

SARS-CoV-2 and two social workers: A student's personal reflection and qualitative interview with a professional during a pandemic

A Covid-19 és a szociális munkások: Helyzetkép egy szociális munkás hallgató személyes reflexiói és egy amerikai szociális munkással készített kvalitatív interjú nyomán

MESA ROSE MATTHEWS

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Abstract

SARS-CoV-2, also known as COVID-19 or coronavirus, is currently wreaking havoc across the globe and this text explores the consequences of COVID-19 from the perspectives of two social workers with drastically different positions in the field. First, I personally describe my position as a first year BA Social Work student studying internationally at the University of Pécs in Hungary at the time of the initial outbreak. Following this testimonial is a compilation of my interview with an American clinical social worker. Both my interviewee and I describe our struggles, actions and capacities throughout the COVID-19 pandemic. Succinct histories of social work, useful methodologies, and applicable humanitarian tactics are presented throughout the text to underpin the identified information in both a systematic and constructive manner.

Keywords: COVID-19, reflectivity, clinical social work, qualitative interview

Absztrakt

A SARS-CoV-2, amelyet még COVID-19-ként vagy egyszerűen „koronavírusként” is emlegetünk, jelenleg az egész világon pusztít. Ez az írás a szociális munkások nézőpontjából, mégis két teljesen különböző pozícióból vizsgálja az eseményeket. A szerző, aki a járvány kitörésének időpontjában elsőéves szociális munka szakos nemzetközi hallgató Pécsen, saját reflexióinak leírását követően egy amerikai klinikai szociális munkással készített interjút foglal össze. A kétféle szövegben közös, hogy a COVID-19 járvány idején folyó küzdelmekről, tevékenységekről, megoldási lehetőségekről szól. A rövid történeti áttekintés mellett hasznos módszerekről, alkalmazható humanitárius taktikákról is szó esik, azzal a céllal, hogy az itt leírtak szisztematikus, egyszersmind konstruktív módon járuljanak hozzá a szociálismunka-tudások bővítéséhez.

Kulcsszavak: Covid-19, reflektivitás, klinikai szociális munka, kvalitatív interjú

Introduction

Over the centuries, apocalyptic pandemics have been portrayed in various ways such as music, poems like Thomas Nashe's timeless *A litany in the time of plague* (Skwire, 2020), art, and at least 127 biblical mentions (Rosenberg, 2020), in which impending monumental moments in time when a form of global carnage uproots societies of the age (Kasriel, 2020). The world is currently experiencing an epidemic present in all but 12 countries, including North Korea and Turkmenistan, making it one of the most widespread viruses of all time (Al Jazeera, 2020). The implementation of quarantines and closed borders has slowed the spread of COVID-19 while simultaneously crippling economies across the globe. Distress, depression and confusion have become increasingly common in individuals, anxiously awaiting a life-saving vaccine (Pinson, 2020).

Nearing the end of 2019, this spread sparked and a handful of Chinese citizens were infected by microscopic horned parasites which loosely resemble a crown (CDC, 2020a). In several modern romance languages, such as Latin and Spanish, corona means crown – thus explaining the origin of the coronavirus title (Steinmetz, 2020). Images captured on the other side of the world exploiting faces hidden away by surgical blue masks raised intense concern for those residing in China as well as inhabitants of neighboring countries. This heavy sense of anxiety failed to extend past eastern borders until the beginning of March when a European country picked up the virus and stuck it into the reality of the western world. The ease of travel and access via planes, trains and automobiles sped up the virus' transmission with a vicious momentum that spread first from Italy to Austria then Switzerland and so on, like a blazing wild-fire, leaving thousands in the intensive care units or dead (BBC, 2020).

Own experiences during the pandemic

I asked a professor of one of my social work classes whether or not class would be temporarily postponed due to the virus as was recently done in Italy. The reply was a rather uncertain "probably not" but I was likewise informed of a newly issued university policy which prohibited the staff and students of unessential travel outside of Hungary. The following day a mass email mandating a temporary school closure in immediate effect was sent out to those affiliated with the University of Pécs. I can still feel the conflicting atmosphere of being happy there was no need to wake up early for eight a.m. classes while at the same time being unsettled by a nagging suspicion in the back of my mind that this pause was resulting from a serious situation bound to intensify.

