improved or had worsened” (Scott & Aquino, 2021, p. 5). Participants also reported that, as a result of the shift to online learning, there was a greater awareness of and emphasis on the importance of pedagogically sound online teaching and digital accessibility. Some campuses even implemented new policies on matters such as attendance and video captioning that increased accessibility at their institutions. What remains to be seen is how much of this will remain post-COVID.

The removal of some of those barriers has also increased access to other populations of students such as post-traditional students who tend to be enrolled in blended and online programs (Aquino & BuShell, 2020). Post-traditional students are generally considered those who are age 25 or older, have dependent family members, and work full-time while enrolled in coursework (American Council on Education, 2020). It is also important to note that increasing access also serves to benefit the population as a whole, as there are individuals who do not identify as disabled (or otherwise qualify for Americans with Disabilities Act accommodations) or post-traditional, but for whom these changes in accessibility have been very beneficial. The idea that learning environments could and should be structured to meet the various strengths and needs of an increasingly diverse learning population is a foundational concept in Universal Design for Learning (Nelson, 2021) and will be discussed in the next section.

Online access opened doors for people with disabilities and post-traditional students that had been firmly closed just months before. Though remote participation at work and/or school has been a frequently requested accommodation in the past, the answer has often been “no” with the rationale that such accommodations would require too much effort and financial resources (Beery, 2020). Yet, it happened! And it benefited more than just people with disabilities and post-traditional students. It is notable that while these changes created dramatic improvements in accessibility and equity for SWD, they resulted from a need to accommodate all students in virtual formats, rather than a concerted attempt to combat ableism. We are now at a crossroads—will this access continue or will the shift back to in-person eliminate the remote access that has benefited so many?

Teaching and Learning During the Pandemic

Improving access to learning environments for all students is not a new concept, but certainly the COVID-19 pandemic has shed a new, perhaps broader, light on this often-overlooked topic. Universal Design for Learning (UDL) provides a strong framework for understanding how and why we should create student-centered learning environments that eliminate barriers to meet the needs of a wide range of learners (Nelson, 2021). As a research-based framework, UDL is based on three key principles that push us to remove barriers by providing multiple means of engagement, representation, and expression to our students. UDL seeks to remove physical, curricular, and technological learning barriers, so that the goal of the lesson is achieved by all students while maintaining rigor and high standards. Whether we intended to implement UDL at the onset of the pandemic or were simply trying to provide access to our courses, examining these changes using the UDL framework illustrates that we have already made many great strides to improve our courses for all students. UDL is not a one-size fits all approach; rather, it is a framework that consists of a variety of principles, guidelines, and checkpoints that foreground increasing access and can easily be integrated into your instruction. Nelson (2021) implores those just beginning to implement UDL to choose those aspects that complement their pedagogy best and then slowly build in more intentionally accessible design as you become more experienced. The shift to online instruction provided many of us with a solid foundation upon which we can continue to improve access by building UDL into all aspects of our pedagogy. Although this is not a discussion on how to implement UDL in a post-COVID world, it is an exploration of how changes made during the pandemic in terms of access are desirable, beneficial, and progressive in this necessary shift in higher education. If nothing else, this is a sound rationale for not simply going back to the way we used to do things, as that would reintroduce barriers and roll back progress that we have made during the pandemic.

Although UDL can help frame the pedagogical decisions that we made, not all changes fit that framework. As instructors we needed to ensure that all students had access to what they needed to be successful, but some decisions were more reactive than proactive, as we responded to situations that were new and unanticipated. Course materials and modules were provided upfront and the students who were most comfortable with asynchronous remote instruction jumped right in and got started. Since many instructors were learning how to manage remote learning environments in real time, these students were quick to ask clarifying questions and point out when a module was not viewable or when all of the appropriate documents were not posted. This helped everyone else in the class because mistakes were caught early and fixed. These students often completed assignments early, easily meeting course deadlines; however, those same assignments were indecipherable to other students who were struggling to find their rhythm in the fully online environment. Working with them was more complex and required the mindset of “How can I help you understand what I’m asking you to do?” For some, frequent and lengthy one-on-one online meetings were needed, so that’s what we did. There were, of course, others in between for whom a little redirection and some carefully planned partner/collaborative work seemed to do the trick.

We learned a lot this past academic year about both teaching and learning. No matter the content, learning requires us to figure out how to assimilate new (possibly contradictory)

information into our schema to create opportunities for new understanding. This is essentially what we all should do as educators for our students. The pandemic pushed us out of complacency and into a space of dissonance where many things just didn't feel right. We planned as best we could, we erred, we corrected, we persisted, and we learned about ourselves. However, we also learned that online instruction benefited many students, and some things were actually better when we did them online. We learned that there are aspects of online instruction that for some topics are much more effective/efficient than in-person instruction. Conversely, we also learned that some in-person activities really don't translate well to online activities.

Teaching Activities During COVID

Recorded Lectures and Assignment Instructions

When I (Sniatecki) began teaching fully online courses in Fall 2020 (as opposed to shifting in-person courses rapidly online like I did in the spring), I spent a lot of time and energy creating recorded lectures and assignment/rubric overviews. I worried about whether I could engage students in the same way through recorded lectures, especially since all of the literature I had read on the subject indicated that students' attention faded very quickly when reviewing recorded materials. A presentation recording application was used, so they could see my face as well as the PowerPoint presentation and/or documents that were being discussed. Though I made strenuous efforts to keep the recordings short and concise, most were 20–30 minutes in length. The existing research would suggest that this is too long (Guo et al., 2014), but my students resoundingly disagreed. Much to my surprise, students in my courses consistently commented about how much they enjoyed the recorded lectures, and some even asked for more! Though this contradicts some of the research on online teaching best practices, this will be retained in my post-COVID repertoire. Recorded lectures/instructions are infinitely more accessible for students with and without disabilities. The programs commonly used for these products offer capabilities such as captioning and screen reading abilities that greatly expand the ways in which students can interact with course material. They can also pause, rewind, watch multiple times, etc. and no one misses the course material due to being absent from class. The same applies to assignment instructions and other guidance. Using recorded lectures can also free up time for active learning activities (Prunuske et al., 2012). I've been doing that in my hybrid course this fall, and it's really enhanced the learning experience. I make space for clarification of content and questions at the beginning of our in-person meetings and then we move into experiential activities. It's made me focus much more methodically on how I am using class time and which activities are most engaging and central to course objectives. In other words, what's essential for us to do in-person?

