ATOD Committee Members

Reprinted with permission from NASW ATOD Spring/Summer 2021 Issue.

ADDICTION AND RECOVERY WORK in the Pandemic

JASON SCHWARTZ, LMSW, ACSW, MAC

The year 2020 brought challenges few of us imagined. In late 2019, after 25 years in a community-based addiction and recovery program, I joined a community hospital in metro Detroit as the director of behavioral medicine. The first COVID -19 wave was devastating in our community and overwhelmed the hospital's bed capacity. We had to create additional ICU capacity and repurpose many existing beds. We made the difficult decision to suspend our inpatient chemical dependence program and use those beds to create a comfort care unit for dying COVID patients. (Behavioral health services continued in our inpatient psychiatric unit, our outpatient Substance use disorder, (SUD) services, and the emergency department.) By May 2020, deaths had slowed dramatically but our community's mortality rate of 17.4 percent (Tankersley, 2020) was among the highest in the nation.

It is becoming an overused expression, but our hospital's staff were undeniably heroic, and many were now confronting the effects of chronic stress and trauma. Our parent hospital system made the decision to implement "resiliency rounds" on staff in high-stress units, and I was asked to lead this effort at our hospital. The task included checking in with staff about their self-care and restorative activities. This project made me more aware that I had also been emptied by the experience and needed to model the restorative activities we were encouraging. Writing about addiction treatment and recovery had been a rewarding activity in the past, but I felt completely drained and uninspired. It occurred to me that interviews would not require any creativity on my part and would provide an opportunity to connect with peers, so I recruited a few colleagues to do a series of interviews with addiction professionals about how the

pandemic was affecting their work and their clients.

We interviewed 12 professionals representing six states and two countries. There were six social workers, plus the six subjects from allied disciplines including a physician, certified SUD counselors, public health educators, and masters level counselors. Their areas of practice spanned residential treatment, outpatient services, harm reduction, advocacy, peer coaching, crisis response, corrections, and medication-assisted treatment. Here is what we heard from them.

Loss: The two Detroit professionals reported losing colleagues to the pandemic and one reported losing at least 33 members of their local recovering community. In addition, both colleagues and clients experienced losses in their personal lives. This means these workers were having to navigate losses in their own personal spheres while also supporting clients who were dealing with losses in their personal spheres as well as within their shared spheres (program staff and members of the recovering community). To make matters worse, the pandemic disrupted rituals of mourning, like homegoings, remembrances, and funerals. These professionals were still living this experience and didn't profess to have solutions, but they did discuss their coping strategies, which included good nutrition, physical activity, and finding ways to stay connected to their personal systems of support.

Social Distance: "Social distancing" is a phrase we've all heard countless times since the beginning of this pandemic, and we have probably become numb to it. Despite this, social distance was an especially salient theme in these interviews. Isolation is often central to the experience of addiction, and connection to growth-fostering relationships and communities are often central to treatment and recovery support. Social distance functions as a countervailing force to our use of groups and emphasis on community, resulting in an experience of disconnection and loss for several of the workers and their clients. Multiple professionals described this loss in multisensory ways, including loss of touch, no longer sensing the physical presence (or energy) of clients and colleagues, no longer smelling others (noting that he was not previously aware of other's scents), and the brief incidental interactions that occur throughout a day in an agency or community. There was considerable concern about patient isolation, particularly among those who may not have consistent access to broadband or the technology to video conference. Despite their best efforts, these professionals have lost contact with many of their most vulnerable clients.

Totality of the Disruption: Another underlying theme is the totality of the disruption—that there does not seem to be anything that is unaffected. Clients' lives are disrupted. Workers' lives are disrupted. Agency life is disrupted. Community life is disrupted. Within each of these, there are multiple layers of disruption. Within family life disruptions include the isolation of elders, the loss of opportunities for children to play, tension between parents and teens about safety precautions, and adjustment to home schooling, which includes countless considerations from supervision to space to technology to strategy. Other disruptions, each with multiple layers of their own, include financial, public transportation, food security, social networks, and spiritual practice. None of this addresses service delivery, which has its own layers of disruption that include closed offices, reduced capacity, new infection prevention protocols, staffing shortages, reduced referral options, implementation of new technologies, new expenses, reduced revenue, and a workforce that's dealing with all of the disruptions mentioned above.

Parallel Process: This pandemic can accurately be described as a disaster, and it is important to recognize that this is not a disaster that has happened (past tense), and social workers are now coming in to support clients who were affected it. This is an ongoing disaster that is experienced by the social workers, the organization, the community, and the clients. The losses and stressors that clients experience are simultaneously being experienced by the social workers and the agencies.

It is important to place this in the context of an addiction treatment infrastructure and workforce that has long been recognized as under-resourced and unstable (Garner & Hunter, 2014; McLellan et al., 2003). Bloom (2010) studied and described the effects of chronic stress in helping systems as follows: "These workplaces tend to have problems that parallel or mirror the problems of their clients, including organizations that are chronically crisis-driven and hyperaroused, having lost the capacity to manage emotions institutionally."

The professionals I interviewed did not describe their organizations in these terms, but they did recognize that these dynamics are common in human services and that substance use services are at elevated risk for them.

