COVID-19: The Resurrection of Resilience and Self-Care for the Addiction Professional

By Fredrick Dombrowski, PhD, LMHC, LADC, ACS, MAC

The global shockwave of COVID-19 has reconnected the shared humanity between treatment providers and clients (Pappa, Ntella, Giannakas, Giannakoulis, Papoutsi, & Katsaounou, 2020). Face-to-face workers live with the reality of contracting COVID-19 and those working remotely endure a clash of professional life and home life (Brooks & Brasler, 2020). Protective factors such as peer to peer interaction, regular supervision, self-care, attendance at conferences, and maintaining a work/personal life balance are disrupted (Yang & Hayes, 2020). Shared experiences between provider and client can contribute to higher instances of countertransference, having a detrimental impact on treatment (Hayes, Gelso, Goldberg, & Kivilighan, 2018). The challenges of COVID-19 create multiple stressful situations for both clients and addictions professionals.

Addictions professionals are experiencing multiple stressors in varying aspects of their lives, and this type of stress can have a detrimental effect on their resilience (Doweiko, 2018). Although counselor self-care is essential to boosting resilience and maintaining high quality of work (Posluns & Gall, 2019), many professionals may struggle to use these skills during times of a major crisis (Barzilay, Moore, Greenberg, DiDomenico, Brown, White, Gur, & Gur, R. 2020). Resilience can be enhanced through personal counseling and making new meaning out of a traumatic event (Kopacz, Lockman, Lusk, Bryan, Park, Sheu, & Gibson, 2019). This article will review the problems addictions professionals face in the COVID-19 world while also providing recommendations to modify self-care and boost resilience to maintain appropriate treatment provision.

> *Discouragement, isolation, constantly thinking about work, and continued feelings of powerlessness contribute to the addiction professional experience of burnout.*

The Addiction Professional Experience During COVID-19

The heightened stressors and demands of COVID-19 have put treatment providers at greater risk for burnout. Due to the pandemic, many providers moved quickly to the provision of treatment services via telehealth or with new, physical restrictions. For some, this was a steep learning curve as they adjusted to new technologies. Further, these adjustments in treatment may cause clients to resume substance use if they are disconnected from providers due to a lack of technology or they avoid treatment altogether due to concerns of contacting COVID-19 (Racine, Hartwick, Collin-Vezena, & Madigan, 2020). Addiction professionals can feel deflated seeing clients resume substance use especially following some instances of success (Doweiko, 2018). This sense of deflation can be exacerbated by isolation as addiction professionals providing treatment from home can feel disconnected from their supervisors or other professional supports (Lin, Dievler, Robbins, Sripipatana, Quinn, & Nair, 2018).

The ongoing threat of contracting COVID-19 is very real for those working in face-to-face environments. Those in such environments have reported worries about how their families may also become ill and have expressed thinking about work excessively when they are not there (Pappa, et al., 2020). Discouragement, isolation, constantly thinking about work, and continued feelings of powerlessness contribute to the addiction professional experience of burnout (Coaston, 2017).

In the spring and summer of 2020, NAADAC conducted town hall meetings in response to the COVID-19 pandemic. In these sessions, many addiction professionals indicated struggles with maintaining a traditional 9-to-5 workday. They shared that they would continue to review emails, answer calls, and engage in treatment beyond the expected hours of operation. Statements made during the NAADAC town hall are not in the format of an evidence-based study, but the concerns are worth noting. Continued struggles with time management and work bleeding into personal time are additional contributors to burnout (Poslunns & Gall, 2017). With more and more people providing services from home and the increased stressors of providing services during COVID-19, maintaining the healthy boundary between work and personal life is essential to limiting burnout.

Countertransference remains a concern, especially during the time of COVID-19 when the lives of treatment providers and those receiving treatment are disrupted (Svenson, 2020). With the shared pandemic, addiction professionals may find themselves comparing their experiences with those of whom they are serving (Doweiko, 2018). While a treatment provider may be aware as to how COVID-19 is impacting them, they may be reluctant to consider how the pandemic impacts the relationship with their clients (McKay & Asmundson, 2020). The nature of the home office associated with telehealth can prevent supervision to assist the addictions professional with assessing their own internal responses to clients as a shared space between co-workers is not possible (Blalock, Calhoun, Crowley, & Dedert, 2019).

