NEJRSP

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The New England Journal of Relational and Systemic Practice (NEJRSP) is a regional journal that disseminates pertinent relational and systemic information, giving mental health professionals the knowledge and expertise to enhance their practice.

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NEAFAST is the professional home for family and systemic therapists in Massachusetts and surrounding states. NEAFAST is a membership organization of professionals dedicated to the advancement of family and systemic therapy through advocacy, networking, and education.

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NEJRSP
NEW ENGLAND JOURNAL OF
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EDITORIAL: PSYCHOTHERAPY AS COMMODITY

STEPHEN DUCLOS, MA; SANJAY GRANT, MA
Editorial Team – *New England Journal of Relational and Systemic Practice*

Schools are increasingly becoming crisis centers. We have lost a million citizens to Covid, and rising. Children and adolescents are suffering with a two year loss of social development, those hundreds of daily in-person micro-encounters that define who we are. Pediatric emergency rooms are filling up with suicidal teens. Families are struggling with guilt over grandparents who died alone in a hospital bed. The right to have freedom over our own bodies is under attack. The Florida Board of Health is sending threatening letters to therapists warning them not to treat families with trans kids under 18. Teachers, nurses, and doctors are either leaving their professions, or taking extended leaves of absence. For every newly licensed psychotherapist, we lose three to attrition, burnout, low wages, and vicarious trauma.

At the same time, stock markets have done well, states coffers are filled to overflowing, and profit margins for many companies have skyrocketed.

It may be time to see psychotherapy as a commodity. Therapists themselves do not see their profession as anything else but a sacrifice, a Sisyphean attempt at helping others, without registering the cost to themselves of continuing to roll a rock uphill without any societal support. After completing graduate school, therapists are required to work for unbelievably low wages for two years until they become eligible for licensure. Faced with a lack of resources, suicidal children, according to a recent Boston Globe article, spend up to 8 days in a bare hospital room, waiting for treatment, given food and water and little else.

What happens when a commodity becomes scarce? If it is a vital service, like psychotherapy, people die. If it is a lack of access to abortion, women die, especially women of color. If a commodity is scarce, then systems fail, and need to be rebuilt, at great cost. A new perspective is warranted, both by the development of a professional guild of psychotherapists that is visible to a community, and a rebuilding of community mental health in which therapists are respected and paid according to their levels of education and years of service.

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Here are specifics:

Mental health services need to be prioritized, and provided with substantial resources. School systems are not structured to provide crisis intervention and residential psychological care, and will fail as a system under that burden

Therapists need to be paid a professional wage commensurate with their impact on the mental health of a community. No more years of internship in which workers are devalued and paid so little that they cannot afford to continue in the profession. We lose more therapists during the two years after graduate school and before state licensure than at any other time.

Psychotherapy as a business, service, and commodity must provide healthy working conditions. This means ongoing clinical supervision throughout the career of a therapist, significant training and education after graduate school and through the first 20 years of a therapist's career, and professional wages, akin to that of lawyers, nurses, and teachers.

Psychotherapy as a commodity is not difficult to understand. A systematic improvement of mental health services at all levels needs to begin. Now.

Children and Anxiety: An Interview with Jessica Price

STEPHEN DUCLOS, MA
Editorial Team – *New England Journal of Relational and Systemic Practice*

Stephen Duclos: This is an interview with Jessica Price. She's licensed in Massachusetts and Florida as a Social Worker and works with children, teens, and families. We're going to be talking today about working with children and teens in a conflicted world. So, Jess, have you seen an increase in anxiety in school-age children and teens?

Jessica Price: I think it's a resounding yes. Anxiety has increased overall. I think the more concerning issue is how the anxiety is being expressed. There are larger system concerns because school systems are exacerbated. They have labor shortages and worker shortages; the workers that they do have on their brick-and-mortar campuses are not trained to deal with some of the behavioral, mental health, and social crises that students are experiencing. There's also what we call COVID-regression, which is symptoms you see with children, particularly in elementary and middle schools, who were not really social for a couple of years.

The structure and routines that are quite typical if you don't have those gaps are beginning to present themselves in a less covert way. Anxiety used to present itself with kids who would be quiet or cry or maybe do kind of small refusals; now we're seeing much more overt behavioral responses, such as refusing to leave a classroom, aggression towards peers and staff, self-targeting—where children kind of begin to do things to hurt themselves. In elementary schools you see that more with kids who might punch themselves or do something to self-inflict, and in middle schools and high schools you see more peer-to-peer combat and assault against teachers. So, we're definitely seeing anxiety as a whole in society increase, which means that family systems are experiencing their own anxieties. And then kids are going to school with staff that are very anxious.

And, you know, the academic expectations keep marching on. There's this idea that we're not going to make changes in academics so the benchmarks have not changed and actually a lot of things that were taken away in COVID are being implemented back into systems that have really not recovered. And kids have definitely not fully recovered. So, I guess the answer is yes; a lot of

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resounding yes. We have a lot of talented staff who are really looking to help who are trained to academically to be in these places; they're not necessarily trained for the social-emotional, mental health, and behavioral challenges that they're experiencing. So, systems are in chaos.

Stephen Duclos: So, do you see it as more of a crisis kind of thing?

Jessica Price: Yes. I think when I work with families who also have members of their family who are working in schools, there is vicarious traumatization. There's definitely trauma that's being experienced on a day-to-day basis, in particular for guidance counselors and social workers in school, because there may be one guidance counselor or social worker in a very large school, or they may be bouncing from school to school, and may be the only mental health resource in a community. Staff members report feeling very burned out, but when you actually begin to do the work with them, you can see edges of trauma there.

Stephen Duclos: Are there any differences between Massachusetts and Florida?

Jessica Price: Massachusetts has more resources. Their focus, in particular with students with disabilities and for students who receive services through a 504 plan or an IEP, an Individual Education Plan, are far more resource based. They're still limited and they're still lacking but they definitely have more staff trained to do this work and I think they have more of an infrastructure to do the work. In Florida you don't see that focus. You don't see that same resource delivery. So, as a result of the resources which are just absent or significantly depleted in Florida, you see an increase in violence, hospitalization, suicidality.

There's also a gap in training. If your student is on an IEP or a 504 but they're in three to five classrooms a day with staff members who are not trained to deliver those services, then they're not really receiving they're services. They can get pulled out or they can get push-in services, but the difficulty is that if the disability isn't articulated or assessed correctly, or even if it is assessed correctly and you have a beautiful plan, if you don't have staff to implement it, you have kids who really struggle throughout the day. In elementary school you see those kids who don't feel that they can keep up with the academics. In middle schools, you see it as shutdowns or a kind of control-avoid response. The anxiety is going to result in a control or avoid response.

Middle school is hard enough. I think now, what you're seeing is academic loss based on the idea of gaps in foundational education and a lack of socialization. You're seeing developmental social skills that are lost. And then you're having a sensory bombardment: kids that are just feeling very overwhelmed in a sensory way, going from being kind of isolated—for multiple years for some kids—into these spaces of school buildings can feel very chaotic and their energy is scary sometimes. It creates a very complex equation with a lot of different variables. complex equation with a lot of different variables.

Stephen Duclos: Some students have done well at working at home. Actually, some students have done much better at home than they ever did in a brick-and mortar classroom.

Jessica Price: Yeah, so students that are doing well tend to be more independent, more able to complete work on their own, do better with more flexible time frames so they can do a bunch of work and then they can take breaks from work. So, when you're thinking about the idea of a student who really did well in a virtual environment, you're thinking about a student who's able to organize their work and manage their work and then also have a work-play differential. They also are the same students that were able to find social groups that allowed them to continue in their social development. However, many of these were online social groups. So, in those cases, the technology aspect actually was a resource for many students in the sense that they were able to go at their own pace. They had a nice technology social group that they felt comforted by, they had a family system and resources within their family system that were able to assist them through this process, and they didn't feel isolated and alone and exacerbated with parents who were also feeling a lack of resource.

When you think about it from the standpoint of what are the family resources, what are the individual student resources—their cognitive, developmental, and social ability—and then how effective were their emotional coping strategies, resourcefulness, or their resiliency, I think that you can see kids who did exceptionally well during that time. They may have even struggled to go back, or they found hybrids where they're able to go back for short amounts of time to not get overwhelmed by the brick-and-mortar environment but still have some kind of live interaction with peer groups while they do the majority of their academics online. This allows them not to have to deal with these staff shortages or teachers that are just not trained to do the work that they're being hired to do.

Stephen Duclos: Ok. What about stresses on parents and parenting? What have you observed there?

Jessica Price: The stressors that we're seeing with parents is that they are very overwhelmed. They're confused about how to parent. There's a huge technology problem in the sense that the amount of time kids are spending in technology play and then a lack of other play, like a lack of social play or free play. There's a lack of structure—chores, routines, responsibilities. There's almost a sense of not developing the reciprocal relationships, both the social peer reciprocal relationship and also the household or family system reciprocal relationship that comes from those rules of play, such as when we begin to play with others, we have to learn to share, how to communicate, how to get our needs met, and also understand other people's needs.

With that, we are also moving away from traditional play in school systems, as well as family systems. We have children who are inadequately able to participate in their family system in the same way that their parents participated in their family-of-origin system. So, there's a sense of kind

of, "What do I do? How do I take this technology away—this phone, this iPod, this laptop away—and what do I do when they refuse?…When I do take it away and they have an enormous tantrum that feels very aggressive and almost like a crisis, how do I trust that my child will come back?"

I think that the academic expectations on kids has dramatically increased and the amount of time spent in academic environments and doing schoolwork has also dramatically increased. And so, that balance is off as well. And then parents are also having to work and deal with the household and this kind of fluctuating relationship with space that we're in: Are kids in school or out of school? Can we go to after-school programs and summer camps or are these after-school programs going to be online?

It's hard to find mental health professionals, family therapists, social workers, licensed mental health clinicians, because quite frankly they're all full. Or families don't have the money to find the resource, or if they can find the resource, they don't have the money to obtain the resource for an extended period of time.

And then are also time constraints. What do you do when you have middle school kids who are starting school at 9:30 and going to school until almost five o'clock and they have two hours of homework? How do you manage getting anything else done in that type of schedule?