If we accept that the pandemic approximates a disaster, we can consider it a potential source of collective trauma. Bloom (2010) cited Kai Erikson's (1994) description of collective trauma as "a blow to the basic tissues of social life that damages the bonds attaching people together and impairs the prevailing sense of communality. The collective trauma works its way slowly and even insidiously into the awareness of those who suffer from it, so it does not have the quality of suddenness normally associated with 'trauma'. But it is a form of shock all the same, a gradual realization that the community no longer exists as an effective source of support and that an important part of the self has disappeared. . .. 'I' continue to exist, though damaged and maybe even permanently changed. 'You' continue to exist, though distant and hard to relate to. But 'we' no longer exist as a connected pair or as linked cells in a larger communal body."

Again, it is important to note that most professionals did not describe themselves or their

organization as traumatized in this way, but they did see their communities as traumatized or at risk for trauma. It is also important to note that Erikson characterized collective trauma as a gradual realization, and most of the professionals interviewed expressed concern about the well-being of their staff and organization.

Opportunity: Finally, other themes that were heard in every interview were commitment to this population, perseverance through these difficult circumstances, and innovation in processes and use of technology. Nearly all believed that the field would see long-term benefits from the expansion of telehealth and videoconferencing. Benefits included lowered thresholds for engagement and retention of patients with transportation or geographic barriers, easier professional networking and support, easier professional supervision, more accessible continuing education, and opportunities for family engagement. Others saw opportunities to revisit policies and practices around medications for opioid use disorder, including take-home doses and initiation requirements. Others saw the pandemic as forcing a helpful reevaluation of nearly everything—including our values, our relationships with patients and each other, and our place in society as essential workers.

Most of these interviews were conducted during the summer and early fall, before these regions were hit with second and third waves of COVID. In hindsight, I wish I had explored what they were learning about self-care in the context of a sustained crisis. It was touched upon in several interviews but was not an area of focus. The comments we did hear from the professionals we interviewed were congruent with recent comments from Blair Braverman (Swisher, 2021), an adventurer and Iditarod competitor. She reflected on the lessons her sled dog experience has taught her about enduring the pandemic (emphasis mine):

> *"So the similarity between the pandemic and mushing is that you don't know how far you're going, and* ***you don't know how much it will take to get there.*** *Every time I harness up my dogs, and they're barking and they run out of the yard and onto the trail, they don't know if they're going two miles or if they're going 200 miles. They do not know. They're just going to run, and they'll tire themselves out if I don't slow them down because they aren't able to see ahead. So, in order to get my team to endure something of an incredible distance, I need to force them to rest before they want to. And that's actually the hardest thing. People ask us how we teach sled dogs to run. And the answer is, you literally put a harness on them, and they run. You don't have to teach anything, but you do have to teach them to rest, and that is a challenge. It is a lot easier to prevent fatigue than to recover from it. Just to bring that back to the pandemic, what I would just say is, people are pushing themselves really hard. And you need to make sure that you're acting as if it could go forever. You need to be resting, taking care of yourself, getting enough sleep, connecting with your friends. All these things are things we feel like we can push to later. But if you get too isolated or scared or any of these things, it's just going to be so hard to undo."*

These lessons are undoubtedly true for everyone, but they seem especially important for those of us whose life's work is serving our most vulnerable neighbors.

Jason Schwartz, LMSW, ACSW, MAC, is the director of behavioral health at St. Mary Mercy Hospital in Livonia, Michigan. He can be reached at jfschwartz@gmail.com.

REFERENCES

Bloom, S. L. (2010). Organizational stress as a barrier to trauma–informed service delivery. In M. Becker & B. Levin (Eds.), *A public health perspective of women's mental health* (pp. 295–311). Springer.

Erikson, K. (1994). A new species of trouble: *The human experience of modern disasters*. W.W. Norton.

Garner, B. R., & Hunter, B. D. (2014). Predictors of staff turnover and turnover intentions within addiction treatment settings: Change over time matters. *Substance Abuse: Research and Treatment, 8*, 63–71. https://doi.org/10.4137/SART.S17133

McLellan, A. T., Carise, D., & Kleber, H. D. (2003). Can the national addiction treatment infrastructure support the public's demand for quality care? *Journal of Substance Abuse Treatment, 25*(2), 117–121.

Swisher, K. (Host). (2021, February 22). Lessons on resilience from dogs and dog sledders [Audio podcast episode]. In *Sway. New York Times*. www.nytimes.com/2021/02/22/opinion/sway-kara-swisher-blair-braverman.html

Tankersley, S. (2020, May 7). Livonia's federal relief money less than others despite cases, deaths. *Observer and Eccentric Newspapers and Hometown Weeklies; Hometownlife.com*. www.hometownlife.com/story/news/local/livonia/2020/05/07/livonias-covid-19-relief-money-less-than-others/5177594002/

RESOURCE

Eby, L. T., Burk, H., & Maher, C. P. (2010). How serious of a problem is staff turnover in substance abuse treatment? A longitudinal study of actual turnover. *Journal of Substance Abuse Treatment, 39*(3), 264–271. https://doi.org/10.1016/j.jsat.2010.06.009