“Taking Care of the Caregiver: Providing Care for Vulnerable Populations During the Covid-19 Pandemic!”

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Agenda

1) Increase knowledge regarding the impact that the Covid-19 Pandemic has had on the mental health and substance use disorder population.

2) Increase knowledge regarding the unique aspects of providing social work and counseling services to clients while maintaining good caregiver self-care.

3) Increase knowledge of warning signs for Burn Out and Maladaptive Coping Strategies.
The Impact
The Impact of Covid-19

- 27,737,875 cases in the United States
- Over 500,000 deaths in the United States
- Economy has contracted, unemployment, eviction fear, healthcare, education, food and supply chains impacted, isolation, disruption to routine, fear, anxiety, depression, addiction and overdoses back up

- World War II: 405,399
Covid-19 Pandemic and Substance Use

- The CDC said that more than 81,000 drug overdose fatalities occurred in the U.S. over the last 12 months, ending in May 2020. This is the highest number of overdose deaths ever recorded in a year-long period, officials said in a press release.

- “The disruption to daily life due to the COVID-19 pandemic has hit those with substance use disorder hard,” said CDC Director Robert Redfield.
Covid-19 Pandemic and Substance Use

- Synthetic opioid-linked fatalities rose 38.4 percent when analyzing yearly rates from 2019 to 2020.
- Deaths involving cocaine — a substance sometimes mixed with fentanyl — have also increased by 26.5 percent. Other drugs seen in more overdose deaths include psychostimulants, namely methamphetamine, which increased by 34.8 percent, outpacing cocaine-related deaths.
- Logistical results of the pandemic, such as needing to isolate oneself and limited access to shared spaces that help people with substance abuse disorders cope, also contribute to a rise in overdose deaths.
Drug overdose mortality rates are rising nationally, and that, "anecdotally, partners in Appalachia attribute those most recent trends to the impact of Covid-19".

Other researchers have warned that nationwide, more than 150,000 lives could be lost to drug and alcohol misuse and suicide during the pandemic.

"We know that economic distress correlates strongly with substance use disorder and suicide and alcoholic-liver disease," Meit said. Then comes a pandemic. People are even, more isolated; they’re unable to access in-person treatment services to advance their recovery, and this "exacerbates a lot of existing challenges."
More than 40 states have reported increases in opioid-related mortality as well as ongoing concerns for those with a mental illness or substance use disorder in counties and other areas within the state. This also includes new reports about the need for evidence-based harm reduction services, including sterile needle and syringe services and naloxone.

‘Don’t give up’ After years of decline, Lexington’s overdose deaths are rising fast” Lexington Herald Leader, August 31, 2020

The number of overdose deaths so far this year has surpassed the 128 drug-related fatalities in 2019.
Co-occurring Issues!!

- In a survey from June 2020, 13% of adults reported new or increased substance use due to coronavirus-related stress, and 11% of adults reported thoughts of suicide in the past 30 days.
The Impact of the Pandemic

- Since the coronavirus arrived, depression and anxiety in America have become rampant. Federal surveys show that 40 percent of Americans are now grappling with at least one mental health or drug-related problem. But young adults have been hit harder than any other age group, with 75 percent struggling.

- Even more alarming, when the Centers for Disease Control and Prevention recently asked young adults if they had thought about killing themselves in the past 30 days, 1 in 4 said they had. (Washington Post, November 2020).

- A recent Gallup poll showed American’s assessment of their own mental health is “worse than it has been at any point in the last two decades.”
Increased Mental Health Issues

- From a concerned Social worker:

“"I partially attribute this to the pandemic and sociocultural and political distress because they are significant, ongoing stressors with no foreseeable resolution or end date.""
Mental Health Concerns

- While it is not often talked about nearly half of psychotherapists report burnout in their jobs.
- Psychiatrists, too, have high rates of burnout. In fact, a recent study showed that 78% had scores equivalent to high levels of burnout and 16.1% screened positive for Major Depression.
Our Own Mental Health

- With this mindset of prioritizing their clients and helping others, many therapists failed to notice that their adjustments intended to help their patients actually affected their own mental health until they saw the signs of burn out.
Another challenge for therapists right now is that anything a client is experiencing, including working from home, having kids at home, having a spouse at home, and the trauma of the world events, they as the therapist could also be experiencing.