So, I think that families—parents in particular—are very overwhelmed, and I think that a lot of that stress and anxiety is coming from a sense of "How do I raise kids now?" The number one fear seems to be: "I feel like I'm losing my child to technology and I don't know how to stop it."

Stephen Duclos: Well, this brings us to: How do we do therapy in a world in which there's lots of conflict, in a world where there's lots of technology? How are you managing the back-and-forth between trying to work in person and now mostly doing most of our work on Zoom?

Jessica Price: Yeah, so telehealth, especially 100% telehealth. More recently, therapists are being able to go back and start to do home or community visits. We're still not able to get into school systems so, you know, that's a change. So, where you might've been a therapist who did some wraparound work where you would work with a family in their home, do some office work, and go see some students who are maybe struggling in other environments such as school environments or after school environments, and have access to all of those environments pretty freely…that's just very different work, right? That gives you so much building space to work with kids and families and move them forward and progress them in a way where you have a very large understanding of what the day-to-day is. What do kids look like when they walk through their day and what do families look like as they're walking through their day, their week, their month.

When COVID hit, we went to 100% telehealth, which was a huge change. Not being in the room with people—how do you play with a kid who's four or five or six? How do you do family therapy?

So, what we've done is we've adapted , and we begin to do mirroring work: so, I'll have kids bring a snack and we'll eat together and that makes us feel connected. I'll have a parent stay in the room —in particular with a kid who may be a little behavioral or suffering from extreme anxiety or insecurity--but I'll shadow them, I'll background them and have them work in. If there are animals in the home, you work the animals in as a little bit of a break, so you're able to talk about animals. I also sometimes have dogs in my room, which is a way of joining: "Oh, you have dogs, I have dogs." So, you're looking for ways of kind of joining and mirroring in a video.

Having toys around you that you can pick up and play with, asking them where their toys are, and then having them bring them and show you their toys and how those toys work. Invite your families to play a game all together and have somebody move pieces for you so that you can be part of the game and they feel like they're bringing you in. You can align as a team with one person and you play a game together.

Puppets are also significantly helpful for much younger kids. And allowing them to move through the room but also be contained in one room. Sometimes we have multiple screens, so if we have teenagers, I have the teenager sitting in their room on a screen, I have parents in another room on a screen so that there's some separation that allows a little bit for some distance—some developmental distance—that really does allow us to move forward within the family system. Eleven-to-thirteen year old kids are pretty good on screens. They can do the Zoom work and the screen work.

But you do have to shorten the session, so you're not going to do an hour long session; you move to half hour sessions and then you ask them at the end of every session, out of the practice of giving them some empowerment and some autonomy, "What do you want to do? Do you want to see me next week? Do you want to see me in two weeks? Do you feel like we're ready for once a month?" So, you give them a sense of empowerment in guiding the work which also helps you join.

Stephen Duclos: We're making some assumptions here about technology: that everyone has it, that everyone has access to it, and that everyone can use it efficiently. But this isn't necessarily the case with all kinds of populations. So, what's going on with that? How are we addressing these gaps?

Jessica Price: Well, school systems have kind of remedied some of the issues with technology during COVID—in particular in my rural and agricultural spaces here in Florida. I work primarily in Hillsbury County in Florida. It's a very large school district—I think it's like the seventh largest school district in the country and it really does work with urban as well as suburban and rural spaces. And so school systems when covid hit had to push technology into communities. Now, there definitely is struggle around—in particular in some of my rural spaces not necessarily in having a computer but in having internet access that stays on. You know, with technology you do have technology glitches; you're going to have family systems that may not be able to have wifi

that is reliable. And in those cases you really do have to move back into the community. You have to do home visits. May you have to do phone calls. We could meet outside and in parks. So, you have to be more creative with families who don't have reliable internet or who maybe don't have technology. Although, like I said, school systems were pushing technology out into their communities because they had to; that was the way that they had access.

Stephen Duclos: Have you noticed any differences between white students and students of color and students with disabilities?

Jessica Price: Yeah, absolutely. More at-risk populations are always going to experience transitions and crisis in a more exacerbated way. My students with disabilities became more isolated. I had many students whose disabilities didn't allow them to access technology at all. The students that have visual or auditory impairment, suffer with sensory integration, or just generally have high anxiety just don't have the same access to the curriculum, even inside the classroom. And so, of course, trying to have one teacher who's managing twelve or twenty or thirty students who are all in different environments with students who are shutting off computers or walking away. There were just gaps, and students weren't progressing. They weren't receiving any real instruction that was meaningful to them. My students that tend to be resource-deprived and/or suffer from unique learning styles and learning challenges were just not able to gain access.

And then they were in family systems that were also super exacerbated, as well as the child welfare problem. When you begin to talk about family systems who rely on resources in these larger systems to assist their children moving forward and progressing academically, developmentally, socially, and emotionally, and all of those systems all of a sudden were in crisis and chaos and had no idea how to even access them, we have years of loss there that we're just not going to get back. That's what we call covid-regression.

We have students who are in second grade, for instance, who are exhibiting behaviors and interactions with peers on a four-to-six-year-old space and they're eight or nine. I have ten-, eleven-year-olds who should be really moving into pre-teen behavior who are struggling with keeping their bodies still and knowing how to make eye-contact. I have high schoolers who even after they went back to school spent eight to ten hours in a house alone, anxious and isolated. The idea of then pushing these kids out into work environments or college environments when they're two, three years delayed in developmental stages and social-emotional spaces with no therapist, no assistance for families is devastating. And that's a majority of families who are families that have disability and also families of color.

Anytime that we have a lack of resources in a day-to-day space, kids are going to school and they're kind of doing what they need to be doing; boom, COVID hits, nobody's going anywhere, and there's a resource depletion and absence of socialization, you don't leave your house, you don't see others the same age, and then boom, right back in. So, you have to think: kids thrive on

consistency and predictability and when we've now had every year a very significant change in their fundamental structure and challenges of schedule like going to school and coming home, going to after-school and coming home, and that those things are chronically transitioning, how do you find grounding? How do you find stability? How do you reduce the anxiety that they feel that nothing stays the same?

Stephen Duclos: This leads me to the final question about social development and sexual development. Teachers and therapists are reporting what we're starting to call COVID-regressionas affecting social and sexual development. What are there any differences you've observed in Florida and Massachusetts in terms of social and sexual development?

Jessica Price: I think that those things are similar. You're going to have differences between the communities. The states are very different and also their seasons are very different. Here in Florida—because the seasons are not as significant and also there was a lot of sending kids out into the world even during this time—you do see differences but a lot of similarities. The social and sexual development have been delayed. If you think about the idea of sexual development, how do you move from a stage where you're in a middle school environment—age twelve, thirteen. You are beginning the process of understanding desire and attraction, you're trying on playfulness, and you're moving into sexual play in a way that's very developmentally appropriate. How do you do that if you're all by yourself?

There was the technological aspect of things that was interesting where there were groups of middle schoolers who had whole groups around identity and desire and attraction and moving into relationships in an online way. When they went back to face-to-face learning, they at least had a little bit of foundation there; they were trying some stuff on. A lot of other students just didn't have that. So, you definitely are seeing delays.

Now fast forward. Now these kids who were supposed to be in middle school and never went out for half a year, now they're in high school and high school. You're dating, there's prom, there's this, there's that. There's a social structure in high school around dating, attraction, and sexual relationships. And you're having students who are entering into that with a gap. You either have kids and teens who are checking out of this altogether—"I'm going to just stay in my room and I'm just not going to do this"—which then increases their anxiety, their depression, their suicidality, their self-injury. If you're not taking the healthy risk of moving into relationships, then you're taking unhealthy risks, right?

And then figuring it out and trying to play catch up, again, without a resource. If you have a therapist who you're working through your relationship and friendship challenges, at least it gives you a way of feeling grounded and supported. If you don't have those things—which school systems do not have in place—then it's kind of a free-for-all of kids who are isolated or overdoing. And then you are also having all of the other mental health challenges that come with that.

Stephen Duclos: I really can't let you go before I sort of talk about something contemporaneously and that's the… You know, one of the differences between Massachusetts and Florida is the "Don't say gay" and the attack on trans children. Although these are kind of new, I'm wondering if you've seen any effects even now, even just a few weeks after these…

Jessica Price: Of course. This is where the weaponizing of the child welfare system and kind of the police state that some of these states like Texas—and Florida's following suit—are beginning to push families into a space of secrecy. And when you are experiencing transition and you're having families that are experiencing transition—in all senses of the word—and now we're putting, you propaganda out there that therapists can only work with families like this and we have to report and we're mandated reporters; it really sets up a wall. How do you trust a therapist to work with you and your family when you're getting all of these news alerts and these news bulletins that are saying that they want therapists to be filing as if there's abuse and neglect, even though that's now what's happening.

Therapists are feeling afraid. Families are pulling out of therapy out of fear of this weaponizing of child welfare. My school staff is saying to me, "Are you kidding me? Do you have no idea what is going on in public education? Do you have no idea the crisis that these children are in and now you're going to add another layer of misunderstanding, hate, and going after a group of students who are on their own working through cultivating and assimilating into our culture and society?" It's a mess. And it's quite frankly infuriating. It's infuriating that states are trying to determine how we do our work with a huge lack of understanding of the crisis that children and teens and young adults are facing. It's heartbreaking.

Stephen Duclos: Okay. Thank you so much for taking time to share your experience with us!

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THE IMPACT OF THE PANDEMIC ON CHILDREN AND FAMILIES

SANJAY GRANT, MA
Editorial Team – *New England Journal of Relational and Systemic Practice*

In what has been described as an unprecedented period in our history families were forced to make decisive decisions around education, work status, vaccination status, socialization, finances and so much more. Children were hurried into transitioning from in-person school to virtual learning, participation in extracurricular activities were snatched away, access to peers and other social supports yanked. Children were now home with parents 24/7 for those who were working from home and for others they had to watch their parents' step into the unknown each day to go out to work; some being left behind with minimal supervision and support.

In my work with children and families, I have had the opportunity to hear and witness some of the impacts of the pandemic on families. While there are some positive aspects, we also recognized that there were some significant challenges faced by children and families. A courageous group of parents have agreed to share their experience in hopes of shedding light on what they dealt with, interventions that have worked for them and their families and some of the long-term consequences. Please note that identifying information has been modified to protect the privacy of families.