The global changes caused by COVID-19 have impacted traditional resiliency mechanisms (Barzilay, et al., 2020). Social support has been requested to be limited by numbers of participants. Weekly spiritual supports are also limited by the number of attendees or have been moved to a virtual format. Vacations have been cancelled as many people have concerns about travel and have state mandates for quarantine if they return from other states that are considered COVID-19 "hot spots" (Chowell

> *It is essential for addiction professionals practicing self-compassion to be aware of and embrace the limitations of their services.*
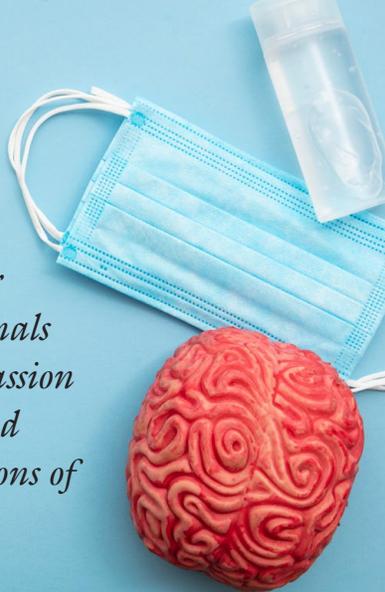
& Mizumoto, 2020). Those conducting telehealth no longer have the luxury of connecting with another co-worker in the hallway or walking into their supervisor's office for support (Lin, et al., 2018). For parents working remotely, the home is an office isolated from professional supports and yet shared by their children attending school (Masonbrink & Hurley, 2020). These factors, coupled with the uncertainty of a return to normal, can exacerbate burnout in treatment providers disrupting self-care and impacting resilience (Coaston, 2017). Addiction professionals must adapt during COVID-19 to protect themselves and maintain clinically appropriate treatment (Volkow, 2020).

Self-Care

One area in need of adaptation is self-care for the addition professional. During COVID-19, many of our traditional self-care measures have been impacted. Often, addiction professionals emphasize to clients the need for self-care despite their struggle to take their own advice (Callender, Trustey, Alton, & Hao, 2019). To prevent burnout, it is essential to keep work within its hourly parameters and resist the temptation to complete it when not otherwise specified. Keeping a healthy boundary for assigned work time is a helpful tool for self-care (Corey, Muratori, Austin II, & Austin, 2018). For face-to-face providers, following up with regular doctor's visits and regular COVID-19 testing is also important for self-care. It is essential for addiction professionals practicing self-compassion to be aware of and embrace the limitations of their services (Coaston, 2017). Setting work boundaries is an important step in self-care.

Daily mindfulness activities can serve as a defense for clinical burnout (Posluns, & Gall, 2019). There are a variety of mindfulness practices that can be modified to meet unique counselor preferences, such as aromatherapy, focused breathing, and purposeful listening, among others (Callender et al., 2019). Mindfulness is often interrupted by thoughts or worries. When these creep into mindfulness activities, individuals are encouraged to become aware of the thought and then purposefully refocus their attention on their senses. Additional activities to help manage and prevent burnout include exercise, spending time with friends and social supports, and maintaining spirituality through prayer (Khusid & Vythlingham, 2016). Outdoor physical activity and maintaining a daily sense of spirituality can continue despite the global pandemic.

Outside support and engagement is also an important self-care mechanism. Addiction professionals benefit from their own professional and personal support networks (Doweiko, 2018). While face-to-face conferences have been limited, virtual conferences have allowed clinicians to connect, receive support, and learn new ways to navigate the current environment. To further support addiction professionals, NAADAC has held several town hall meetings to hear about clinician needs and assist whenever possible. Reconnecting with coworkers via phone or other electronic means can serve to enhance professional connection (Corey, et al., 2018).

Supervisors must be considerate of the experiences of their supervisees during these times, especially as interns or those young in their careers may not be willing to disclose burnout or struggles to complete their work (Corey et al., 2018). It is recommended that supervisors continue to make regular time for their supervisees, as these meetings are integral and necessary for appropriate client care. As indicated within the *NAADAC Code of Ethics* (2016), it is unethical to allow an addiction professional under supervision to operate without said supervision. Although agency demands require supervisors and other administrators to be pulled in varying directions, supervisors are expected to make time for supervision. In such instances where supervisors may struggle to connect with supervisees, supervisees themselves must initiate supervision as ongoing professional support as a form of self-care (Doweiko, 2018).

Resilience

While the aforementioned self-care skills work to enhance an addiction professional's resilience, the meaning that an individual assigns to a disaster is equally important (Park, 2016). The benefits of professional boundaries, accepting provider limitations, and reconnecting with professional networks are limited if the individual maintains negative beliefs about current struggles (Corey et al., 2018). The uncertainty of the pandemic trajectory coupled with concerns about contracting the illness and disruptions to daily functioning could make it hard for providers to fully embrace these difficult times or make a positive meaning out of these events (Barzilay et al., 2020). Yet, it is important that clinical providers fully accept and embrace the reality of a difficult situation as doing so serves to create a consistent and effective treatment environment even in adverse times (Silveira & Boyer, 2015).