Ellie Herman LCSW, a Licensed Clinical Social Worker in Pennsylvania, adds “One of the most tricky aspects of my job right now is that we are all experiencing trauma together. Many of the stressors clients bring up are stressors we all share currently. I, and other therapists, are processing the goings on in the world while also counseling.” In other words, it is much harder to create distance and leave work at work and home at home.
Mental Health

- During the pandemic, about 4 in 10 adults in the U.S. have reported symptoms of anxiety or depressive disorder, a share that has been largely consistent, up from one in ten adults who reported these symptoms from January to June 2019.
Average Share of Adults Reporting Symptoms of Anxiety Disorder and/or Depressive Disorder, January-June 2019 vs. January 2021

Jan - Jun, 2019 (NHIS) 11.0%  
January 2021 (Household Pulse Survey) 41.1%

NOTES: Percentages are based on responses to the GAD-2 and PHQ-2 scales. Pulse findings (shown here for January 6 – 18, 2021) have been stable overall since data collection began in April 2020.
The Lay of the Land

- A KFF Health Tracking Poll from July 2020 also found that many adults are reporting specific negative impacts on their mental health and well-being, such as difficulty sleeping (36%) or eating (32%), increases in alcohol consumption or substance use (12%), and worsening chronic conditions (12%), due to worry and stress over the coronavirus.
Impact on Young Adults

- During the pandemic, a larger than average share of young adults (ages 18-24) report symptoms of anxiety and/or depressive disorder (56%).
- Compared to all adults, young adults are more likely to report substance use (25% vs. 13%) and suicidal thoughts (26% vs. 11%).
- Prior to the pandemic, young adults were already at high risk of poor mental health and substance use disorder, though many did not receive treatment.
Share of Adults Reporting Symptoms of Anxiety and/or Depressive Disorder During the COVID-19 Pandemic, by Age

- **Adults Ages 18-24**: 56.2%
- **Adults Ages 25-49**: 48.9%*
- **Adults Ages 50-64**: 39.1%*
- **Adults Ages 65+**: 29.3%*

**NOTES**: *Indicates a statistically significant difference between adults ages 18-24. Data shown includes adults, ages 18+, with symptoms of anxiety and/or depressive disorder that generally occur more than half the days or nearly every day. Data shown is for December 9 – 21, 2020.  
Research from prior economic downturns shows that job loss is associated with increased depression, anxiety, distress, and low self-esteem and may lead to higher rates of substance use disorder and suicide. During the pandemic, adults in households with job loss or lower incomes report higher rates of symptoms of mental illness than those without job or income loss (53% vs. 32%).
Figure 6

Share of Adults in Households with Children Under the Age of 18 Who Report Symptoms of Anxiety and/or Depressive Disorder During the COVID-19 Pandemic, by Gender

- **Women**: 49.3%
- **Men**: 40.3%

NOTES: *Indicates a statistically significant difference between women in households with children under the age of 18, and men in households with children under the age of 18, at the p<0.05 level. These women and men, ages 18+, have symptoms of anxiety and/or depressive disorder that generally occur more than half the days or nearly every day. Data shown is for December 9 – 21, 2020.

Impact on Communities of Color

- The pandemic has disproportionately affected the health of communities of color. Non-Hispanic Black adults (48%) and Hispanic or Latino adults (46%) are more likely to report symptoms of anxiety and/or depressive disorder than Non-Hispanic White adults (41%). Historically, these communities of color have faced challenges accessing mental health care.
Figure 7

Share of Adults Reporting Symptoms of Anxiety and/or Depressive Disorder During the COVID-19 Pandemic, by Race/Ethnicity

- Other Non-Hispanic: 48.9%*
- Non-Hispanic Black: 48.0%*
- Hispanic or Latino: 46.3%*
- All Adults: 42.4%
- Non-Hispanic White: 40.9%
- Non-Hispanic Asian: 33.1%*

NOTES: *Indicates a statistically significant difference relative to Non-Hispanic White adults at the p<0.05 level. These adults (ages 18+) report symptoms of anxiety and/or depressive disorder generally occurring more than half the days or nearly every day. “Other Non-Hispanic” includes people of other races and multiple races. Data shown are for December 9 – 21, 2020.

What About Deaths of Despair???

- More Americans could lose their lives to deaths of despair, deaths due to drug, alcohol, and suicide, if we do not do something immediately.

- Deaths of despair have been on the rise for the last decade, and in the context of COVID-19, deaths of despair should be seen as the epidemic within the pandemic.
What Causes Deaths of Despair??

- It’s important to note that the underlying causes that drive “deaths of despair” for all in America are multifaceted. They include social and individual-level factors such as isolation and loneliness; systemic issues such as a fractured health care system and lack of culturally and linguistically competent care; and finally, community conditions such as systemic racism and structural inequalities in education, income, transportation and housing.