In what has been described as an unprecedented period in our history families were forced to make decisive decisions around education, work status, vaccination status, socialization, finances and so much more. Children were hurried into transitioning from in-person school to virtual learning, participation in extracurricular activities were snatched away, access to peers and other social supports yanked. Children were now home with parents 24/7 for those who were working from home and for others they had to watch their parents' step into the unknown each day to go out to work; some being left behind with minimal supervision and support.

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group of parents have agreed to share their experience in hopes of shedding light on what they dealt with, interventions that have worked for them and their families and some of the long-term consequences. Please note that identifying information has been modified to protect the privacy of families.

Story of Grace:
Grace works full time in social service and was required to work outside of the home. Dad works as a teacher and was working from home throughout the pandemic. With 3 teenagers, ages 17, 14, 14; the family had quite some adjustments to make.

Sanjay: What was your child's level of socialization/participation in extracurricular activities prior to the pandemic and how did they respond to the changes during the pandemic?

Grace: Our 17-year-old was very active in school, as a member of the high school football team. As a result of the pandemic, he stopped playing as contact sports were discontinued when he returned. Our 14-year-old son did not play sports when COVID began but did start playing town football this past fall and I feel became much more engaged in the activity due to the lack of contact throughout the end of the previous year.

Sanjay: How did the pandemic impact your child's academic performance?

Grace: My 17-year-old did not struggle with the changes made in academic life after COVID hit. He adjusted well to home schooling and chose to finish last year as a remote student. He returned to school this fall as a senior and found it a little harder to not have some of the freedom that came with remote learning. He enjoyed some of the self-direction that remote assignments allowed. His grades stayed on target and improved throughout the last two years.

Our 14-year-old son with special needs (behavioral) did not fair well remotely. He often would fall asleep and not participate in the expectations of class online. As a result of his needs and inability to remain on task, he returned to in person learning quickly when children with his needs were able to do so. This kept him on task and up to date on expectations in learning.

Our 14-year-old daughter previously A-B student absolutely tanked in her attendance, performance, and grades. She did minimal work, used the internet in distracting and sometimes unhealthy ways, and did not get assignments completed. She had a hard time recovering and adjusting to high school during the first two semesters this fall. She has since regained her performance, but motivation continues to be a little bit of a struggle.

The child most impacted by COVID in our home was our 14-year-old daughter. She shifted from the happy go lucky social child into a child who had a great deal of anxiety in social situations and depression. It took a great deal of work to get her back on track, and only with the consistency of

school and expectation of attendance, was this able to happen. It took 2 terms to get her mental health as well as her academic performance back on track. She has been able to become more social and participate in activities that were limited during COVID.

Our 17-year-old remained unaffected and the 14 year old male was able to maintain schooling for most of the time so the disruption to his mental health was minimal.

Sanjay: Were there any noticeable changes to your child's/children's mental health during the pandemic and how did you respond (did you seek treatment for your child)?

Grace: The main change was for our daughter, and we did not seek treatment. We monitored her closely and offered as many social activities as possible that we could per guidelines. Fortunately, she was able to express herself and work through feelings and emotions during this period without additional help.

Sanjay: How did the family as a whole deal with the demands of parenting during the pandemic?

Grace: My husband was impacted the most as a remote teacher. He had to teach his class while trying to monitor our kid's performance and emotions. I was considered an essential worker as a clinician, so I worked out of the home during the entirety of the pandemic. As parents we tried to get out of the home and have as much fun as we could while maintain safety. We got together with friends within my work and family bubble and did this often, adding activities that were engaging and felt less restrictive.

Sanjay: What would you identify as some of the pros and cons of the pandemic on your family?

Grace: Pros were that it forced us to rely on one another exclusively. It also made the children more aware of how to function as a responsible member of the community and how to protect those more vulnerable. It slowed our lives down in a way that enhanced some of our connection to one another and allowed us to become closer to the people that matter in our lives.
The main cons were the lack of the routine that was established in the schools that the kids attended. Without this I feel that additional fear was added to an already unknown level of uncertainty during the pandemic. We as parents were no longer the knowing people that the kids could rely on for answers since us, like the rest of the world had no idea what was coming next.

Story of Kerry:
Kerry works full-time outside the home throughout the pandemic. Kerry found herself in an untimely situation where she was not only navigating work stressors, pandemic life, parenting a teenager with serious mental health needs, but was now also navigating the breakdown of her marriage.

Sanjay: Could you tell us about your daughter and how she was functioning prior to the pandemic?

Kerry: My daughter was 13 years old at the start of the pandemic, now 15 years old. Her mental health was generally stable. She did have mild anxiety symptoms with some nightmares and flashbacks related to past trauma but manageable. Never took any psychotropic medications and did not receive counseling services. She was in dance classes 6 days a week and was very social in school and in the community.

Sanjay: Were there any noticeable changes to your child's mental health during the pandemic and how did you respond? (Did you seek treatment for your child?)

Kerry: Her levels of stress increased during the pandemic with the lack of socialization. She begged to go out and be with her friends. She began sneaking out of the house in the middle of the night to hang out with friends and started using drugs. She began watching more online videos that negatively impacted her health and included videos on how dancers utilized Bulimia/Anorexia to control their weight thus beginning an eating disorder in her.

Once the pandemic began, her mental health rapidly declined. She had to begin counseling and be placed on psychotropic medications. She began using drugs, sneaking out the house, having sex, starting cutting, became increasingly depressed, had frequent panic attacks, attempted suicide numerous times, chronic passive suicidal ideation, was hospitalized 4 times per suicidal ideation, began to have psychotic symptoms when overly stressed. Previously had no diagnosis, now diagnosed with PTSD with psychotic features and Anorexia.

Sanjay: How did the family as a whole deal with the demands of parenting during the pandemic?

Kerry: As a parent, I did the best I could. My child was a teenager, so I did not have to worry about childcare. I ultimately became separated from my husband, not solely due to the pandemic and parenting, however, it was a factor.

Sanjay: What would you identify as some of the pros and cons of the pandemic?

Kerry: The only benefit I could say was that her grades improved during the pandemic as she had more time to focus on academics.

With the rapid decline in my daughter's mental health, she will most likely never be the same and I know it was the pandemic that triggered it all. She had consistently been busy with dance and being able to socialize with peers were her main coping skills. The swift cut off of all activities and social outlets allowed for underlying mental health symptoms to surface. Now that we are back to less restrictions her mental health has gotten better but is not back to pre-pandemic stability. We

are now dealing with the aftermath of all of this.

Story of Kimberly:

Kimberly and her husband are full time working parents of 2 children ages 11 and 13. Both parents are considered essential workers and therefore were required to work in-person throughout the pandemic. The family does have some support from other family members generally, but with the risk of infection that layer of support became limited.

Sanjay: What was your child's level of socialization/participation in extracurricular activities prior to the pandemic and how did they respond to the changes during the pandemic?

Kimberly: Both our children were very active in sports prior to the pandemic and had a very active social life. As the months progressed our 12-year-old was growing increasingly anxious to the point of panic attacks. Pre-pandemic they had mild anxiety symptoms which were manageable. We made the decision to have them in therapy for panic attacks and generalized anxiety and social issues that increased during the height of the pandemic. They responded well to therapy and have been doing much better since; however, they continue to wear a mask to school even though these restrictions have been lifted.

Sanjay: How did the family as a whole deal with the demands of parenting during the pandemic?

Kimberly: We managed! The first 6 months were the hardest. Even though my children were older they were never left alone prior to the pandemic. We had no childcare for the spring of 2020 and for the summer of 2020. When school resumed, we often were doing schoolwork with our kids until 9 pm because they struggled to complete work assignments outside of the classroom. We found that our 14-year-old was struggling with school in 2020-2021. Excelled while in class (2 days a week) regressed while out of class 3 days a week.

Sanjay: What would you identify as some of the pros and cons of the pandemic as it relates to your family?

Kimberly: The pros are my kids, especially my youngest is independent. They have learned to cook and enjoy this. The cons are our children were left alone, a lot. Too much. Our 11-year-old had increased anxiety and panic attacks. They feared that their parents would get COVID 19 and die. This anxiety was generalized to many other things.

As parents we often worked 40+ hours, then came home to do hours of schoolwork. For the most part, our lives have returned to normal. Our oldest is back to excelling at school and our youngest now has skills to manage their anxiety.

Story of Jen

Jen is a 17-year-old immigrant who left her country at age 12 and relocated to the U.S. with her younger sibling. Jen has been living in a foster home since she moved to the country. Both her biological parents had passed away before the pandemic.

Sanjay: Could you speak to us on how you were able to navigate your way through the last year of high school while going through the pandemic and how you dealt with the changes?

Jen: I lost the opportunity to socialize during the pandemic. I noticed that it was starting to impact my social skills as I started to become less outgoing and noticed that I was also starting to fall behind on schoolwork.

Sanjay: Did you notice any changes to your mental health?

Jen: I realized that my mental health was also starting to decline and recognized feelings of isolation, anger, and sadness mounting. I took the opportunity and became more in-touch with myself and would go on frequent walks, engage in board games with the family, watched movies, developed skills around being more responsible and grew more appreciation for family time.

Despite the stressors being experienced, Jen was able to graduate from high school, enroll in college, bought her first car and is also now working part-time.

Conclusion

While many were eager to return to a life of "normalcy", for others life will forever remain changed. The pandemic has afforded opportunities for some families to become closer, learn more about each other, created opportunities for career change and self-exploration. The pandemic may be over or partly over, but for many the long-term effects linger and will be something they will have to navigate post pandemic. It is my hope that families will be able to move forward and receive all the support that they may need in doing so.

The Impact of COVID on Adolescents: An Interview with Omar Ruiz

JEREMIAH GIBSON, MMFT
Editorial Team – *New England Journal of Relational and Systemic Practice*

Jeremiah Gibson: Omar Ruiz provides individual and group counseling to 7th and 8th graders at the Boston Collegiate Charter School. Before we move into questions about adolescents, would you mind describing what a typical day working at BCCS involves? What kind of work do you find most intriguing? Most challenging?