One of the most salient “aha” moments this year occurred when I created a recording to teach students how to cite a professional journal article in APA style. This is something that I had been doing in class (in person) for at least ten semesters. After this was completed, it was so obvious to me that it should have been done years ago! Not only does it save time in class, but students can refer to it when they have questions, and again, students can watch it over and over if they need to. It can also be used for multiple classes, students completing independent study projects, training research assistants, etc.—all from one recording! These are things that I've

continued in this academic year (at the time of writing). Posting these items for students to review outside of class frees up valuable time for discussion and activities in our time together in class. I can't tell you how many times I have referred students back to these videos when they email me with questions—another huge time saver!

Virtual Office Hours and Meetings

Virtual office hours are more accessible for some students, and faculty as well. There is no need to travel, which can minimize physical accessibility challenges and transportation issues. Students also save time without needing to travel to a space to meet in person. That's not to say that some might prefer to meet in the office, face-to-face, but this might not be the case for all students. Virtual meetings also allow participants, especially people with disabilities, to be in their own (hopefully) comfortable space with access to the supports and facilities that best suit their needs. These changes work better for me (Sniatecki) as well! I can take meetings on the days that I work from home connecting with students in virtual spaces and accomplishing the same tasks that we would do in person. Now I am back to fully in-person office hours, yet students continue to seek online meetings much more frequently than they did in the past.

Anecdotally, this may also be the case for other types of meetings. We are both involved in a large campus-wide committee and noticed that attendance at this year's virtual meetings has been robust, and higher than we experienced in previous years. We suspect that this is due, at least in part, to the virtual format. Members don't have to travel across campus, or from another location to attend. I can't help but wonder why on earth we all walked halfway across campus during snow and rainstorms to meet one another in the student union in years past. We also have a wheelchair user in the group, so again—why were we even doing that? There's that implicit ableism poking up again. There is also less concern about being disruptive if you need to arrive late or leave early, which likely precluded some attending in the past. We have all certainly skipped meetings in the past when we were going to be significantly late (often due to attending to a pressing student issue) and were concerned about how that would be perceived. Logging in late seems much less obtrusive. The same has held true for events that the committee has planned and hosted. One recent speaker event had over 100 attendees, including an entire class that was being conducted in-person and streamed in.

Discussion Boards vs. In-Person Discussions

Discussion boards were used extensively in my 2020–2021 courses to foster discourse and student interaction in online asynchronous classes. For me (Sniatecki), it raised the issue of in-person versus virtual discussions—which is better? What I observed is that one of the major things missing in the discussion board approach is the emotionality and impact that can happen in the traditional classroom setting. Hearing another student speak from their own experience can be very profound for other students. Additionally, all students are present for the discussion that takes place. Online, few students are likely to read all the discussion board posts/responses from their classmates, thus they are only privy to pieces of the discussion. I certainly observed this in my classes by examining the views for each post. That said, a major advantage is that *everyone* participates, whereas in the classroom, we rarely hear from every student. In addition,

the anxiety associated with sharing personal experiences and/or perspectives is minimized in an online forum for many students. They often write more well-developed, thoughtful posts as compared to the comments that occur in the classroom. I also noted that part of what has made these forums successful is using the setting that prevents students from seeing others' posts before they write their own. This significantly cuts down on the repetition and regurgitation of ideas I remember from graduate school where it was clear (to me at least) that many (most?) students hadn't done the readings. They were simply repeating the points of previous posters with slight revision. This year, I'm attempting to use both with the intent to capitalize on the advantages mentioned. The class is now hybrid, and each week, we engage in face-to-face discussions and activities during our weekly meetings related to course content and students also respond to one discussion board prompt each week. It seems to be working well! There are evaluation components related to both online and in-person participation which also give students more avenues to display their knowledge and actively participate in the discussion, even if they are not comfortable verbalizing their thoughts in the classroom (a foundational ideal of UDL).

Concluding Thoughts

Over the time since COVID-19 entered the educational landscape, we have had numerous discussions about if/how this era will shift our students' openness and enthusiasm about online classes. In the past, students have selectively opted into online learning, and our existing knowledge and best practices are based on these students. COVID required all students (and professors), many who had never considered online learning before, to engage remotely and it appears that many were surprised by their experiences. We have witnessed a sharp divide on this issue in our own classes. Some students really struggled with online learning and deeply missed the in-person interactions and connections. Others have found that they love this format and have expressed a desire for additional online classes. They've told us how flexibility allows them more opportunities to work, attend to their family's needs, work at their own pace, etc. As instructors, we have observed that students do their work at all different points in the week in asynchronous classes. Some work at 8:00 am, others at 3:00 am, and others just before the 11:59 pm deadline (this will never change!). This leads us to wonder if we have created a whole new generation of online learners, many of whom may have different needs and expectations than what is reflected in the professional literature. It remains to be seen how many of these students will choose to continue in online formats or if universities will continue to provide significant offerings of online programming, but this could imply distinct shifts in that population from what existed pre-COVID. Many of my students who balked at online courses in 2019 are now asking for them, and some seem frustrated by our rush back to mainly in-person offerings. It also means that the literature on online learning may be completely outdated, since it's based on those that chose online instruction voluntarily.

Arguably, there have been many advantages from the shift to remote instruction. It is essential that we recognize that this shift was made virtually overnight to accommodate the largely non-disabled populous who suddenly needed educational access from a remote location. Approximately 25 percent of our population would identify as disabled in some way (Centers for Disease Control and Prevention, 2020) and we know that the education and employment

statistics for this demographic are not great. Disabled students and employees struggle to find success in an incredibly ableist structure that has historically created significant physical and institutional barriers.

We Shouldn't Go Back, and Here's Why

Why shouldn't we go back to the way things were? Because it is ableist and exclusionary. We have learned that a remote option has created access not only for our disabled students but also for students who work full-time and/or support family members. "But the window is still open to make accessibility permanent, ideally under the guidance of people with disabilities, who used online tools out of necessity well before they became universal" (Beery, 2020, More Options for Now section).

Necessity is the mother of invention. We needed to figure out how to function remotely because the world paused and we were all sent to quarantine. We adjusted rapidly and created access in ways that had been deemed impossible before. But, as we return to in-person instruction and activities, we face the temptation to go back to the way things were. We've heard the "back to normal" rhetoric repeatedly and while on the surface this seems like a good thing—is it really? In this era of questioning problematic marginalizing institutional practices and promoting equity, inclusion, and social justice, if we go all the way "back," we would be the biggest hypocrites imaginable. If we go back, it shows that we don't value the experiences of disabled people and people who have multiple full-time responsibilities. It implies that they don't belong in higher education. It means that we are actively choosing to retract the accessibility advantages that online instruction yielded. It also means that we have learned nothing.