Directly following the initial closure of the school, University of Pécs' Gala night was postponed until further notice and spring break was initiated a week early so the professors could familiarize themselves with online teaching platforms. A visible level of unease became continuously attached to university emails sent out in response to students' questions regarding the virus in which they were not equipped to answer. At this time in early March, no one had any answers, not even the governments. In the city of Pécs, store shelves emptied before my eyes and social outlets, such as clubs and pubs, had maximum capacities of 99 patrons. Dispensers of hand sanitizer coupled with coronavirus posters began to appear in shopping centers and other densely populated buildings such as the University of Pécs' Szántó dormitory. Throughout the initial transition, I held a juvenile air about my person that made the situation seem almost cool in a way. I was part of something greatly complicated, historically significant and ultimately life changing and I mused about the ways I would tell my grandchildren about

my exotic freshman year in Europe. Perhaps this early mindset of mine was a way of coping with the fear and anxiety surrounding the adjustment by trying to subliminally turn the situation into a positive experience or maybe the amplified attention in comparison to that of my unaware American counterparts simply felt nice.

I am proud to say this naïve mindset was temporary and my response was quickly transformed into an appropriate level of concern. The severity of the situation started to sink in as images of sick parents in Italy made me worry immensely about the security of my own parents back in Wyoming. During the second week of March, I began to ponder the idea of flying home to the United States where I could wait out my first-ever global pandemic with my parents while ensuring they were safe. Daily European border closures started to make me claustrophobic and COVID-19 began to haunt my thoughts and dreams. I become distracted by uncertainty and obsessed with the “what if” questions surrounding my next actions. If I were to go home, would I be putting my parents at risk? What will I do if the virus dissipates in a couple of weeks and I need to come right back? Will my roommate be okay without me? One by one, my peers began to retreat back to their homelands while those who remained constantly asked me whether or not I was planning my own departure home. My common response was that I planned to stay and if, for some reason, I did decide to go home it wouldn't be until at least a few weeks in the future.

Hungary is my new home, complete with a family of international friends and a roommate whom others describe as my second half. I didn't want to pack up and leave my perfect life that was meticulously patched together with hard work and good luck. My good grades would be at risk if I could no longer sit in my front row window seat in class. Here, I could directly interact with my professor and peers while feeling the nice Hungarian breeze. I had attempted the utilization of stark online platforms at my previous stateside college and both my mood and grades suffered. My near future spotted with plans of travels to Serbia, Croatia and other European countries was also in jeopardy as well as the summer job lined up for me in Hamburg, Germany. Also, my parents recently purchased plane tickets for a three-week adventure of exploring Eastern Europe with me set just before autumn semester resumed. However, within a couple of days, these plans were up in the air because of the virus and so was I. The decision to return home immediately followed the first cases in America and Hungary as rumors began to spread of airlines indefinitely postponing all international flights around the world. Within four days, a one-way ticket for America was bought and used and three months later, the idea of a return ticket back to my Hungarian home, friends and new way of life seems further away than what I left behind.

Years ago, a social worker told me something that has always stuck with me: “Everything is transient”. At the time, these words of wisdom successfully helped me gain control over a cognitive disorder which had ahold of me. This idea of all of life's situations being temporary was addressed on several occasions in my social work classes and has become my saving grace in the uphill battle with COVID-19. I hold this three-word mantra close to my heart and use it as a dagger to defend myself against the negative emotions and uprooting consequences caused by this novel virus. As I hugged my new friends goodbye and embraced my parents many months premature, I was able to accept this change and consequent negative emotions because I was able to understand that everything is temporary. This perspective allowed room for appreciation to well up inside of me and has helped me become resilient. This is proof that my field of study arms participants with an internalized capability to instill high degrees of aptitude and self-actualization.

The role of a social worker

Social work can be described as psychology in motion. Through university studies and practicums, social workers develop skills based on psychological and societal reasoning, which prepares them with the tools necessary to show clients the light in the darkest situations as well as the steps for creating a torch of their own. The impact a social worker has on their client, community or nation deeply resonates past the initial interaction and may reappear helpful during difficult situations in the future, such as today's current pandemic.

Designing a Qualitative Interview

Being a Social Work student during a pandemic triggered much thought surrounding the multitude of struggles an acting professional must be currently facing. Through this research, I aim to achieve a deeper understanding of the ethical, governmental, and emotional hardships a social worker may face amidst a global crisis. I expect this analysis of both the perspective and position of a skilled humanitarian will help me better prepare myself for my future as a social worker, both in an out of pandemic situations.