Omar Ruiz: A typical day looks like me having several scheduled student counseling sessions, standing around different locations as part of having some adult presence (i.e. standing in the hallway during transitions, in the cafeteria during lunch and outside during recess), providing emotional/behavioral crisis intervention when needed, attending meetings and overseeing plus supervising a counseling intern. Students are referred for counseling either through their individualized education plan (IEP), 504 accommodation plan, or referred by the teachers, parents or students themselves. The most challenging part is working with a student who does not want to partake in counseling as they are mandated to engage either because services are listed within their IEP or they genuinely do not believe they need services.

Jeremiah Gibson: How do you engage with students who don't want to participate in counseling?

Omar Ruiz: First, I ask them questions about what is their understanding as to why their teachers or parents have requested them to be in counseling. I would then ask about their history of receiving counseling in the past. Finally, I will work on acknowledging their discontent about having to be forced to be in counseling due to their disagreement around why they need it. I do this by sharing how there are students who truly believe they are ok and it's the adults that have the issue. I spent most of my time during the first few sessions trying to build a relationship. I do not engage in the actual work of treatment because I believe that treatment is only as successful as the therapeutic relationship that I am able to build with the student. I have had students who completely hated the idea of counseling. I knew it wasn't about me as they never met me before.

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Their emotions and discontent about counseling was more to do with their disagreement towards how other adults in their lives have told them that they needed help. There will always be students who, regardless of all the work I do to build connection and relationship, will not want to engage. That is okay because I do not want to partake in forcing anyone to engage in a conversation whereby they have no buy-in towards the process of counseling.

Jeremiah Gibson: I want to break this interview into two parts: talking about the emotional, relational, and social needs of junior-high-age kids in general, and then exploring how the pandemic has impacted these needs. So the first question is, leaving the pandemic out of the equation, what are the most common needs and stressors that you experience middle schoolers engaging with?

Omar Ruiz: The most common needs for middle school aged kids are that they struggle with building and maintaining healthy relationships. Due to their brain's frontal cortex not being fully developed, middle school students tend to respond more emotionally to adults and peers. This is increased when such interactions happen online or on social media (i.e. SnapChat, TikTok, Discord, etc). For students at a charter school, the main stressors they experience is the rigor of academic expectations.

Jeremiah Gibson: What are common ways that you observe middle schoolers creating relationships? How has the rise of social media platforms impacted the ways that relationships get developed?

Omar Ruiz: As with most people, middle schoolers create relationships based on common interests that they may share with others within their classroom. The rise of social media has created a different platform for bullying and unhealthy interactions between students. Now, students can record videos and post pictures of one another to try to make it go viral as a way to make fun of or intimate others. Students can create relationships through these platforms; however students tend to not understand that whatever they post is still traceable and others can still take a screenshot, regardless if they are aware that some platforms (SnapChat) send a warning that a screenshot was taken.

Jeremiah Gibson: What are ways that you and your colleagues are discussing the negative impacts of social media that you mentioned with middle schoolers?

Omar Ruiz: This happens on a regular basis because students engage in social media (Tiktok, Snapchat, etc.) in ways that other generations did not. Cyberbullying, and its impact on students, has significantly increased. It’s evolved from receiving secretive messages/emails from peers making fun of them to capturing peers on video, editing those clips within the social media platform, and posting it as a way for it to go viral where not just kids at their school will notice them but kids across the nation and even globally. This then heightens the impact of bullying to a

massive degree. I work a lot with the Dean of Students to try to mitigate some of these actions, especially if they take place within the school building. There have been instances where we have had to connect with the local police department, cyber unit, to track down some of these pictures, videos and posts especially if any of them contain explicit photos of underaged students.

Jeremiah Gibson: The most common stereotype around middle schoolers is the impact of puberty. Systems therapy suggests that family issues arise when families get stuck in previous developmental stages. What are the most common ways that you see families struggle to transition to meeting the developmental needs of middle schoolers?

Within a middle school system (school culture), I can not say that I have witnessed families struggle within the developmental needs because I am not interacting with families as much as if I were to be doing outpatient family therapy. Most of my interactions with parents are around phone calls about safety issues or service goal updates. What I can say is if families are having issues, those issues impact the students academic performance and motivation. Issues can be going through a divorce, distance in family connection/bonding, trauma related situations, etc.

Jeremiah Gibson: What are common ways that you hear students alluding to (directly or indirectly) problems in family systems, especially during the pandemic?

Omar Ruiz: Many students talk about the concerns they have about certain family members, especially if they were more at risk due to existing health conditions or if their parents or family members worked in healthcare.

Jeremiah Gibson: Two years ago, we started the pandemic. NEJRSP has referenced, alongside other folks, that the pandemic has been a developmental loss for children and adolescents. What are the most common losses that middle schoolers have experienced during the pandemic?

Omar Ruiz: When students re-entered in-person, especially the 7th grade students who missed an entire year of in-person learning during their 6th grade year, they showed major signs of immaturity among one another. Their behavior and responses mirror that of a 5th grader, where students would not be able to keep their hands to themselves and physical fights would slowly begin to rear their heads because students did not realize that "play fighting" can lead to actual physical fighting. Another loss was connection between other students. Many students struggled to create friendships with others because they never met their classmates. Most students would have their cameras off during their remote learning. Students would also not engage with one another when they were not in remote classes, which did not allow them the opportunity to foster a more human connection to their classmates.

Jeremiah Gibson: That's a fantastic point about turning cameras off during virtual learning: that it creates a relational distance between students. What are ways that you and your colleagues

are encouraging your students to develop relationships, both virtual and live?

Omar Ruiz: Currently, we aren't partaking in remote learning as all students have returned back in-person for the 2021-2022 academic year. It was difficult to create and foster relationships with students because there is a human element that is important when providing counseling that you cannot get from an online space. Now, I am all for online counseling. My private practice is majority online. However, students need that human interaction as part of their development because there are real world social aspects that you cannot experience in an online setting, such as them showing affection towards one another through hugging, high fiving or play fighting. It was hard to create such relationships when students could easily zone out and be on their phone or play video games while in session or class because their screens were off.

Jeremiah Gibson: What are ways that you've observed schools, teachers, and administrative systems struggling? What are ways that the therapeutic community may be able to collaborate with education systems and provide support?

Omar Ruiz: Teachers and administrative staff have tried their best with adjusting their teaching and support styles to address the needs of students, especially those who have lost a lot of their skills due to having to transition to remote learning. I believe that teachers still require some more training and professional development around mental health to best explain why some students are unable to perform their best academically in the way they hope they could. Unfortunately, many teachers and staff are burnt out. With so much pressure to get students to a certain level in their learning, teachers are a victim to the evolving education system that pushes an agenda of students needing to go to college, as though college will make them successful. In my humble opinion, college is not the answer. I do agree that many people do benefit from higher education and exposure to different fields of work. But, to push students to get certain levels of academic achievement does not correlate to the real world. An example of this is in my very own private practice. College and graduate school prepared me to build a business. I had to learn a lot from watching youtube videos and asking around about what other people have done. Schools don't truly prepare students for the real world. They don't teach you how to file taxes, invest your money into stocks/bonds/real estate, how to open up a checking/savings account, or even build a business.

Jeremiah Gibson: You're speaking to a really important issue: The limitations of a liberal arts education, particularly when it lacks some of the more fundamental elements of "adulting", such as financial and relational health. What are ways that the mental health community can collaborate with schools to fill these gaps?

Omar Ruiz: Groups. I think any school can allocate interns and licensed professionals to come in and provide direct clinical support to its students. Some schools have a higher need and require more on-site clinical staff. I believe that providing more group counseling might be the best route

to tackle bigger social issues within students relationships and might be the best support that the mental health community can do to fill in gaps with schools. Groups can include social skills, bereavement, and substance abuse, as some examples.

Jeremiah Gibson: I'm thinking about your comments about burnout in the workforce. So many educators are hanging on for dear life, and while some folks have been seeking out acute mental health services, most folks are just trying to get through the day. I believe in the next 2-4 years, we're going to see the evolution of ongoing relational issues in helping professions, including our own, as the chaos of the pandemic sets in post-pandemic. What are specific stressors that educators have experienced during the pandemic that family therapists can be aware of?

Omar Ruiz: I have learned that some places have providers who specialize in what is called "burn out therapy." I believe family therapists need to learn more about this specialization as it may be helpful when one's work experience begins to impact their intimate relationships. I work with couples who become so stressed about work that it impacts their ability to be both a parent and a partner. They are so tired, overwhelmed, and stressed that they aren't able to be their best self with the loved ones and thus resulting in the breakdown of significant relationships. Educators are currently dealing with what is now being called the great resignation, where they are now making active choices to choose their own mental health over the need for educating the next generation of citizens. It was stressful for many of them to try to shift their teaching model from in-person to online, and now that we are back, many of them have shared feelings not as appreciated both from a personal and financial perspective. They also spend so much time having to work on lesson plans outside of their working hours that it takes away time for them to develop an outside fruitful life.

Jeremiah Gibson: Thanks so much Omar, for providing your insight about the impact of the pandemic on middle schoolers, and ways that family therapists can enter and engage with multiple systems.

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Equity in the Agency Experience: An Introduction

JEREMIAH GIBSON, MMFT; SANJAY GRANT, MA
Editorial Team – *New England Journal of Relational and Systemic Practice*

Jeremiah Gibson: Hi there. My name is Jeremiah Gibson. I'm the Executive Director of the New England Association for Family & Systemic Therapy. We're a professional organization dedicated to providing the best continuing education and support for psychotherapists in Massachusetts regardless of where said therapist is in their professional career. In Massachusetts, after a therapist graduates with their master's degree, they commonly begin their paid career in a community mental health center, or colloquially known as agencies. Agency systems provide a number of great services for newer therapists. But there's also a lot of ways that agencies struggle to support the newest members of our profession.

Equity in the Agency Experience is a twelve-month weekly chat amongst people in the agency world that attempts to find ways to bring voices together so that folks from throughout the psychotherapy community, regardless of where we're at—if we're in private practice, professors, or in policy work—can figure out how to provide the best support for our newest therapists. Today, we're going to just talk about an overview of the mental health system. As we go along, we'll talk about processes, including the productivity model and how we might challenge that and think about different ways of defining success for therapists, explore how we can create effective supervision structures that ensure that our newer therapists are getting the access to best practice and not just using supervision for administrative purposes, and also discussing how we can provide self-care and support agency workers in setting effective boundaries with the work so they can have healthy relationships and healthy lives outside of the therapy process, as well as other things. So without further ado, I'm going to turn this over to my colleague Sanjay Grant. Sanjay is one of my co-editors on the New England Journal of Relational & Systemic Practice and this is a process that's put on in conjunction with the NEJRSP and NEAFAST as well. So, Sanjay, I'm going to turn this over to you, and also to our panelists.