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Latinx Social Work Students' Well-Being Prior to and During the COVID-19 Pandemic

Leyla Feize

Abstract: This is a reflection on social work students' well-being before and during the COVID-19 pandemic. This narrative was indirectly written by the students, as it is their interpretations of their feelings, thoughts, and behaviors derived from drawing their own mandalas daily for one month. It is a comparison of two stories of struggle, hope, and change during two different periods which were close in time, but far in reality.

Keywords: student well-being, COVID-19 pandemic, mandalas

As a social work educator, students' well-being has always been my concern, often more than their academic performance. In each class that I teach, I find a way to promote their well-being. In my interprofessional elective class "Introduction to Play, Art and Music Intervention" (PAMI), a collaboration between the School of Social Work and the School of Music, I have more opportunities to facilitate students' explorations of their feelings, thoughts, and behaviors, and in general, of their "self." In this class, after discussing Carl Jung's (1875–1961) theory and the role of mandala in his theory, students were asked to complete a mandala assignment. For the purpose of clarification, prior to explaining the students' assignment, I will briefly describe Carl Jung's theory and the concept of mandala.

The main concept of Carl Jung's theory is psyche, which consists of both the conscious and unconscious (Swan-Foster, 2016). Stevens (1990) explains how we discuss psyche as if it is a real structure, however, it is only a mental structure and a metaphor. Psyche is a dynamic system, and flowing psyche energy in both the conscious and unconscious creates harmony and self-regulation (Swan-Foster, 2016). Access to the unconscious and integrating its contents with the conscious makes the psyche healthy. A mandala, a circular diagram, represents the universe and is a bridge to the unconscious. It reveals psyche's movements in the conscious and unconscious (Swan-Foster, 2016). Jung used mandalas to heal himself and his patients (Stevens, 1990; Swan-Foster, 2016). Mandalas have been used to reduce stress, anxiety, and trauma-related symptoms. Theoretically, drawing mandalas facilitates organizing the mind of a traumatized person and yields meaning to their emotiofnal experiences; drawing mandalas decreases the symptoms of trauma (Henderson et al., 2007). However, even if it does not improve trauma related symptoms, researchers reported that both experimental and control groups became relaxed and enjoyed the experience (Henderson, 2010; Pizarro, 2004). The goal of this reflection was to explore social work students' "self" and well-being. Mulcahy (2013), a nurse educator, used mandalas to explore the "self" of her students and asserted: "There is nothing to prove, and there is nobody to please; the mandala comes from within you, from your own creative self, therefore it is worthy work" (p. 212).

The students were asked to draw a mandala each day for the duration of one month. They were also supposed to write an interpretation of each drawing. In the beginning, students were hesitant and did not see any possible benefits of the experiential learning activity; however, after

a few drawings, they started to like the activity. At the end of the month, students learned to connect to their “self” and disclosed that they would continue to draw mandalas.

The COVID-19 pandemic changed the world and affected people’s mental health, including that of our students. In order to explore social work students’ well-being during the pandemic, I decided to compare their mandalas before and during the pandemic. I compared social work students’ mandalas from spring 2019 and spring 2021. The class was not offered in spring 2020. In total, 240 self-interpreted mandalas were analyzed through content analysis: 120 mandalas of the 6 social work students in the PAMI class of spring 2021 were compared to 120 mandalas of the 6 students in the PAMI class of spring 2019. A few students were from disciplines other than social work, and they were excluded in this reflection. The class is offered at both undergraduate and graduate levels; however, typically graduate students register for the class. All the students were from the Latinx population, and 75 percent of the students were female, the latter which is common in nearly all social work classes. The students’ explanations and interpretations of their mandalas prior and during the pandemic were categorized on an excel sheet. Each sentence was placed under the three categories of feelings, thoughts, and behaviors. Similar sentences were combined, and all findings reported.

Social Work Students’ Feelings Prior to the Pandemic

The students elaborated on their positive feelings and mentioned that they enjoyed nature. They wrote about their success and growth at school, being on the right track, and feeling free to choose their career path. They felt pleased about their childhood memories and their supportive family and people around them. The students felt relaxed and content without having any particular reason. They reported feelings of calmness, gratefulness, peacefulness, and positivity. The students also described their negative emotions and stress. Their sources of stress were school assignments and practicum responsibilities. One student mentioned that “My frustration, sadness, stress and happiness all are in harmony.” All students elaborated on how drawing mandalas made them feel relaxed, calm, and balanced. As one student mentioned: “I was so relaxed after drawing as if I was in a garden full of flowers,” and another stated: “I was so relaxed after drawing and had a guilty pleasure as if I should not have done it.”

Social Work Students’ Feelings During the Pandemic

All students reported being worried, overwhelmed, and stressed. They were afraid of getting close to people, catching COVID-19 and dying, and worried about the possibility of their family members becoming infected and dying as well. They were feeling pressured by the media and news on COVID-19 and were overwhelmed with ordinary tasks at home, at the workplace, and at school. They felt trapped in an uncertain state. Students reported being upset and angry about the situation and of politicizing people’s health. They also stated having positive feelings, such as happiness. They felt thankful simply for being alive and having basic necessities such as food, electricity, the internet, and their homes. They reported that drawing mandalas made them content and brought peace of mind to them. They felt inspired, passionate, alert, and creative, and had a tendency to help and protect others, as well as to be productive and create new ways and approaches. The students also reported mixed feelings of sadness and happiness, and often a

spectrum of different feelings and were surprised to experience various feelings at once. They reported physical symptoms of fatigue, difficulty focusing, and sleeping excessively.

Social Work Students' Thoughts Prior to the Pandemic

The students' thoughts were organized around their Mexican roots and culture and how they could integrate them in their daily lives and had thoughts around migrant and vulnerable workers and ways they could advocate for them. They focused on how they could grow and broaden their views to connect better to people. Students also thought about their licensure exam and future careers. Family conflicts and their inner conflicts regarding cultural and religious beliefs were also occupying their minds.

Students' Thoughts During the Pandemic

Students mentioned wishful thinking such as floating in the waves of the ocean, or an enjoyable day in a forest. They often brought past pleasant memories to the present mind, such as childhood memories of being carefree or their past joyful family time. They were also focused on spirituality and religiosity, and on the meaning of life, citing how short and fleeting it is.