Addiction professionals may need to do work to make new meaning of the pandemic. To make a new meaning of a traumatic event requires an individual to assess, understand, and reconcile a traumatic event with core beliefs that existed prior to the event (Kopacz, et al., 2019). The ability to make new meaning can be impacted by the individual's current life stage, stressors, and level of connection to a traumatic event (Fivush, Booker, & Graci, 2017), but making a new meaning from traumatic events has shown to assist in post disaster adaptation (Park, 2016). For addiction professionals to make new meaning of the current pandemic, they may benefit from seeking their own personal counseling.

Many addiction professionals enjoy their work, although they may feel uncomfortable with engaging in counseling themselves (Doweiko, 2018). Providers, like their clients, are impacted by major disasters (Silveira & Boyer, 2015). Treatment providers are at risk for secondary trauma while they are exposed to the traumatic experiences of their clients (Corey et al., 2018). Addiction professionals can recover faster from these multiple stressors when they receive their own counseling (Doweiko, 2018). Self-care activities can be helpful in navigating some of the barriers imposed by COVID-19. Personal counseling can contribute to making new meaning

from these experiences, allowing the addiction professional to endure the pandemic, provide good clinical work, and reclaim their resilience.

Conclusion

The experience of COVID-19 has impacted all aspects of addiction professionals' lives. They struggle with feelings of helplessness as clients resume substance use because of limited treatment. Protective factors for clinical burnout have been compromised as workers experience blurred boundaries between work and home, are isolated in home offices, or work in danger of contracting the illness. Traditional coping strategies of vacations, face-to-face encounters, and connections to social supports are greatly limited. Fully embracing the changes associated with COVID-19 can allow addiction professionals to make appropriate changes to their self-care. Recommended self-care strategies include keeping work within the identified work time, engaging in mindfulness activities, engaging with spiritual and social supports, and exercise. Both supervisors and supervisees must remain steadfast in regular supervision to help provide appropriate treatment provision. Finally, addiction professionals may benefit from receiving their own counseling as making new meaning of the COVID-19 experience can improve personal resilience, ultimately contributing to better client treatment. In the isolating time of COVID-19, it is important for addiction professionals to remember they are not alone. Co-workers, supervisors, friends, professional counselors, and NAADAC will continue to support them.

The benefits of professional boundaries, accepting provider limitations, and reconnecting with professional networks are limited if the individual maintains negative beliefs about current struggles.

References

Alharbi, J., Jackson, D., & Usher, K. (2020). The potential for COVID-19 to contribute to compassion fatigue in critical care nurses. *The Journal of Clinical Nursing, 29*(15-16), 2762-2764.

Baldwin-White, A. (2016). Psychological distress and substance abuse counselors: an exploratory pilot study of multiple dimensions of burnout. *Journal of Substance Use, 21*(1), 29-34. DOI: 10.3109/14659891.2014.949316

Barzilay, R., Moore, T.M., Greenberg, D.M., DiDomenico, G., Brown, L., White, L., Gur, R., & Gur, R. (2020). Resilience, COVID-19-related stress, anxiety and depression during the pandemic in a large population enriched for healthcare providers. *Translational Psychiatry, 10*, 291. https://doi.org/10.1038/s41398-020-00982-4

Blalock, D., Calhoun, P., Crowley, M., & Dedert, E. (2019). Telehealth treatment for alcohol misuse: Reviewing telehealth approaches to increase engagement and reduce risk of alcohol-related hypertension. *Current Hypertension Reports, 21,* DOI: 10.1007/s11906-019-0966-3

Brooks, E., & Brasler, P. (2020). An innovative model for implementing office-based opioid treatment in community-based settings. *Journal of Healthcare for the Poor and Underserved, 31*(3), 1054-1060.

Callender, K., Trustey, C., Alton, L., & Hao, Y. (2019). Single case evaluation of a mindfulness-based mobile application with a substance abuse counselor. *Counseling Outcome Research and Evaluation,* DOI: 10.1080/21501378.2019.1686353

Chowell, G., & Mizumoto, K. (2020). The COVID pandemic in the USA: What might we expect? *The Lancet, 395*(10230), 1093-1094.

Coaston, S. (2017) Self-care through self-compassion: A balm for burnout. *The Professional Counselor, 7*(3), 285-297.

Corey, G., Muratori, M., Austin II, J., & Austin, J. (2018). *Counselor Self-Care.* Alexandria, VA: The American Counseling Association.

Doweiko, H. (2018). *Concepts of chemical dependency* (10th. Ed.). New York, NY: Pearson Publishing.

Fivush, R., Booker, J., & Graci, M. (2017). Ongoing narrative meaning-making within events and across the life span. *Imagination, Cognition and Personality, 37*(2), 127-152.