Sanjay Grant: Thank you, Jeremiah. Thank you, everyone, for joining us. My name is Sanjay Grant and my background includes: I'm a licensed mental health therapist, I have practiced in

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agencies for the last fifteen years in various settings such as residential, in-home therapy, and out-patient. I currently work as the Program Director for an out-patient substance abuse program and I also work in private practice independently. I want to say thank you to all our panelists for joining us today and we'll go ahead and introduce ourselves.

Porsche Lockett: Hi, my name is Porsche Lockett. I have been working in community mental health agencies for the last nine years. I'm also in private practice. I have been in out-patient, in-home therapy, crisis, and supervision, and am currently balancing both of those worlds.

Sanjay Grant: Thank you, Porsche. Kelly?

Kelly Olson: Hi, my name is Kelly Olson. I'm a licensed Marriage and Family Therapist. I have been working in agencies for a very long time but since grad school it's been about six years. And within that I've done one-on-one therapy, in-home family therapy, I've worked in residential programs, and done some group therapy as well. I'm currently doing private practice.

Sanjay Grant: Thank you, Kelly. Emma.

Emma Vukelic: Hi, my name is Emma Vukelic. I use she/her/hers pronouns. So, I graduated in 2020, and since then have been working in community mental health in the greater Boston area and also for practicum and internship worked in agencies. I primarily do IHT and couples and family work while also seeing individuals. I also recently quit my job due to burnout so I'm in the place of privilege where I can take a little bit of a break and return to finish my hours prior to getting licensed.

Sanjay Grant: Awesome. Thank you, Emma. Natalie.

Natalie Gadja: Hi everyone. My name is Natalie Gadja. I have been in the field for the last five years, I think…something like that. It took a bit more because of the pandemic but I am here now. I have been licensed since December, so I am now Licensed Marriage and Family Therapist, I think like most of you here. I have worked with individuals, couples, with groups, and since last week, I am officially working for myself.

Sanjay Grant: Thank you, Natalie, and congratulations! Alrighty, so we'll go ahead and we'll start our discussion. Collectively we have years of experience in the agency world, and as Jeremiah mentioned earlier, there are a lot of positives that come from working in the agency world. So, let's start our conversation today talking about some of the positive experiences we've had in the agency world. Experiences that have helped you as developing yourselves as the therapists you are today.

Kelly Olson: I would say for me, I think, that one of the positive experiences that I had was just

the sense of community and support that I got working in an agency. I feel we work with really difficult cases, and having the ability to walk into someone else's office after a tough session to debrief or grab lunch created an amazing sense of community.

Natalie Gadja: I agree, that has helped me as well...not only do you feel like part of the community, but you also feel appreciated. No matter how hard the day was, I always felt I could get support if I needed it.

Sanjay Grant: Absolutely, so a sense of positive reinforcement in the moment has been helpful as you have supervisors on staff and even coworkers who are able to give you that real time feedback. Other folks with positive experiences. Porsche.

Porsche Lockett: In that same line of thinking, I'm not sure how it happened but when I started in agency work, about four other folks from my graduating class ended up at the same agency and there were also additional interns from William James College—so at one point there were eight of us in a staff meeting in different places in our career, and it was just really nice to feel like there was even a non-intentional bridge of all being together, being all in the same hallway, and being able to connect what we learned in school and then actively still being able to have the same support being in the same agency—which we didn't plan; it just worked out that way. And also feeling like we were able to hold each other accountable to what we were learning, what we were doing, and also seeing so many different things happening: so many different needs, and so many applicable moments that sometimes we just talk about in our graduate programs but don't necessarily get to see in person, but having all of those interconnecting things coming to fruition in front of us actively.

Sanjay Grant: One of the things over the years that we were able to develop in the agency where I work was to create a separate clinical team group for all the interns across the agency in the different offices just so they had that support, and where you talk about being able to bring back some of what you're learning in school versus what you're seeing in real life and how that plays out for an intern. I think that was definitely a valuable experience for our young interns. Any other thoughts or feedback? Emma.

Emma Vukelic: So, a couple different things in thinking about the positive experience: I definitely agree. I think the sense of connection in community was, kind of, what invited me to be able to take on the work that I was doing. I was lucky enough to have—anyone who was unlicensed was in a group supervision together, so I did an internship where I worked following grad school. So, I was brand new, started in the pandemic, totally virtual, didn't know anyone. And so, having those spaces for both connection and case consultation, if I didn't have that I probably wouldn't have lasted as long as I did where I was. I think also what I appreciated—I think this can be both a positive and a negative depending on the day—but I think, kind of being thrown into the fire, so to speak; I really appreciated kind of just jumping in and learning as I went, again, like

different need areas: ranges of diversity related to areas of identity and just really kind of taking it all on.

And I was really lucky to have really strong supervisors and supervision where I felt comfortable to be myself in those spaces, which I think really, kind of, helped me learn through each client. So, I think without that, you know, I wouldn't be the clinician I am today. I think, just, you know…for me, that was a plus, just kind of not knowing what I was doing, not having the time to overthink, and just kind of jumping right in and rolling with it. So, I think that's, you know, the connection points and the range of client presentations were two things that I felt positively about.

Sanjay Grant: I love that analogy of being thrown in the fire. I think, for most of us, that's definitely something we experience, and when I was thinking of some of the positives that I've gained over the years, crisis management was definitely one of them. When you work in a community setting you're almost forced to kind of learn crisis management and sometimes we don't have enough opportunity to have a supervisor or another coworker walk you through step-by-step; you kind of go into a situation and you learn as you go along. So, that's definitely one of the things that I would say has also been a positive. Other positives that folks are maybe thinking about.

Natalie Gadja: I think that something that came to my mind, I'm not sure who mentioned burnout, but I feel like I have heard this word so so much, especially in the last few years; it's just everyone seems to be burnt out. So, at some point it was like, "Ok, well if my friends are, if my peers are, if everyone seems to be burnt out, does that mean that I am too?" So, it does help to have a group of folks that you can say, "Hey, you know, I can't sleep, I don't seem to eat well, something's off." And they're like, "Yes, it could be burnout." It doesn't need to go to that far place where I need to drop my job, that there are ways for me to take care of me a bit more. That key term of burnout, I thought I would bring that up.

Kelly Olson: I feel like the community, the support, all of that stuff, it really depends on which agency you're at. I definitely did not get that at every agency I was at. But working at an agency—especially from my experience now being in private practice—you have a lot of really difficult cases and you're under supervision, and regardless of why you're under that supervision, you get it consistently for the most part. Having access to things like CEUs that are readily available and free and things like that—I think that's also something that's a big benefit to being part of an agency that you don't necessarily get being on your own.

Sanjay Grant: Absolutely. And that tuition-reimbursement that some agencies also provide is a nice incentive. One of the things that was also beneficial in the agency world was documentation: learning how to document properly. I can see the difference between someone who was taught in an agency setting versus someone who was taught in an exclusively private practice setting. Any final thoughts on other positive experiences that we may have experienced? If anything else comes

up feel free to share. We'll talk about some of the challenges that we have faced over the years, some of the situations that may have prompted our decision to transition out of the agency world as we move forward with our careers. So, what are some of those challenges that we have faced over the years working at agencies?

Porsche Lockett: I would say some of the consistent challenges were the constant change in administrative expectations that were handed down by insurance companies. I think that although we know it happens, we know it's important, it can just feel mundane after the most of your energy is going to providing good clinical work to the clients, making sure that their needs are met, making sure that you are as full as you can be to provide for also the immense amount of numbers of clients that we have. I don't know if that's common for folks across the board but just having so many clients, wanting to provide great services to all of those clients. And a lot of times a client is not just that one client; that client has a partner, that client has a family, that client has children, and you're also in some ways clinically helping in all those capacities too, depending on what's going on. And having to then have your paperwork, but then the paperwork changes and then the agency switches the system so they go from paper records to then, you know, electronic records and learning how to manage all those things. And some of the things that we're required to do administratively it's not necessarily what we learned at school but you still have to do that because it's a requirement of the agency which got handed down this information by the insurance company. And so, I think this is a cycle that, regardless of whatever your concentration is, if you're working in an agency—even in private practice, it is significantly less, however, it is that changing of the tides that can be just that last thing at the end of a workday that you're like, "Oh, that's right, got to circle back, got to make sure the notes are done, and done correctly."

Kelly Olson: Yeah, Porsche, to your point, I think it's awesome that agencies are really readily available to all of the clientele who need them but because of that I think they have a longer waitlist, like you said, just a larger expectation for a caseload. And I can remember supervisors in the past telling me, "Well, you have student loans to pay off so take on more clients and more cases," and,I find myself saying, "Oh my god, you're right. I do have student loans to pay off. I should take on more!" And just being really kind of overwhelmed with the amount of clients and, like you said, having to not just work with the clients but everything that comes with that. So, definitely I think the expectations for managing a lot of clientele was a big struggle.

Emma Vukelic: I'm going to build off both of those and try to keep the passionate part in me in check around this. I left a couple of months ago due to burnout and a lot of the challenges that we'll probably talk about right now are the reason—but I think at the end of the day, to me, it came down to the additional emotional labor on top of the clinical work that I was already doing that leadership and kind of the systems in place were expecting me to be able to hold. And not only, kind of, not feeling supported by people that were in positions of power but in some ways feeling like I'm working against them, you know, kind of going the other way and kind of adding things onto therapists and staff. In a system where we're already operating at one hundred and

twenty percent, I think that can become really taxing, along with the changing of the tides that you mentioned, Porsche, as agencies become more corporatized. My experience was agencies kind of hiding behind the excuse that, you know, this was industry standard and, "If other people are able to do this, why can't you?" And, rather than asking the question of, "How can we support you in actually following through on I'm getting creative?" You know, even though all these systems are in place, like, "What are these small incentives that we can throw in to kind of help better support you?" And I think, you know, everyone's spread so thin, right? Like, even if we have amazing supervisors, even if we have amazing colleagues and amazing clients, everyone is just spread so thin. And so I think that that trickled down into the clinical work that I was able to provide, and I never—you know, even just trying to be a good enough therapist, it felt really difficult to even make it to that benchmark for me, and just really feeling that the expectations of productivity—the word that we all love—I think also breeds a lot of shame for us as therapists, even when we feel like we are over-exerting ourselves and also who all of the systems that are based in, kind of, what is industry standard and what is, you know, considered productive. And I think, you know, even that word is based in this strong white supremacist culture, so I think all of these kind of systems are being created around that expectation in the sense of urgency and perfectionism and all of that. I think, you know, everyone's spread too thin and I think it's hard to feel supported and also have the bandwidth to support not only our clients but the people that we're working with as well. Rant over.