Students' Positive and Negative Behaviors Prior to the Pandemic

The students' positive behaviors included connecting to nature and enjoying its beauty, for example watching the sunset. They cultivated their spirituality by going to church and working on their personal growth. As one student mentioned: "I am floating through life." The students' negative behaviors centered around the struggle and frustration of finding balance between spending time with their family, work responsibilities, and school assignments.

Students' Positive and Negative Behaviors During the Pandemic

During the pandemic, students found nature soothing and took care of plants, flowers, and trees. They would also pay more attention to nature, taking note of the sky, wind, and sun. For instance, some enjoyed counting the stars. Other sources of their tranquility were practicing yoga, walking, writing in journals, listening to music, and exploring and remembering their old interests. They focused on their progress and assertiveness as well. As one student mentioned: "During the pandemic, I learned that there is nothing to be afraid of and practiced assertiveness." All students mentioned that their main source of emotional support was connection. Spending time with their family members and friends and strengthening their relationships comforted them the most.

Students also elaborated on their negative behaviors such as being in a hurry, being impatient, being demanding, and looking for constant attention. They explained that they displaced their fear, anxiety, and anger to their family members—often arguing with them, making poor decisions, and damaging their relationships.

As previously mentioned, the pandemic caused numerous and often contradictory feelings, thoughts, and behaviors among this sample of social work students. Awareness of the contradictory nature of crisis-related reactions and focusing on the positive aspects such as creativity, responsibility, spirituality, and human connection can assist with a more inclusive intervention.

Conclusion

Students explored their psyche by drawing mandalas, which allowed them to connect their conscious to their subconscious and unconscious and became more aware of their “self.” This group of social work students’ feelings, thoughts, and behaviors prior to and during the pandemic were evidently different. During the pandemic, they were not as happy and relaxed as they were pre-pandemic. Their sources of stress also changed. However, during the pandemic, they used resources that they knew and were familiar with such as nature, family ties, and spirituality to cope with the crisis and survive. In the pre-pandemic, their reality, such as personal and cultural conflicts, vulnerable migrant workers, and school and family balance, was prominent. The pandemic seemed to broaden students’ views, change their priorities, and drive them to search for the meaning of life. They were aware of the role of family ties, but during the crisis, they realized that human connection is vital to survival, and not just a privilege. They learned to appreciate their lives and create and celebrate simple happiness. The realization of the shortness of life empowered them to overcome their fears of their inadequacies and of the obstacles to success. The crisis enriched their sense of creativity to solve their own and others’ problems.

Social work students often learn how to intervene during crisis. These students have themselves been experiencing how to live and work during a crisis. It appears that they played both the roles of a client and a practitioner simultaneously. The pandemic was an ongoing crisis at least for two years and the long-term effect on our students is unknown. The pandemic might frame a new reality for social work students, which is worth exploring further.

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Reflections on Working with Rural Migrant School Children and Their Families

Rachelle Rosario and Joanne Riebschleger

Abstract: The aim of this paper is to relay the reflections of my experience as a Latinx school social worker and about my work with children and families identifying as rural and migrant. A de-identified real-life mental health crisis case scenario is provided. The case scenario contains the voices of a child and a parent living in a rural migrant camp. The content of the voices was paraphrased from the school social workers' post-crisis contact with a high school student and her mother. Professional first-person content is the voice of the social worker, Rosario. The case vignette is followed by a combination of the social worker's observations and information drawn from the professional literature about challenges and opportunities for rural schools to provide culturally sensitive practices for migrant children and families. Specific practice recommendations are offered for working with rural, migrant youth, particularly pertaining to child mental health per the case scenario.

Keywords: rural, migrant, children, families, cultural competency, schools

Purpose

The purpose of this article is to share a social worker's reflection on working in a rural public school with the migrant and rural Latinx community. A variety of recommendations based on experiences and observations, as well as information drawn from professional literature and a student's and mother's personal experience, will be provided. Spreading awareness about mental health to migrant families in rural areas is challenging but necessary in order to continue to improve outcomes for Latinx youth and families.

Background

I (Rosario) have worked in a moderate sized rural public school in Michigan for about eight years. This school is surrounded by many beautiful fruit farms, the pride and joy of the community. The agriculture of the small town attracts a large number of migrant workers and their families. These families are generally housed in the migrant camps owned by the farm owners, or growers. The migrant families typically are monolingual; the school-aged children, however, speak English and Spanish. They attend the public school. Some of the families stay year-round; others make the annual long trip between Michigan and Florida. Among the families, there are many unheard stories of pain, crisis, poverty, and mental health challenges that need to be heard. The children are in our schools and part of our community. They need to be served. I provide an illustration of what I have learned about useful actions to address known practice gaps, e.g., building trust with migrant children and families and providing culturally sensitive educational services.

I write this paper under the guidance of co-author Dr. Riebschleger, considering her work developing and implementing a school-based mental health literacy curriculum for a small

group. Her 30-plus years of experience and interest in youth mental health with rural youth has heavily influenced my desire to incorporate migrant youth, recognizing the disparities of mental health education within migrant communities. Together we have revised her small group youth mental health literacy program and modified it with the goal of being embedded in a health class to increase its breadth and impact. The curriculum was implemented at the school this past spring, and we are in the process of analyzing the data. Our experiences and passions have brought us together to continue the critical work of educating youth about mental health and its impact, ultimately with the desire to decrease youth suicide.

Crisis Case Description

I had the privilege of interviewing one of the students at my building and her mother, whose experience created a greater personal awareness for my role. I learned the importance of sharing my experiences with the mental health needs of school children living in rural migrant communities. I learned how a deficit in establishing a relationship with a migrant family could lead to tragedy.

The student shares her story:

I clearly remember the day that everything started. That day the doctor told my mom that I had gained weight. When I heard that, it really had an impact on me. I thought about that comment for days. At that time I had a bike and every day after dinner I would go out and ride it, but not because I wanted to, my purpose was to burn what I had just eaten. The appointment happened during the summer, two weeks away from starting school. Once I started school I immediately signed up for gym class instead of art. The worst part of it was that I either had no lunch at all or just a small salad. I remember that this girl I sat with at lunchtime asked me If I was on a diet, and I felt really embarrassed because I knew I had an eating disorder but didn't want to admit it. Honestly, I never did. Now that I have a very different mentality I regret doing all the stupid things I did, but at the same time, I know God wanted that to happen. I strongly believe that everything happens for a reason. I feel like I had one of the biggest life lessons of my life already.