Hayes, J. A., Gelso, C. J., Goldberg, S., & Kivlighan, D. M. (2018). Countertransference management and effective psychotherapy: Meta-analytic findings. *Psychotherapy, 55*(4), 496–507. https://doi.org/10.1037/pst0000189

Khusid, M., & Vythlingham, M. (2016). The emerging role of mindfulness meditation as effective self-management strategy, Part 2: Clinical implications for chronic pain, substance misuse, and insomnia. *Military Medicine, 181*(9), 979-975.

Kopacz, M., Lockman, J., Lusk, J., Bryan, C., Park, C., Sheu, S., & Gibson, W. (2019). How meaningful is meaning-making? *New Ideas in Psychology, 54*, 76-81.

Lin, C., Dievler, A., Robbins, C., Sripipatana, A., Quinn, M., & Nair, S. (2018). Telehealth in

health centers: Key adoption factors, barriers, and opportunities. *Health Affairs.* DOI:10.1377/hlthaff.2018.05125

Masonbrink, A., & Hurley, E. (2020). Advocating for children during the COVID-19 school closures. *Pediatrics, 146*(3), DOI: 10.1542/peds.2020-1440

McKay, D., & Asmundson, G. (2020). COVID-19 stress and substance use: Current issues and future preparations. *Journal of Anxiety Disorders, 74*, https://doi.org/10.1016/j.janxdis.2020.102274

Mills, J., Ramachenderan, Chapman, M., Greenland, R., & Agar, M. (2020). Prioritising workforce wellbeing and resilience: What COVID-19 is reminding us about self-care and staff support. *Palliative Medicine, 34*(9), 1137-1139.

Morland, L., Greene, C., Rosen, C., Kuhn, E., Hoffman, J., & Sloan, D. (2017). Telehealth and eHealth interventions for posttraumatic stress disorder. *Current Opinion in Psychology, 14*, 102-108.

NAADAC, the Association for Addiction Professionals (2016). *NAADAC/NCC AP Code of ethics*. Alexandria, VA: NAADAC. Retrieved from https://www.naadac.org/code-of-ethics.

Pappa, S., Ntella, V., Giannakas, T., Giannakoulis, V., Papoutsi, E., & Katsaounou, P. (2020). Prevalence of depression, anxiety, and insomnia among healthcare workers during the COVID-19 pandemic: A systematic review and meta-analysis. *Brain, Behavior, & Immunity, 88*, 901-907.

Park, C. (2016). Meaning making in the context of disasters. *Journal of Clinical Psychology, 72*(12), 1234-1246.

Posluns, K., & Gall, T. L. (2019). Dear mental health practitioners, take care of yourselves: A literature review on self-care. *International Journal for the Advancement of Counseling, 42*, 1-20.

Racine, N., Hartwick, C., Collin-Vezena, D., & Madigan, S. (2020). Telemental health for child trauma treatment during and post-COVID-19: Limitations and considerations. *Child Abuse & Neglect,* https://doi.org/10.1016/j.chiabu.2020.104698

Silveira, F., & Boyer, W. (2015). Vicarious resilience in counselors of child and youth victims of interpersonal trauma. *Qualitative Health Research, 25*(4), 513-526.

Stewart, R. W., Orengo-Aguayo, R. E., Cohen, J., Mannarino, A., & de Arellano, M. (2017). A pilot study of Trauma-Focused Cognitive Behavioral Therapy delivered via telehealth technology. *Child Maltreatment, 22*(4), 324-333.

Svenson, K. (2020). Teleanalytic therapy in the era of COVID-19: Dissociation in the countertransference. *Journal of the American Psychoanalytic Association, 68*(3), 447-454.

Volkow, N. (2020). Collision of the COVID-19 and addiction epidemics. *Annals of Internal Medicine, 173*(1), 61-62.

Yang, Y., & Hayes, J. A. (2020). Causes and consequences of burnout among mental health professionals: A practice-oriented review of recent empirical literature. *Psychotherapy, 57*(3), 426–436. https://doi.org/10.1037/pst0000317

Fredrick Dombrowski, PhD, LMHC, LADC, ACS, MAC, *is a Professor with the University of Bridgeport's Master of Science in Clinical Mental Health Counseling Program and has worked in the field of co-occurring disorders since 1999. His theoretical approaches include DBT, CBT, and motivational interviewing. Dombrowski has been a director for inpatient and outpatient programs isn New York and Connecticut. He has experience providing supervision to clinicians ranging in all disciplines and from all educational backgrounds. Dombrowski is passionate about evidence-based treatment for substance use disorders and engages in ongoing advocacy for marginalized populations. He has received several awards for supervision and clinical treatment of the LGBTQIA populations.*