Sanjay Grant: That was such a valuable point. Emma, that part where you talk about the word "productivity" and how that makes us have that shame factor wondering, "Am I being productive? What does it mean to be productive as a therapist? Is it reflective in my numbers? In my billable hours?" I think that it's so powerful. And when we talk about industry standards: "This is what we do across agencies," this is the expectation—and not hearing our clinicians and how counterproductive that is to the work that we're supposed to be doing. So, I think that was such a valuable point. I just wanted to go back a little bit. Both Porsche and Kelly had mentioned this where we talk about caseload. And, you know, for some folks who may not have been in the agency setting, could we just give an example of what a typical caseload looks like?

Kelly Olson: I think I still don't know what a typical caseload is supposed to look like because of the fact that I would work at an agency and I would have up to 40 something clients a week, and now in private practice, Emma to mimic your word, there's definitely some guilt and shame around me cutting down and now having about twenty-five clients a week to thirty clients a week, I'm like, "Oh my gosh, I'm barely working! I should have more clients!" So, I don't know what the correct number is but I've bounced between the twenty to forty so…it's definitely a big difference.

Porsche Lockett: I can relate to Kelly in that way too. I don't know if Jackie remembers saying this during a class at this point almost a decade ago. She said, "When you're in private practice, a good number is twenty-five." And almost a decade now, I've kept that in my head, and so in private practice—like you said, Kelly—a good week is between twenty to thirty, but my favorite is a

solid twenty-three. That's my favorite. But in community mental health, it's way different. I know for me personally when I was starting out and a new therapist right out of school, for some reason my goal was to challenge myself, like, "How many clients can I see? How many billable hours can I have?" And, right now in this conversation and also being in a different place in my career, I wonder how much of that was me and how much of that was being pushed by the agencies and, you know, "If I have this many numbers that means I'm just a good worker." Which I think is a whole other system that is problematic in and of itself; that's probably a whole different conversation. And also to circle back to what Kelly said—some folks were, you know, had the opportunity to not have student loans but I personally have student loans and that reasoning of, like, "Oh, well you have student loans. If you take on more clients then you'll be able to meet that and do that. Or even stay in community mental health for ten years to get your loans excused." I think a lot of those terminologies can create things such as resentment, guilt, shame, burnout, and just feeling stuck in a space where you feel like you're further away from what your passion was when you started this journey of saying, "I want to be in this type of work. This is what I want to do for my career."

Kelly Olson: I think to that point there's definitely been a dynamic that's been created where it's almost like, like I can remember the tone being like, "You can either help people or you can make money. Those are your options." And I remember when I was first thinking about transitioning to private practice, you know, it's a mixed bag and there are a lot of colleagues who would be like, "Oh my gosh, you're not going to be able to help anyone. What are you going to do?" And so, you feel very guilty when you try to advocate for yourself as well and what you want for your life and the amount of money that you should be making. And, you know, it's definitely something that I still struggle with now. It just creates this really weird dynamic where you feel like, again, you can either help people in a community setting or you can put yourself in this place where you are kind of setting yourself up for success.

Natalie Gadja: I just laughed because it is so, so true, right? I mean, there is this sense of pride, like, "Oh, I worked so, so hard," right? At one point, I was seeing ten clients a day and I felt good! I was completely exhausted but I was like, "Mm, I think I am doing a good job since I am just working all day long." And so now that I am on my own, I have all of this time. And there is this guilt part and this shame part and, you know, this, "How am I going to feel good about what I do if I don't work from when the sun goes up to when the sun goes down?" And so, in some ways, we are told to do these things but there is that part of us that wants to prove that we are great. And so, when I hear, "How can I work less and get paid more?" it doesn't sound good. And yet, we know, "Well, I want to pay my bills. But I also want more than that, right?" And so, yes, the purpose that we have is to help, is to be there, you know, to not just improve us but help someone else; and yet, the exciting part that helps us go on is that, "Well, it does feel good to go on a trip that I can easily pay for."

Sanjay Grant: Absolutely. So, this undenying theme of: take on more cases, these expansive case-

loads—and as I ask earlier about a typical caseload that you've seen in an agency, I've worked in spaces where you're having up to sixty-five, sometimes seventy clients on your caseload. And to Natalie's point, sometimes you're seeing eight to ten patients in a day.

Emma Vukelic: I was just going to add. So, to provide numbers for my last job, I think ours was, for a full time salary twenty-six clients a week, which compared to what everyone else is saying sounds pretty great. And still everyone found it difficult to reach that. And I think what often isn't recognized is the amount of work that goes on, especially for those family and couples cases, on the outside. I had a family of six, four boys, and I was doing collateral for all six. And all of that goes unnoticed and wasn't counted in my productivity. And so, the challenge for family therapists specifically is that that productivity expectation is the same whether I'm meeting with a family of six or I'm meeting with one. Not that one is easier or harder than the other but there's a lot more that goes into that process in the background, and I think something that's been my experience is kind of feeling devalued as a family therapist. We see that in insurance companies with rates changing and clearly for a lot of family therapists, especially in the IHT world, it's kind of another beast. I think that's another thing to keep in mind: even if the number seems doable, there's so much more that we're expected to do in the background that can really actually take away from the care we're able to provide if we don't feel like we have the bandwidth. "Oh, I can't call their therapist this week," and then what happens next because I don't have the bandwidth? So, I think that's another thing that often goes unnoticed for the therapist that I want to be engaging in a lot of collateral work, and I want to have good notes and I want to have good assessments and all of those things, but I think the system is not set up for us to give that the attention we want. Which can negatively impact the client's experience if we're not hearing from all the systems that they feel supported by.

Kelly Olson: Emma, to your point, I think you're absolutely right. It's funny because I didn't even remember this, but being considered full time it was a similar number to what you were saying—like twenty-five, thirty clients, whatever the case was—but I can remember us, at different agencies, having boards up where it would say how many openings you had and you would have to adjust this per week so your productivity is out there on display for everybody to see and you'd get check ins frequently about many more people can you see. And, I do think that there's this sense of, even though you're full time and you get the benefits and you kind of meet that standard at twenty-six or whatever that lower number is, there's almost an unspoken expectation that you're going to go above that. At least in my experience, it was this sense of, "Oh, you're only doing twenty-six? You have lots of time for more." And then, like we've talked about, just kind of pushing more of those cases on you. And there were definitely incentive programs, depending on how many more clients you're doing—again, you battle that sense of, "Well, you know, I need the money so maybe I should take on a few more cases. So, to your point, you're right, I've had the experience of feeling that my supervisors were pushing me to take on more clients.

Natalie Gadja: I wanted to add to that because I have now worked full time. I have always worked as a fee-per-service, so I never felt pushed in the way you describe, but I knew that if I did

schedule eight clients a day, how many would I actually see? I knew that I would actually make less. I think that that has changed a bit, you know, in the last few years now that we can use Zoom. If it rains, if it snows, the client and I can still meet and so I can still get paid.

Emma Vukelic: And I think what we're all speaking to and touching on is the salary of it all, right? And that's a huge challenge. It's not a secret to anyone. I think that also trickles into time and what we're being paid is a huge challenge in the agency world where new therapists coming out more likely and we want the trainings, we want the resources to be able to have the time for trainings, and my experience was some places might offer that in-house, so to speak. And oftentimes that hasn't been my experience, so then we're also paying out-of-pocket for external training while also having to take a personal day or take sick time or try to fit that in and I think that's something that was really important for me. And so not being able to have the bandwidth, the time to do that or the resources financially to be able to build on my knowledge to be a better therapist and learn more, I think that was a huge challenge for me as well; being able to do everything I wanted to and having the time to do it.

Sanjay Grant: All very valuable points, and definitely things that I can also relate to my time in the agencies: how these things will wear you down and eventually force you to make that decision of what's next for your career. So, we've talked about the challenges, we've talked about all the benefits. And if we look towards the future, how could agencies work and improve in some of these systems to make it more attractive for newer clinicians, reduce burnout, have more clinicians wanting to stay in the agency world? What could the agencies be doing differently?

Porsche Lockett: I think when agencies have more diversity on their boards and leadership… Oftentimes, agencies are run by folks who have business degrees and who see things in numbers and from a different mindset. And I think if more people at the very top were social workers, therapists who have done the work, there could really be a different type of advocacy. And not just from a place of word-of-mouth, being the person who's delivering the message when they come and speak to clinicians or supervisors who are actually in the field. They go back to those meetings and say, "Well, this is what was reported" instead of having someone at the table who has that very experience and can give a firsthand discussion about it to inform what is practical and what actually is realistic.

Sanjay Grant: Absolutely. Thank you for that feedback, Porsche. And I want to say that you are probably correct and the majority of leadership teams are filled with people with business degrees and numbers are typically the bottomline when we look towards these different changes that we're implementing in agencies. Other folks, in terms of opportunities for agencies to improve their systems so that they can better retain their therapists and attract new talent?

Natalie Gadja: I want to go back to our discussion about the need for more training. I would wish for more opportunities, and the support for training and knowledge. Help paying for new

training, reimbursement for books that add to my skills... It's all small things but ultimately I think we need to focus on increasing the quality of our work, not just the quantity.

Sanjay Grant: Absolutely. Some agencies do provide funds for CE trainings but it's very limited, like you'll only get reimbursement for those select trainings, so expanding on that: being able to purchase materials for your educational development. I think that's something to keep in mind as we look to attract new people and retain our therapists. What else can we do besides offering the standard CE credits reimbursement that we give? Thank you for that, Natalie. Emma?