- These are further undergirded by a consistent lack of economic opportunity, stigma, and a combination of opportunity-limiting cultural and environmental factors in communities.

- 37.5 deaths per 100,000 in Mississippi vs 99.0 deaths per 100,000 in New Mexico! Kentucky- 69.0 deaths per 100,000
"The isolation is causing people to lose boundaries on their behaviors," Miller explained.

For example, with social norms on the back burner, some people are doing things they wouldn't normally -- like drinking in the middle of the day. If that becomes a habit during social isolation, it may be hard to break and could lead to alcohol abuse and possibly later health problems.
Essential Workers

- Many essential workers continue to face a number of challenges, including greater risk of contracting the coronavirus than other workers.

- Compared to nonessential workers, essential workers are more likely to report symptoms of anxiety or depressive disorder (42% vs. 30%), starting or increasing substance use (25% vs. 11%), and suicidal thoughts (22% vs. 8%) during the pandemic.
The Tole on First Responders

- According to the 2018 supplemental research bulletin from the SAMHSA Disaster Technical Assistance Center, depression and PTSD affect approximately 30% of first responders.

- In addition, 37% of fire and emergency medical services professionals have contemplated suicide, which is nearly 10 times the rate of American adults in general. In fact, more firefighters die from suicide than from fires.
Impact on Essential Workers

Essential workers during the COVID-19 pandemic, such as health care providers, grocery store employees, and mail and package delivery personnel, have shown high rates of poor mental health outcomes. These workers are generally required to work outside of their home and may be unable to practice social distancing.
Among Essential and Nonessential Workers, Share of Adults Reporting Mental Distress and Substance Use, June 2020

- Symptoms of Anxiety or Depressive Disorder:
  - Essential Worker: 42%
  - Nonessential Worker: 30%

- Started or Increased Substance Use to Cope with Stress or Emotions Related to COVID-19:
  - Essential Worker: 25%
  - Nonessential Worker: 11%

- Seriously Considered Suicide in Past 30 Days:
  - Essential Worker: 22%
  - Nonessential Worker: 8%

NOTES: Data is among adults ages 18 and above. Essential worker status was self-reported.
Front-line Health Care Workers

- During the pandemic, frontline health care workers have reported feelings of anxiety and depression and thoughts of suicide.

- The KFF Health Tracking Poll conducted in mid-April 2020 found that 64% of households with a health care worker said worry and stress over the coronavirus caused them to experience at least one adverse impact on their mental health and well-being, such as difficulty sleeping or eating, increases in alcohol consumption or substance use, and worsening chronic conditions, compared to 56% of all households.

- Prior to the pandemic, nurses and physicians were already prone to experiencing burnout, with physicians also having an elevated risk of suicide.
What Makes Something Traumatic?

Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being. (SAMHSA)
Secondary or Vicarious Traumatization

- Experiencing similar symptoms to trauma victims as a result of indirect traumatic exposure via close contact with the survivors.
Key Points About Distress:

- Distress left unchecked may result in an impaired ability to effectively utilize and implement our knowledge, skills, and abilities.
- Its development may be a gradual process and fall on a continuum.
- The line between distress and impairment may only be seen in the rearview mirror.
- We are all vulnerable to some form of distress-related problems with professional competence at some point(s) in our lives and careers.
- Distress and problems with professional competence are not discrete entities. They fall along a continuum. (Jeffrey E. Barnett, Psy.D., ABPP)
Warning Signs for Therapists Burn-Out

- I have disturbed sleep, eating, or concentration.
- I isolate myself from family, friends, and colleagues.
- I fail to take regularly scheduled breaks.
- I enjoy my work less than in the past.
- I find myself bored, disinterested, or easily irritated by clients.
- I have experienced recent life stressors such as illness, personal loss, relationship difficulties, financial problems, or legal trouble.
- I feel emotionally exhausted or drained after meeting with certain clients.
Warning Signs for Therapist Burn-Out

- I find myself thinking of being elsewhere when working with clients.
- I am self-medicating, overlooking personal needs, and overlooking my health.
- I find my work less rewarding and gratifying than in the past.
- I am feeling depressed, anxious, or agitated frequently.
- I am enjoying life less than in the past.
- I find myself experiencing repeated headaches and other physical complaints.
- I sit staring into space for hours and can’t concentrate on my work.
Thoughts on Self-Care From A Counselor….