As time went on, I became lighter and lighter. Obviously not eating and over-exercising would cause that. I became more obsessed with eating the least I could, I remember that for breakfast I would "eat" granola with yogurt. I would open a yogurt and spread some around my bowl so it looked like I ate yogurt. Then I would spread granola around the yogurt and it would look really believable. At that time, my mom believed I actually had breakfast. That went on and on. Problems began to happen because I ate as minimally as I could. Since I am Hispanic, tortillas are a compliment for every meal. They (my parents) would always fight with me and pressure me to eat at least three tortillas. Anxiety got to a boiling point and stress accumulated and for my 12-year-old self, there was no solution to get rid of all of it.

One evening, I really felt like that night was the night I wanted to commit suicide. I prepared myself before going to bed. I got a glass of water and a bottle of sleeping pills that belonged to my mom. That night I took them. I wondered why I didn't pass out and then I decided to just fall

asleep. That is the last I remember. I usually wake up at 5:30, and my mom came in and told me to wake up because I needed to go to school. I told her I wanted to go to the store and she noticed I was shaking and felt my heart beating really fast and she became very scared. She went to tell my dad, they called 911 and a few minutes later they were at my house. I remember two seconds after [getting] into the ambulance and I saw the KFC guy (a hallucination). After that, I woke up and I was in the hospital. I woke up feeling bummed that I didn't die, but then I said "Oh well. I guess I'm going to have to keep going." They brought in mashed potatoes after I asked for something to eat. The doctors talked to my parents and said that I probably would wake up but not be the same. I'd be a vegetable, have some cognitive disabilities, or not wake up at all. They were surprised I woke up. I'm glad I did. I was in the hospital for two more days and then I went to a nearby psychiatric hospital and I attended a day program for three weeks. I participated in groups, and individual counseling saw a psychiatrist and was treated for an eating disorder. They prescribed meds (antidepressants). After the program, I went back to school and finished out the year. During the summer my parents talked about going to Mexico. I went to a therapist across town for a short time. She did not speak Spanish or specialize in eating disorders. It was at least a 50-minute drive each way. I know it was hard for my parents to take me but they did it anyway. I went back to school for 7th grade and I was doing well and felt like it was a normal life again although I wasn't allowed to participate in gym class. We left for Mexico in November and I was a little sad. The first day was normal, and I was able to discover new things and meet with my grandparents. After a week, reality hit me. I didn't like it. There was no wireless or cell phone signal. Besides veggies, fruits, and meats, there were no other foods and everything else was inaccessible. I did not want to stay and begged my father to bring me back to the U.S. He promised he would when he could.

It is important to note when my background was shared with the mother and the student, there was a notable sigh of relief. Both the mother and the student thanked me for being willing to listen to their story because they said, "We just don't want this to happen to other people."

I interviewed her mother in Spanish, and this was her account of the incident:

That day was like any other day and I went to her room, and I called her to wake her up for school. When she didn't respond, then I went in again. And I saw her eyes—I grabbed her and her eyes were rolling back and she was limp. I yelled for my husband to call 911, all the while praying for her not to die. When I lifted her I saw the pill bottle. I kept asking her, "What did you do daughter? What did you do?" The ambulance arrived and they asked what she had taken and how much and I was not able to tell them, I just gave them the pill bottle. When we arrived at the hospital, they were able to tell us that she took 28 sleeping pills. She was in the ICU connected to a lot of machines. The doctor told us it was not likely that she would make it, and if she did, she would be a vegetable. Fortunately, after a couple of days, she woke up and looked at us. I began crying and hugging her. I had no idea she was feeling that way, and no one else did either. I didn't know what to do or how to get her help. After she was out of the hospital, she began an eating disorder day program at a nearby psychiatric hospital for three weeks and then we took her to a therapist across town. The therapist could not speak with us because she did not speak Spanish. We did not know what to do and had no one to talk to. She still seemed like she was struggling; she didn't seem happy, so my husband thought about moving to Mexico to

change her environment. In November, we left for Mexico. We lived with my parents in the country in Mexico. My husband had to go back to the US to work and send money. When we were in Mexico, she began going to a school but could not make any friends because they all thought she felt like she was better than them for being American. I decided to put her in a different school and that was better but she still was not happy. She continued to beg me to go back to the United States. It was not easy because neither my husband nor I had documents to go back to the States. After three years we are back and she seems to be doing better.

A combination of professional literature information and my reflections on this case follow. They include rural school challenges and opportunities to provide culturally sensitive practice to migrant youth and families. Recommendations for specific practice actions are offered.

Challenges

Rural schools have a difficult task in addressing student mental health concerns as a whole because rurality alone has an impact on the mental health of a family. According to Harvey and Clark (2020): “Not only did students residing in rural areas have higher rates of mental health disorders than their metropolitan peers, but that the percentage of rural students with anxiety was 7.9%, compared to the metropolitan figure of 6.3” (p. 1). There is a feeling of “keeping everything in the family.” This is compounded for the rural migrant families. There are incredible amounts of fear as it relates to agencies and sharing information due to concerns of deportation. Culturally, there is also a stigma surrounding mental health and parents are especially reluctant to share information with schools until a crisis takes place. In almost every scenario with a rural migrant family, I find myself saying, “I wish I had known sooner.” Hauenstein et al. (2007) find:

While each rural community is unique, common barriers include distance and topographical challenges, insufficient population base to support services, population instability, limited ... training and isolation of rural providers, rural culture including attitudes such as individualism, and the lack of anonymity afforded rural citizens who seek mental health care and stigma. (p. 255)

School social workers have a difficult job in rural communities having to play many roles, but showing cultural sensitivity in order to build trust is more important than ever before.

Language Barriers

Finding resources for families that have been born in the United States and speak English is a challenge. Finding resources for families that are undocumented, and only Spanish speaking, is especially difficult due to a variety of factors including cultural differences, mental health stigma, limited transportation, no health insurance, spoken language barriers, and an overall lack of trust. It is often up to the public school to establish a relationship with the family in order for the family to feel like they can trust the school and follow through with the school’s recommendations, especially in the area of mental health. If there are any individuals that speak Spanish working at the school, this is very helpful. It helps begin the process of forming a

relationship with the school and speeds up the process of building trust. Even so, I have often found it difficult for migrant families to accept mental health referrals. Typically, this is due to the lack of education they may have surrounding mental health, as well as a limited/new relationship with the school.