Emma Vukelic: Yeah, you know, I came up with a list in my mind of tangible ways but at the end of the day, what it comes down to is leadership building a stronger understanding of the day-to-day experience of people that are working there. I think that that's a huge pitfall. I think there's an element where I have felt heard in the past and then what happens with that? What happens with that request? What happens with that expression of something I'm really struggling with? So I think, like, finding the balance between feeling heard, you know, beyond my supervisor, feeling heard by people that are in positions of power to be able to hear me while also, having an action plan or "These are the steps we're going to take," and being very clear and open and transparent about the steps that they're going to try to take to even look into that. Even if there isn't an answer, I think having a willingness to try to get creative around how to meet these needs if we can't increase one's salary. If insurance companies are still going to pay these rights. Finding other ways to have staff feel supported. I feel like a lot of what we're seeing now is that we all get burned out in our first couple of years and then we jump into our private practices because we've been so burned out and it feels like there's no other option. So I have always wanted a career in mental health, and I am experiencing that happening right now, but wonder, can I possibly sustain this? So, I think we're dealing with a larger issue and if there are ways that leadership can hear us and meet our needs, if we just get a little bit more creative…whether that is providing more free trainings, more group supervision time put into people's schedule, peer supervision groups…I think having those consultation spaces is a huge value add, and hopefully staff are being paid to join those, especially fee-for-service folks who feel like they have to just have sessions to be able to get paid. And so I think finding ways to actually hear the clinicians that are meeting the clients day-to-day is what's going to keep them there. If we feel like our needs are being met, even in these small ways—even if there's nothing that we can do in the next month—what conversations can we have? I think just feeling heard goes a long way, and I think, everyone's spread too thin but there needs to be more value put on the people that are in the day-to-day.

Sanjay Grant: Meeting the needs of the folks who are meeting the needs of the clients. That's important. Kelly, did you have any final thoughts for us on how agencies could possibly improve?

Kelly Olson: Well, mine's not as eloquent as everybody else's. ButI made a list and I think a lot of it kind of comes back to the amount that we're getting paid and of course that's not always realistic to increase the pay of the clinicians but I think if you have a higher pay rate you're going to get more clinicians who are going to be there and then with that the expectation of how large of

a caseload you're going to have is going to be down. I think the burnout for supervisors and the burnout on the way up, that ladder is going to be less hopefully, or ideally, And, again, I think at least from my experience working in agencies, I had, like everybody else was saying, really difficult cases and really difficult clients who were dealing with a lot of intense personal and family stuff and, you know, residential things, in-home things. And you're just kind of thinking about how you're burnt out and on top of that you're not getting paid enough to sustain your own life or to manage your own needs I think just creates this sense of, "Even if I am getting that support, I'm still not able to sustain life and what I see for myself."

Sanjay Grant: Thank you for that, Kelly. Thank you to Porsche, Kelly, Emma, Natalie. Very insightful. A lot of what you brought up today were things that we've all experienced in the agency world. I hope that this discussion is just the beginning of trying to reshape what we experience in the agency world and how we can have better training, better retention, better compensation, feel like we're being heard more by our leadership team, by insurance companies who, you know, change things—as you say, Porsche—on a rapid basis of what they require of us, as we think about how we want to move forward and help reshape the future of our therapists who are coming on board. So, thank you, everyone, for participating and joining us today and I'll turn it over to Jeremiah.

Jeremiah Gibson: And, Sanjay, thank you so much for organizing this conversation as well. This was a fantastic conversation. And to those of you who are watching this on the Zoom channel, on our YouTube channel, please share this with your colleagues because building a more equitable system for our newest therapists is going to involve the voices of our entire psychotherapy community. So, where do we go from here? There are a lot of options for us to turn to next. First, we invite you to share about your ideas for improving and engaging the agency experience by writing an article for the New England Journal of Relational & Systemic Practice. Learn more about how to do this at www.nejournalrsp.com. And second, for this platform, if we're going to have an agency system serve as a postgraduate pre-licensure training ground, what do we know about the professional needs, emotional needs, and the financial needs of our newest therapists? And how can we create policies and expectations on the agency level that aligns with the research that we have about therapist development? We'll talk more about the inconsistencies between current policy and the needs of our newest therapists and how we can work together to bridge the gap in the next edition of Equity in the Agency Experience. Thanks so much!

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The Witness to Witness Program (W2W): Using Handouts and Blogs to Exemplify Social Justice Principles

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Key Words:
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Abstract:

The Witness to Witness Program (W2W), based on Weingarten's witnessing model (2000, 2003, 2004), began in July 2018 and originally was established to support health care workers and attorneys (our partners) who were experiencing empathic distress working with people involved in various stages of the detention process. The W2W program evolved to offer four primary components: clinician listening sessions geared to deep understanding of the person's story of their work and its challenges; an inventory of the person's current internal and external resources both in the present and the past; help with removal of barriers to those resources; and development of a personal toolkit to handle stress. Additional services available to partners and their organizations included psycho-educational webinars, facilitated peer support groups, and organizational consultations to foster trauma-sensitive and resilience-hardy work environments. In March, after lockdowns due to the coronavirus pandemic, W2W pivoted to focus on webinars, handouts, peer support groups, and blogs addressing salient issues arising during the SARS-COV2 pandemic. Disaster sparked collaboration and innovation. All W2W work, including the written work, exemplifies a set of social justice principles that strengthen health justice and equity. Much of the W2W work is translated into Spanish so we are able to reach healthcare workers who primarily work with disenfranchised and historically marginalized communities.

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Little did Weingarten think when she raised her hand at a Sunday workshop in 2018 at a meeting of the American Family Therapy Academy (AFTA) that four years later, her question of curiosity would have launched a program, the Witness to Witness (W2W) program, that has now served thousands of health care workers who care for the most vulnerable among us (Weingarten, Galván-Durán, D'Urso, S., & Garcia, 2020). The people these clinicians serve are made vulnerable by specific policies that target them; they are not inherently vulnerable. In fact, at W2W, we believe that we see incredible determination, fortitude, and resilience to survive and even flourish under hugely challenging circumstances, amplified in the last few years by holdover policies under the former administration and exacerbated by the Covid pandemic.

The question Weingarten posed at the workshop was whether clinicians and attorneys at the US Southern border had support available to them, given how discouraged, demoralized, and often overwhelmed they were by the sheer number—not to mention the content—of horrific stories they heard, some of which related to governmental policies. She learned that there were no readily available services. "Meet me at the back of the room at the coffee break," she blithely offered Ms. Deliana Garcia, Director of International Projects and Emerging Issues at Migrant Clinicians Network. Within a month, the Witness to Witness Program was created with seven AFTA volunteers and her.

W2W was able to get off the ground within a month in part because it is based on a model of witnessing (Weingarten, 2000, 2003, 2004) and has elements in common with The Witnessing Project, which Weingarten ran from 1999-2017. The Witnessing Project worked with individuals, families, and communities to transform the passive witnessing of violence and violation to effective action in various contexts—from medical illness to post-war societies to violence in the home. One component offered was one-to-one virtual support for health care and community workers in different parts of the world, such as Kosovo and South Africa. Hearing the speakers' stories at the AFTA workshop, Weingarten thought the witnessing model would apply: the helpers needed help. Health care workers, community advocates, and attorneys were experiencing distress hearing the stories of hardship and trauma of their clients, patients, and community members. In addition, they were distressed by new policy regulations that had significant adverse effects on the work they had been doing. They were demoralized and angry about these changes. Later, W2W added journalists to its roster of occupational groups served. W2W "partners" were primarily from these occupational groups.

From July 2018 to June 2019, the W2W program grew from a pilot project of the American Family Therapy Academy (AFTA) to a full-fledged program supported by AFTA with 38 volunteers, six of whom were bilingual. Celia Falicov, PhD, joined W2W as a volunteer in 2019 and became the Coordinator of Spanish Language Programming in 2020 (Falicov, 2014). Initially, all W2W volunteers, now called associates, were Members of the American Family therapy Academy (AFTA) and were trained systemic therapists experienced doing clinical work with clients

with histories of trauma. Although there is a clear onboarding structure with shared training materials, we recognize that each person will apply the concepts of the W2W program in their way. We call this a "uniquely applied standardized approach." W2W associates send a note about each conversation with their partners. Weingarten reviews and de-identifies each note, and then they are independently rated by an outside rater. The average rating on a 1-5 Likert point scale of helpfulness to the partner on the hundreds of notes W2W has received is 4.8.

Over time, and into early 2020, but before the SARS-COV2 pandemic began in earnest in the United States, in response to different kinds of service requests, W2W evolved to offer four components (see Figure 1). We continued the one-to-one conversational partnerships between trained trauma-informed clinicians and healthcare workers, attorneys, and journalists. The W2W associates offer deep listening to the partner's story of their work and its challenges; take an inventory of the person's current internal and external resources both in the present and the past; help with the removal of barriers to those resources, and develop a personal toolkit to handle stress. While the conversations may be therapeutic, the W2W associates do not offer therapy.

By October 2019, we had added three other components. The second component was psychoeducational and consisted of webinars and written materials. There are now over 15 webinar topics, each given with multiple variations depending on the audience. The very first webinar provided information meant to frame the helpers' situation as one in which an aware but under-resourced witness suffers from empathic distress, a term that covers burnout, secondary and vicarious traumatization. We prefer the term empathic distress for it situates the distress people feel in the realm of the everyday. Weingarten's work for decades has been to do just that. The point is made at length in Common Shock: Witnessing Violence Every Day; How we are harmed, how we can heal.

The third component W2W offered was facilitated peer support groups for attorneys. These groups began in October 2019 and seemed the most effective means to counter isolation and sustain social support. The groups were offered through various networks and drew attorneys from all over the US working in all facets of immigration law with children, adults, and families. All the attorneys spoke about their dedication to their work and the often unbearable conditions they faced under the Trump Administration. One attorney described how her office colleagues had coined a term for their Monday morning distress when they received notice of new policies. They called it "Monday morning in-box trauma," vividly capturing the experience of so much of the work they had been doing becoming null and void as new policies replaced the ones under which they had previously worked.