For this interview I selected the woman who inspired me to become a social worker. She is a licensed clinical social worker who has been the sole owner and therapist of her own private therapeutic practice since its initial establishment in 2014. The primary therapeutic modalities utilized within her practice are person-centered, strengths focused, play therapy, Cognitive Behavioral Therapy (CBT) and Eye Movement Desensitization and Reprocessing (EMDR) (NAMI, n.d.). Born in Detroit, Michigan, she moved out West where she eventually obtained both a Bachelor in Social Work and BA in French from the University of Montana in 1999. While working towards her Bachelor degrees she spent some time studying in France in 1997 on an international student exchange. She later went on to receive her Master in Social Work from Walla Walla University, located in the South-East Corner of Washington State, in 2006. At just 41 years old, this woman was recognized as the State of Wyoming's Social Worker of the year.

When asked why she decided to become a social worker she explained that she knew she wanted to help people, especially troubled teens, since high school but didn't know about social work until well into college. Oblivious of the major, she studied psychology until the semester she enrolled in a social work course. She realized instantly this was the major she was meant for and switched university departments accordingly her junior year. She says her choice to study social work was solidified by the profession's vast focus addressing not just individual needs but also advocacy, social justice and systematic problems.

For this journal entry, I selected the informal interview process and the social worker I chose to interview wishes to remain anonymous. I ensured her that I would send a copy of the completed work before its publication. I previously acquired the interviewee's phone number through nondisclosed means. During our initial discussion I explained the topic of my journal entry and asked her if she would like to answer some questions regarding her position as a social worker during the COVID-19 pandemic. I explained that the questions, which would be sent to her through email, are in place of an in-person interview which is not currently permissible due to implemented quarantine restrictions. When asked why she decided to participate she replied by saying *"I agreed to be interviewed for the journal because I believe it is important to support students in their academic endeavors, and because we (social workers) must share information in order to connect, learn, and support one another."*

Even though she was personally willing to participate there was legal uncertainty surrounding her position in regards to HIPAA (Health Insurance Portability and Accountability Act) in the beginning. She asked me to wait 24 hours for her answer and the following day I received a phone call in which she told me there are no legal infringements, which prevent her from accepting my offer.

In the beginning of the email with the attached interview questions, I thanked my interviewee for her participation in advance and stressed that all aspects of the interview were voluntary and she was free to skip any questions she deemed fit. I asked her to take enough time to really consider the questions and email the document back to me upon completion. Due to the fact that she is an active therapist, our emails were sent through Hushmail – an email provider, which ensures confidentiality by encrypting its messages (Hushmail, n.d.).

Interview

- *Can you please describe your social worker position and the length of your practice?*
- I am the sole owner and therapist in my own private practice, which I started in 2014.
- *Do you recall what you were doing the first time you heard about COVID-19?*
- I remember reading about it in online news sources back in November 2019 when it was first reported and before it had been identified in the United States.
- *When you hear COVID-19, what are the first 3 words that come to mind?*
- Contagious, quarantine, isolation.
- *What are the most drastic changes you have noticed within your clients in the presence of the virus?*
- Mostly I have noticed what one might expect – increases in anxiety and depression symptoms, including suicidal ideation, general fearfulness and anxiety about the future. Family members who are not used to being around each other all the time are sometimes having more conflicts with each other.
- *Has COVID-19 significantly altered your social life? If so, how?*
- Yes. I have not been able to visit with family and friends as much. When together, we have been practicing distancing (not hugging, etc.), which feels both strange and sad. But I think the situation is much more difficult for my children, who have not been able socialize in a developmentally appropriate way, or to visit their friends.
- *How have your goals as a social worker changed since the start of the pandemic?*
- My goals now include protecting my clients and myself (my family) from COVID-19. Initially, I changed my method of service delivery to telehealth. As I slowly begin to see some clients again in person, my goals have included creating an infection control policy and informed consent process for conducting in-person sessions as safely and effectively as possible. For some of my clients, their personal goals have changed or been derailed. I have focused on maintaining a therapeutic relationship with my younger clients via telehealth, stabilizing those who are experiencing increased symptomology and relapse, and adjusting to the “new normal” living with isolation and social distancing and the awkwardness this creates.
- *What are the most drastic changes you have noticed within your practice?*

– The complete switch from exclusively in-person to exclusively telehealth has been both overwhelming and stressful at times, but also enlightening. The increase in the amount of time that I now spend wading through the information with which I am bombarded on a daily basis, trying to determine which resources I need vs. what I can do without, planning and restructuring client sessions (for children, mostly), considering ethical and liability issues, creating new forms, obtaining appropriate training, and adjusting treatment plan goals and interventions has certainly been drastic. I am spending more time at work, but less time with clients, so my income is reduced. The first few weeks were a period of adjustment and adaptation to the circumstances. Now the focus has changed from how to maintain services via telehealth, whom to see in person, how to do that safely, and how to deal with the social awkwardness that has resulted from social distancing and viewing our neighbors and community members as potentially dangerous sources of infection.