A study conducted by Hovey and Magana (2002) to assess mental health needs among Mexican farm workers and their families revealed significant levels of depression and anxiety. They found this was mostly attributed to reported family dysfunction, ineffective social support, limited confidence, lack of agreement with the decision to migrate, and increased levels of acculturative stress. There are many areas discussed in the study above regarding mental health needs where the school can come alongside of the families, specifically in social support. One way is by asking the right questions at the time of enrollment and creating a structure for follow up from a district social worker. Technology is another avenue to help with communication with Spanish speaking families because emails, texts, etc. can be translated to Spanish. There are many opportunities to grow connections with rural migrant Spanish speaking families, however the intentionality on the school's part is imperative. Unfortunately, providing mental health support is an entirely different level of trust because it relates to an overall lack of education and brings thoughts of weakness on behalf of the family.

Cultural Stigma Around Mental Health

One way to combat mental health challenges with the Latinx community is to first understand and respect the cultural differences in order to strive for cultural competence. Some examples of rural migrant cultural behaviors include frequent social gatherings, elaborate meals, music, and impromptu visits with friends and family. Family is always a priority; they are valued and protected. Generally speaking, mental health is taboo, and the behaviors related to mental health are often written off as "laziness" or an excuse to avoid something. Overall, there is a lack of education surrounding mental health among rural migrant Latinx families because it is often looked at as a sign of weakness. This goes against the *machista* or macho mindset of many rural migrant men. The challenge is to improve mental health alongside education, despite the language and cultural barriers that surface. Schools are naturally a bridge and can be a way for mental health education to be delivered and received. In my experience, the students often come with mental health concerns and with further conversation, their parents are also found to be living with undiagnosed mental health conditions that they might not recognize. Maintaining secrecy can allow parents to feel like they are taking care of things for their family themselves. Sharing mental health concerns can mean parents feel like they are not doing their job. This can be a very difficult thing for them to process.

Concerns About Deportation by ICE

There are migrant families that stay year-round. These families are not documented; however, the parents stay and work locally so their children have more opportunities than they did. Undocumented individuals are very afraid of giving out their information to anyone for fear of ICE coming and taking them for deportation. This creates a lack of trust with all or most entities, demanding even more sensitivity when working with students relating to mental health due to

the information required for services. Unfortunately, this is affecting much more than a fear to receive mental health support. There is research that suggests deportation concerns are associated with increasing dropout rates and lower school achievement rates in Latinx students. According to Kirksey and Sattin-Bajaj (2021), immigration arrests are happening, and they are having lasting effects on Latinx students. There is an established correlation between absenteeism and negative short- and long-term outcomes for young people (Kirksey & Sattin-Bajaj, 2021): This can lead to youth outcomes of lower academic performance, increased risk of dropping out of school, greater engagement in risky behavior, and less pro-social behavior, along with lower rates of political engagement and more reported economic hardships. These create greater challenges in trying to ensure support for students of immigrant and Latinx origin. There are realistic fears associated with ICE and deportation. When professionals do not have education and knowledge about the realities of what rural migrant families potentially face, it is difficult for the professionals to understand the resistance they may encounter from rural migrant families.

The Grand Challenge: Lack of Trust

Finding a way to connect with the family to begin to build trust is always going to be step one and the grand challenge. There is a lot of distrust in Latinx communities when working with the American systems. The language barrier is difficult, and often the children are asked to translate for their parents and therefore many things are lost in translation. Using trained adult translators as much as possible removes the pressure from the students and protects the privacy of the parents. School professionals need to learn the strengths of rural migrant children and families. This could mean doing some research about rural migrant families as a group and learning about the migrant children and families connected with the school. This may help both the professionals and the families to be more comfortable because there would likely be more professional awareness and understanding about rural migrant culture. In addition, professionals should research the country where the family came from and their food, traditions, and music, etc. This may give rural migrant children and families the sense that the professional values them and their culture; family members may have more reason to share their story. Even attempting to speak Spanish allows children and families to feel more comfortable and there is so much appreciation even if the Spanish is not perfect. This can even be a professional responsibility. For example, the National Association of Social Workers (2017) *Code of Ethics* has ethical standard 1.05: Cultural Competence. It provides clear guidance that when working with individuals with differing cultural backgrounds, one should demonstrate knowledge of the culture which may be enhanced by engaging in professional education and research. The *Code of Ethics* provides direction, but there is little to no accountability when it comes to cultural competence. For example, the student received services for an eating disorder at the psychiatric hospital but very little was communicated to the family. The therapist she was referred to did not speak Spanish or specialize in eating disorders. This describes a lack of accessibility or a lack of accountability or both. Some of the things that professionals need to know that aren't always put in books or talked about in higher education classes are certain cultural norms that come with each culture. For example, the Latinx community members often offers drinks or snacks to guests even when the family has minimal food. They still offer what they have and saying no can be perceived as impolite.

Social workers and other professionals can further their understanding of rural migrant families by engaging in research; attending festivals, religious gatherings, and/or sporting events; and connecting with a Latinx family to learn a little bit more of the culture and perspectives. It is important to have a glimpse into the lives of the rural migrant families for them to be willing to share their lives. Using the school as base to begin the relationship and incorporating some cultural events within the school day provides a stronger foundation and natural connections.

Opportunities

School-based professionals working in a rural community often have close connections with professionals working in health and human services agencies. They have opportunities to collaborate with these agencies and the migrant community to better serve migrant children and families.

Engagement and Outreach

There are some ways to improve a rural school's relationship and engagement with migrant children and families. This engagement may increase the chance that the rural migrant children and their families would speak to professionals about mental health concerns. In turn, it is possible that the children would access mental health services earlier before they get to the point of suicidal behavior. This could mean improved mental health among the migrant students and their families.

Another way to build trust with rural migrant families is to build a system that fosters regular outreach to children and families. This could mean delivering needed resources for the children and families, such as food, hygiene products, and clothes. Professionals can attend Latinx community events or even plan cultural events at the school. This sends a message that the school values their migrant community, and it is also an opportunity to find cultural guides to begin to form relationships with. Finding individuals that have an "in" with the migrant community and forming a relationship with them also provides a starting point to build trust.

Removing the Language Barrier

First and foremost, it is critical to engage in removing the language barrier and establishing a point of contact for the family for any questions or concerns they may have for their students. This will likely create a more positive relationship, and parents may feel validated and part of the school community. In addition, rural school professionals need to ensure that all communication from the school (oral and written) is received by migrant children and families in Spanish.