- “Engaging in self-care takes discipline, just like eating healthy. On Sundays, I look at my week ahead and I physically schedule time for my kickboxing classes, a few hours on my day off for my nails, a massage, or something fun just for me. I schedule time for myself and I hold myself accountable.

- I also plan lunch with my girlfriends twice a month, phone calls with long distance friends, and date nights with my husband. These self-care activities and pleasures feed my soul, rejuvenate me, and are things that make me feel truly happy. When taking time for myself, I’m able to give 100 percent of myself to my clients”. (Amy McNamara, LMFT, Counseling Advice: Counselor Self-Care.)
Checklist for negative or maladaptive coping practices

- I self-medicate with alcohol, drugs (including over the counter and prescription), and food.
- I keep taking on more and try to just work my way through things.
- I try to squeeze more into the day, get more done, and measure success by how many tasks I complete and by how much I can accomplish in a day.
- I isolate, avoid my coworkers, and minimize the significance of stresses in my life.
- I know that distress and impairment are for others and don’t take seriously the warning signs I experience.
- I believe that everything will turn out fine just because I say so! (Barnett, 2008)
Here Comes Self-Care to the Rescue!!

- Self-care includes proactive efforts to live long and live well. Conversely, carelessness, avoidance of health-promoting habits, and general disregard of one's well-being are potentially signs of despair, hopelessness, and alienation from life's opportunities, reflected in loss of a sense of meaning and purpose in life.
Common Forms of Self-Care

- Use of Humor
- Relaxing activities such as Yoga, meditation, prayer
- Taking Vacations
- Exercise
- Scheduling Breaks
- Engaging in Positive Self-talk
- Use of listservs/professional affiliations
Integrating Self-Care

Make adequate time for yourself. Schedule breaks throughout the day.

Do things you enjoy. Engage in hobbies.

Take care of yourself physically and spiritually.

Take care of the relationships in your life.

Say NO!

Don’t isolate yourself.

Keep in mind that self-care is a good thing.
Integrating Self-Care

- Watch out for warning signs, such as violating boundaries, self-medicating, wishing patients would not show up, finding it difficult to focus on the task at hand, boredom, fatigue, and/or missing appointments.
- Watch out for distress, burnout, and competence problems in your colleagues.
- Conduct periodic distress and competence self-assessments and seek help when it is needed.
- Focus on prevention.
- Make time for self-care!
- Seek out personal psychotherapy.
- Use colleague assistance programs.
- Participate in peer support groups.
- Accept that you’re human, in need of assistance, and a work in progress.
- Don’t try to be perfect, to have it all, or to do it all. Know your limits and be realistic. (Barnett and Sarnel (2003)
A Good First Step.....

- A good first step for social workers/caregivers who realize that they’re in the throes of burnout is to acknowledge it and to talk about it with a trusted colleague, such as a supervisor.
What steps can help the caregivers elevate his or her level of ethical practice and what strategies can be used to proactively manage areas of potential ethical vulnerability?

- If I were to offer some closing advice to the aspiring counselor, it would include these key points.
- **Take care of yourself!** Effective self-care is an essential precursor to ethical conduct; it is the physically, emotionally and spiritually depleted counselor who is most vulnerable to using clients to meet these unmet needs.
- **Utilize Mentors!** Develop a small cadre of consultants that can provide a sounding board and objective advice on difficult ethical dilemmas.
- **Ask for help!** Seek formal consultation when you are in a zone of vulnerability and when there appears to be an exception to the normal ethical prescriptions.
Solutions: The Opposite of Addiction is Connection

- The pandemic has created the greatest forced isolation in our modern history. We are physically distant but must socially connect (Bergman et al, 2020).
- Connect Online: See friends and family by Zoom or phone. Feeling understood and sharing feelings of pain can help alleviate your personal struggle. And I must admit, I have been calling more friends and family than ever, and it just feels good to talk to someone over the phone.
Connection and Recovery

Connection encourages social, physical, mental, and emotional contact and healing. When others empathize with us, validate our pain or positive experiences or find ways to soothe us when needed, we are able to develop a connection with them.

Earned Security: Individuals who were not graced with this in childhood can learn to securely attach: Through Therapy, support groups, other healthy and healing relationships.
Resources and References

- Society for Adolescent Substance Abuse Treatment Effectiveness (SASATE) [http://www.chestnut.org](http://www.chestnut.org)
- National Institute on Alcohol Abuse and Alcoholism [www.niaaa.nih.gov](http://www.niaaa.nih.gov)
- The National Child Traumatic Stress network - [www.nctsn.org](http://www.nctsn.org)
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Questions, comments, concerns??

- Thank You!!!
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