The fourth component was trauma-informed consultation to the organizations that employ the attorneys and health care workers we serve. We know from the volunteers' conversation notes that staff-level workers feel inhibited from exposing their distress to their co-workers and that their supervisors feel ill-equipped to handle the distress of their staff. Weingarten developed a workplace

environment survey that was distributed to multiple organizations. The analysis of the responses provided a clear focus for our systemic effort to support attorneys and health care workers. From the survey and qualitative interviews, we learned that managers were the most in need of support, for they were caught in an organizational sandwich, as it were, needing to satisfy the productivity demands of upper management while also supporting overly taxed staff who often found the directives from upper management inimical to delivering the kind of care they preferred to offer.

By the fall of 2019, Weingarten was aware that the administrative tasks associated with implementing W2W exceeded her capacity. Working 60 hours a week, she was becoming a candidate for her own program and hardly a model of how to do social justice work in alignment with self-care. W2W had done several webinars for Migrant Clinicians Network (MCN's), and Deliana Garcia was still a source of referrals to the program. It was a happy day when MCN's CEO, Karen Mountain, called Weingarten in December 2019 to ask whether she would like to move W2W into MCN so that they could offer trauma-informed services to their constituents, primarily health care workers in Federally Qualified Health Care Centers, serving migrants, immigrants, rural and populations with multiple vulnerabilities.

W2W joined MCN in February 2020, and that relationship, which exists to this day, has been entirely felicitous. MCN has a majority of Latinx staff, and collaborating with MCN colleagues has allowed W2W to conduct its work in a culturally respectful and linguistically appropriate way. Within the first month, it became clear that all our efforts needed to pivot to include the impact of the pandemic on health care workers, their families, their patients, and their institutions. We did this by continuous iteration, utilizing feedback from every encounter—whether a one-to-one conversation, a set of responses on a webinar Chat, or a peer support group conversation—to craft responsive content. In the case of a webinar, feedback from discussions one week might change the emphasis of a webinar given the following week. We were able to stay nimble due to the support of so many staff at MCN who worked with W2W. By July 2021, W2W had two full-time staff in addition to me: Jessica Calderon-Gomez, BS, who came on board full-time in June 2020, and Pamela Secada, MPH, who joined full-time in July 2021.

While the four primary components of W2W have stayed the same, we want to focus on the handouts and blogs, for these provide good examples of time sensitivity, the clinical perspective we favor at W2W, our commitment to cultural and linguistic appropriateness, and our belief that all our work—word by word—must support social justice. The first handout is aptly titled, "How to Help Yourself Now in This Time of Crisis." It was written in the era when many health care workers (HCWs) lacked adequate personal protective equipment, and what was known about how the SARS-COV2 virus spread was still hazy. First, all of the suggestions are based on research; Weingarten reads hours each day on various topics related to our work to ensure the information we provide stands up to scrutiny. Second, the writing is colloquial and accessible. Weingarten writes in English, and then bi-lingual MCN staff translate the W2W work into Spanish. At MCN, we have four Spanish language cohorts, speakers from South America, Central America, Mexico,

and Puerto Rico. All translations are reviewed by staff who hail from each region so that the translations are appropriate to the majority of our Spanish-language constituents. Third, the content must be easily actionable. Fourth, suggestions build in a relational perspective where possible.

A handout on "Coping with Moral Injury" is a good example of making suggestions informed by a systemic, not an individual perspective (Ford, 2019). While "burnout" is often how health care workers describe their experience, in webinars and peer support groups, when we ask, "What difference does it make if you say, 'I'm burnt out' versus 'The conditions of my workplace are burning me out'?" We get near-unanimous consent that the latter feels different and preferable. Thus, our handout that names workplace conditions as producing moral injury makes perfect sense to health care workers (National Academies of Sciences, Engineering, and Medicine; National Academy of Medicine; Committee on Systems Approaches to Improve Patient Care by Supporting Clinician Well-Being, 2019). In this handout, we state that circumstances are producing harm, not the health care worker. We also affirm the importance of a buddy system and, if possible, taking a brief period at the end of a shift to "offer a brief appreciation to those who have served. Preferably the acknowledgment and appreciation can be observed by at least one other person."

As the holidays approached, we created a handout to cope with both the feeling and the logistics of getting together with family and friends during the pandemic, a time when people were still uncertain about how to keep each other safe: "How To Have A Restorative Holiday." In a short space, we address issues related to families who decide to forgo getting together and families that will need to use disease mitigating practices. We also have suggestions for families that will encounter divisive political differences. We affirm a guiding principle of W2W that small is not the same as trivial, whether a moment looking at something beautiful or a brief act of kindness to another person. By the second holiday season, our handout had a different tone, as you can discern in the title: "How To Get Through the Holidays in One Piece, with Tips from Kaethe Weingarten." The first item gives a clear sense of the approach we take: "There is no law that says you have to be happy during the holidays. You can feel what you feel and still have holidays. You can ignore the people around you who are giving you the fisheye for not being cheerful. You are you and they are they."

Since handouts are created in response to what we hear from those who take our webinars and groups, reading the handouts in the order in which they were written provides a commentary on the experience of many health care workers over the two-year course of the pandemic that this article covers, March 2020 to March 2022. When health care workers began experiencing physical abuse, we created a handout on de-escalating tense interactions (National Nurses United, 2021). When we heard how angry health care workers felt at scarce resources going to people who denied the reality of the SARS-COV2 virus, despite themselves being severely ill with it, we created a handout on anger. During one consultation with a team of health care workers, we asked each one

of them to create a resource list of 3-5 activities they could do that consisted of reliably comforting activities like praying, listening to a favorite piece of music, or napping. Half of the group could not think of even one activity that brought comfort. Within moments of ending the consultation, Weingarten drafted a handout, "Some Comforting Ideas."

The writing of blogs, which Weingarten does monthly, derives from the same core principles as enunciated above. Weingarten writes with a health care worker in mind, aiming at the intersection of the personal and the professional. The blogs combine research evidence with practical suggestions. MCN produced 190 bogs in 2021, many of them also available in Spanish. Two W2W blogs were in the top six blogs that readers opened and, presumably, read. The first was a blog that used climate activism as an anchor to address how we can remain activists about issues that we care about without getting overwhelmed. A range of tips for how to do that were provided, for instance, "Tip #1: **Remember that you are one person**. Do not set an expectation of yourself that is either too modest or too grandiose. Ask yourself this question: What is within my scope to achieve? Or this question: What can I do myself, and what should I advocate for world, national, state, and/or local leaders to address?" Or, "Tip # 7: **Support your action plan by working with like-minded people**. There are groups taking action on just about any topic you might want to address. It's helpful to work with others on setting goals and taking steps toward those goals."

The second most-read blog addressed the mental health crisis of children in the US (Leeb et al, 2020). That blog offered a range of suggestions, each connected to research and a resource. This is the fifth action step suggested: "My fifth action step is to help children see that the negative experiences they have are likely connected to wider cultural and political issues of our day and that although they are sad and angry about what is happening to them individually, it is likely happening to others who fit a similar category. For many children, helping them see that they are in a targeted group can provide needed perspective. Some children may also be able to mobilize a desire to reach out to other children 'like them' to stick together, be active on behalf of each other, and inspire each other to support causes of special interest to them (Hope, Velez, Offidani-Bertrand, Keels, & Durkee, 2018).

One more example of a blog will make this point. With the staggering death toll in the US, we know that there are likely nine people who are bereaved for each death (Verdery, Smith-Greenaway, Margolis, & Daw, 2020). Mourning the loss of a loved one is an obvious reason for sadness, and the grief one feels is widely understood. However, the pandemic has created many other kinds of losses, and some of these are not so easy to discuss or find support for.

In the blog, Weingarten writes: "I have heard: my cat ran away and is still missing. I lost my job. I was going to take a trip, and I had to cancel it. I've been unable to hug my grandchildren. I miss going to concerts. I don't play basketball with my friends anymore. I had a walking group, and now I walk by myself. I miss going to the grocery store, the plant nursery, my yoga class. My

extended family missed celebrating every holiday this year. I had a small wedding. I had to move back in with my parents, and I can't find a job. I'm not taking college classes anymore because online learning is hard for me.

"Yet all of these were offered apologetically. It turns out that there is a word for the feeling that one's grief is not legitimate: disenfranchised grief. (Ramadas, & Vijayakumar, 2021). The earliest article I could find for this term dated to 1991, and the number of articles mentioning it was relatively small, 111, compared to listings of articles on grief itself: 12, 927. Even writing about disenfranchised grief is disenfranchised! Disenfranchised grief refers to any grief that goes unacknowledged or is not validated by social norms. This kind of grief is often minimized or not understood, even by those experiencing it. This complicates the grieving process, perhaps even prolonging it.

One more form of grief deserves mentioning. Sometimes losses occur that people don't feel bad about, and then they feel bad about not feeling bad. In one study, a gerontologist found that about 27% of the people in his sample of 1340 adults were estranged from a family member. They did not grieve when the person from whom they were estranged died; they felt relief. But also some felt regret and remorse (Pillemer, 2020)."

Conclusion:

All the W2W work we do aligns with the values and commitments that have animated the work we have each done for the entirety of our professional lives. This is great good fortune. The underlying principles we have articulated allow us to act on our shared commitment to health justice and equity.

Our W2W work, whether the peer support groups, the handouts, or the blogs, is based on a set of social justice principles. These principles include: 1. We apply systemic family principles to communities for the purpose of social justice and health justice. 2. We work non-hierarchically both internally and externally. 3. We collaborate with a range of community groups, including immigrant legal organizations and community health centers. 4. Our work is explicitly political and anti-racist. 5. We frankly discuss institutional betrayal and systems of oppression, both recent and historical. 6. We focus on well-being, talking with people about what they want in their lives. 7. We address health disparities from a human rights perspective. 8. All our work is culturally respectful and linguistically appropriate. 9. Our ideas about individual resilience are nested within ideas about family, community, the natural world, cultural, religious, and spiritual sources of resilience.

We are a small team and a relatively small organization with a deep bench of knowledge and practical experience. This allows us to be nimble enough to pivot our attention where immediate circumstances call us. And our attention is called. It is our great privilege and honor to respond to the calls.

Author Bios:

Kaethe Weingarten, PhD, directs the Witness to Witness (W2W) Program for the Migrants Clinician Network. She worked at Harvard Medical School (1981-2017), where she was an Associate Clinical Professor of Psychology, and at the Family Institute of Cambridge (1982-2009). She has written or edited six books and over 100 articles, chapters, and essays.

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