FERPA Policy Confidentiality

Oftentimes, undocumented families are concerned about getting involved in community events and volunteer opportunities due to their status in the country. It is important to communicate the Family Educational Rights and Privacy Act (FERPA), and our responsibility as a school to keep

that information confidential. This can help alleviate some rural migrant fears or concerns of deportation. This could even encourage migrant families to be more engaged in their student's learning, which is also a component of improving children's mental health.

Mental Health Education

It is important to create psychoeducational groups for migrant students with the goal to increase their education surrounding mental health; this has the added advantage of increasing students' peer networks and feelings of inclusion. Finally, parent education curriculum in Spanish posted to social media by the school creates the opportunity for parents to *attend* and learn about mental health and other important topics related to their students' education without feeling singled out or afraid of their status. At the end of each post, the names and contacts of the individuals at the schools available to work with the families should be listed, including those that speak Spanish in order for the parents to have someone to reach out to.

Cross-System Collaboration

Professionals can help build a school and community that collaborate with rural migrant families in order to provide a stronger mental health system of care (Macklem, 2014); this is difficult but not impossible. When migrant students have support, feel cared about, and experience a sense of belonging, they will return to the community and participate by giving back.

The Rest of the Story

I was not involved with the student in the crisis case vignette prior to or during the incident although I wish I had been. I became involved recently after they returned from Mexico. When her mother re-enrolled her in school, the student shared her story with the secretary who speaks Spanish, and the secretary contacted me at the high school so I could provide extra support with the student's transition. However, in both accounts, there were no previous mentions of the daughter or mother speaking with the school counselor or contacting the school with questions or concerns. There was no evidence of the school recognizing concerns in the student. I find this is a common theme, and I believe that this suicide attempt tragedy could have been prevented. This situation has forced me to think about ways our school community and I could prevent situations like this in the future with our migrant families.

Mental health resources are limited in small towns. However, over the years rural schools have evolved to be community bridges, e.g., connecting networks and working in collaboration with other agencies to help meet the needs of students and their families (Shaklee et al., 2015). Although many schools have been intentional in this respect over the past couple of years, there are ways we can improve to be more intentional with our migrant families. The student I interviewed shared her feelings of loneliness and being an outsider, not knowing how to handle what she was dealing with emotionally, and not feeling comfortable enough to share it with anyone. Her mother had no idea what her daughter had been dealing with, let alone the knowledge to identify the warning signs early on. Her mother did not have anyone she felt comfortable asking about her daughter's situation. She was unable to communicate with the

therapist to learn about strategies to support her daughter at home. Although not the case for many, fortunately this student is doing well. She has adapted to life back in the United States. Currently she is employed, attaining high grades in her classes, and receiving continued support for her mental health.

Summary

Rural public schools have the opportunity to improve engagement with migrant families to try to enhance overall migrant student mental health. Just a few refinements in the approach schools and professionals take could change the fate of many. There is a need for more research on rural migrant families and mental health. There is a need for rural migrant resources to be more accessible and for professionals to engage in more cultural sensitivity with rural migrant people. This will require rural school commitment to migrant student mental health, both inside the schools and in collaboration with community agencies. The students and their families are a part of our schools and our communities. Perhaps it is even possible that this investment by rural schools and community agencies would subsequently provide a society that values and build on inter-cultural strengths. At the very least, it could have made a big difference to one very real high school student and her family described herein. And there are so many more to serve.

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The Dilemma of White Providers in Indian Country

E. Hope Hollingsworth

Abstract: The legacy of the European diaspora across North America is fraught with grim realities as it relates to the impact on Indigenous populations long-residing here. Generational trauma related to centuries of systematic cultural dismantling has ravaged tribal populations. As an RN of Scots-Irish descent practicing in western Montana among the psychiatric and corrections populations, I have had the opportunity to witness the challenges unique to the predicament of providing care to the Native population for non-Native providers. Is it possible for members of the dominant, historically oppressive culture to provide care without re-traumatizing?

Keywords: Native American, generational trauma, Indigenous health

“Robert Lone Elk” (pseudonym) is a member of the Crow tribe and a patient at Montana’s only state mental health facility. He was admitted for the eighth time via tribal commitment related to public intoxication and disturbing behaviors that the tiny clinic on the Crow Reservation is unable to address. His medical chart reveals a history of chronic Alcohol Use Disorder. The tribe has scant addiction services on the reservation, struggling to address the most basic medical needs of the tribal population. Twice daily he is held down by nearly a dozen non-Native hospital personnel to receive psychotropic medication injections. An Involuntary Medication Review Board composed entirely of non-Native hospital personnel assumes the paternalistic role of making the decision for him. Recent bloodwork reveals abnormally high ammonia levels along with abnormal liver values, indicating liver failure. The medical doctor suspects his confusion and steady decline in cognitive function are the result of untreated cirrhosis. When the medical doctor visits him in his room to discuss this, he disdainfully admonishes her: “Get out of my room, you white bitch.” He refuses the necessary lactulose to correct ammonia levels, which would potentially resolve related cognitive and psychiatric decline. He wants nothing to do with these providers. This anti-colonialist sentiment is not uncommon among the Native population of Montana.

The ethical dilemmas related to serving the Native population in Montana are numerous and complex but could be addressed by the answering the following questions: How can non-Native clinicians of western European lineage provide effective medical care to members of a culture who have been historically oppressed, exploited, and traumatized by their forebears? If Native recipients of medical care neither trust nor wish to engage in the dominant culture’s healthcare system, how is beneficent and autonomous healthcare delivered without retraumatizing the population?

Dilemma Context

Delivering effective, culturally competent medical and mental healthcare to the Indigenous population in Montana is a systemic quandary straddling the ethical ideals of autonomy, justice, and beneficence. Barriers to care include lack of Native cultural awareness among providers of

European descent, an inherent paternalism related to the trust relationship assumed by the American federal government in 1955 to provide comprehensive healthcare to Native populations, and a dearth of Native healthcare providers. Beginning in the late 19th century, colonialism decimated centuries-intact cultures and family structures. The unslakable thirst for westward expansion isolated once wide-ranging tribes to comparatively small parcels of barren land. Religious persecution and wholesale genocide of Native Americans ensued. Native children were taken from families in the era of Native boarding schools where forced assimilation took place and abuse was rampant. In short, the Indigenous population of Montana has sustained grave generational and cultural trauma at the hands of a paternalistic, white America enduring decades of oppression, exploitation, marginalization, and near extinction. Native American healthcare is marked by inequity, overseen by an inadequate federal agency, the Indian Health Service (IHS). Little opportunity for education exists on reservations, resulting in the notable dearth of Native health providers. Because Indigenous Montanans have been serially traumatized by European colonialism, white healthcare workers pose the threat of re-traumatizing an entire population due to an understandable lack of trust. “As members of federally recognized sovereign nations that exist within another country, American Indians are unique among minority groups in the United States” (Office of the Surgeon General et al., 2019, p. 79).

In light of my first undergraduate degree in Native American Studies, received from the University of Montana, I carry my own bias *toward* Native Americans with the goal of advocating for this marginalized, under-resourced population. However, this advocacy is not always welcome; my own European heritage poses a distinct barrier as the anti-colonial sentiment is justifiably rooted within the hearts of many Native people and is often viewed as a dressed-up version of paternalism. This pro-Native bias, however, positions me to be keenly attuned to the ethical dilemmas I witness daily and provides an awareness that allows me to evaluate the dilemmas from the unique perspective of witness and observer.

Cultural Humility Models

The Campinha-Bacote Model of cultural competency in healthcare delivery was created in 1998 (Albougami, 2016). It is described as a process of healthcare delivery rather than a consequence of any certain factors. “To achieve cultural competence, a nurse must undertake a process of developing the capacity to deliver efficient and high-quality care” (Albougami, 2016, p. 3). Of the five concepts comprising this model, three of them are central to the ethical dilemma of delivering just care to the Indigenous populations of Montana. The first concept is *cultural awareness*, referring to basic acknowledgement of one’s own cultural background. This self-awareness precedent must be achieved first to avoid bias when approaching separate cultures. Cultural oppression is not unique to Native Americans. By becoming aware of one’s own Irish or Italian or Romani heritage, for instance, a provider gains awareness of persecution endured by members of their own heritage, thus allowing the provider to meet Native Americans in their own reality of cultural and generational trauma. The second concept is *cultural knowledge*. This refers to the process by which healthcare providers “open their minds to understand variations in cultural and ethnic traits as they relate to attitudes toward illness and health” (Albougami, 2016, p. 3). Native Americans often view mental illness through a culturally different lens marked by

lack of distinguishment between physical and mental distress (Office of the Surgeon General et al., 2019). Non-Native mental healthcare providers' recognition of this would inform treatment and could allow the provider to prioritize inclusion of Native healers in the healthcare process. The third concept, *cultural desire*, is critical. This cultural humility model could be implemented in nursing education from coast to coast, but without the intent to learn and comprehend Native American cultural ideals and values, the educational intervention is futile. "Cultural desire ... is the driving force for becoming educated, skilled, competent, and aware of culture; it also presumes a willingness to have transcultural interactions" (Albougami, 2016, p. 3). Educating nursing students who have the desire to practice among Native clients is the keystone for successful application of this healthcare delivery model.

The American Association of Critical-Care Nurses developed the Synergy Model for Patient Care in the 1990s (Kaplow, 2008). Less specific to cultural awareness than the Campinha-Bacote Model, the Synergy Model is valuable in application to the Native American population in that delivery of care is patient-centered, specific to patient values, thus necessitating the need for cultural awareness. "The core concept of the model is that the needs or characteristics of patients and families influence and drive the characteristics or competencies of nurses" (Falter, 2008, p. 260). Of the concepts central to this patient care delivery model, vulnerability, complexity, and resource availability are directly relevant to the Native American population. Vulnerability addresses physical, psychosocial, and social stratum, all relevant within the Native American population. There exists a well-established genetic vulnerability to alcoholism among Native Americans; the psychosocial vulnerability speaks to cultural and generational trauma; and social vulnerability covers issues such as geographical isolation, lack of adequate social services, and shortage of economic opportunity on reservations (Ehlers & Gizer, 2013). Addressing this vulnerability is foundational to serving the population with an awareness that is paramount to delivery of high-quality care.

As established, the healthcare needs of Native Americans are complex, fraught with challenges related to the burdens of cultural and generational trauma and tangential physical and psychiatric illnesses. Acknowledgement of the complexity inherent to the population, therefore, is of direct concern to nurses delivering competent mental healthcare to Native populations. Finally, awareness of the dire shortage of resources available to both urban Native populations and reservation populations is essential for the healthcare provider serving these populations. A common misconception of the Indian Health Service is that it provides high-quality care to all Native populations. This is not so. In the mid-1950s the federal government developed a trust agreement with all federally recognized tribes promising delivery of comprehensive healthcare in perpetuity (IHS, 2015). In reality, the IHS is short by nearly \$2 billion annually to provide healthcare equal to the level and breadth of care provided to federal employees (Office of the Surgeon General et al., 2019). Further, urban Native populations fall through the care safety net in that IHS services are available predominantly on reservations. "Although the goal of the IHS is to provide health care for Native Americans, IHS clinics and hospitals are located mainly on reservations, giving only 20 percent of American Indians access to this care" (Office of the Surgeon General et al., 2019, p. 82). Recognition of the shortage of healthcare resources is necessary to effectively address healthcare needs of the Native population.

Strategizing Solutions

The ethical dilemmas of beneficence and autonomy present challenges to effective healthcare delivery to the Native population in Montana and beyond. To overcome barriers to care for this population certain strategies could be implemented. Compulsory training could take place for all IHS employees in the Campinha-Bacote model, or related models, to achieve cultural humility specific to Native Americans. “Formal opportunities to cultivate cultural awareness and investigation of racism’s root causes must be robustly integrated into health professions training” (Wescott & Mittelstett, 2020, p. 859). The federal government has an obligation to actively recruit Native students into nursing programs via scholarships to incentivize participation thereby increasing the amount of “patient-clinician concordance—defined as shared identity between patients and clinicians” (Wescott & Mittelstett, 2020, p. 857). Language training for both Native and non-Native healthcare providers could be offered as “approximately 280,000 American Indians and Alaska Natives speak a language other than English at home,” thus honoring tribal identity (Office of the Surgeon General et al., 2019, p. 84). Incorporation of traditional spiritual practices and inclusion of Native healers in the healthcare delivery process could add credibility to the Western healthcare model making necessary treatment possible that might otherwise be refused. Delivering healthcare to the Native population in Montana and across the United States is daunting, but it is not impossible. The implementation of systemic solutions to address systemic oppression is long overdue.

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