– *What is an unanticipated consequence of the novel coronavirus and how did you handle it?*

– My healthy 39-year-old cousin died unexpectedly of heart failure in his home, likely due to COVID-19. This brought the danger and reality of the seriousness of this virus much closer to me. In an area where many still do not know anyone who has contracted the illness, where the infection rate has been low, and many have not had to deal with this virus first hand, I realized my perspective had changed. Managing my own anxiety while still maintaining my focus and objectivity as a social worker and therapist has been an unanticipated consequence for me. I have handled it by consulting with colleagues, monitoring myself and being aware of an increased risk of transference, countertransference, and/or boundaries issues.

– *Has the field of social work been altered by COVID-19 to the extent that certain changes will remain in place subsequent to complete containment. If so, what are these changes?*

– Probably. I believe that telehealth services will become much more utilized as an acceptable form of service delivery, and that insurance companies both private and public will continue to reimburse for services delivered via telehealth. People will be much more aware of infection control issues and it is likely that social distancing will continue in both subtle and perhaps not-so-subtle ways. Hopefully, more attention will be given to safety issues that social workers face, as well as the work that we do. Beyond that, social workers have often been at the forefront of crises, ready to assist with resource referral, stabilization, therapy, and many other forms of support. It is my hope that social workers will continue to be recognized as a critical component of any healthy system.

– *Are there any positives you can take away from this pandemic experience?*

– I have learned that telehealth services can be delivered effectively, whereas I was always skeptical in the past. I have learned that humans, including myself, are quite adept at updating and adapting when we need to, and that where some people suffer, others, unexpectedly, may thrive. For example, those with a history of trauma may be better equipped than those without to manage crisis and chaos.

– *Fast forward 20 years... How will you describe this virus to a 1st year social work student?*

Golly, I don't know. I suppose it depends on what happens with this virus and how we learn to manage it in the end. This is certainly an unprecedented time. Nobody saw this coming, and we were not prepared. In the future, this may be reflected on as a time of both incredible trauma and chaos – and social workers were there. It may be a turning point for the way many services are delivered. It certainly is accentuating the differences between economically advantaged vs. disadvantaged, as this virus tends to infect and kill more of the disadvantaged.

- *Do you agree with the current direction America is going with COVID-19?*
- No. Prior to COVID-19, people were already divided. The handling of this illness has only magnified that, as we have those who refuse mask-wearing and feel their rights have been violated demonstrating against continued closures and social distancing recommendations. We haven't had consistent leadership during this time.
- *What is a significant way in which you have grown throughout this pandemic?*
- Hmm, I'm not sure if I know yet. Probably it has something to do with recognizing priorities and the importance of maintaining my self-care. Ask me again in a year or two, and I may have a more thorough answer.

Discussion

Due to the unpredictable directions in which viruses grow and spread, my interviewee's two-month initial knowledge of SARS-CoV-2 didn't influence any intense preparations for her practice or even prompt notable consideration for that matter (Kilbourne, 2004). Just like the rest of us who didn't learn about the virus early on, the attack of Covid-19 hit hard and fast; leaving her normalcy in shambles. The three words which jump into her mind when reflecting on the virus "*contagious, quarantine, isolation*" are likely similar to the adjectives constantly tossing around our own minds on a daily basis, as well as those of her clients.

Throughout the pandemic, my interviewee has noticed several mental side-effects of COVID-19 within her clients such as anxiety and depression. An experiment held by four Harvard students in 2009 shows that when an individual is uncertain of something, they are likely to react more intensely to an alternative something. An example may be a super unsettling scene in a horror film just before a monster pops out of the closet – making you jump out of your seat (Bar-Anan, Wilson & Gilbert, 2009). When picturing individuals living during a global pandemic, which is riddled with uncertainty surrounding their work, health, financial situation, and length of the whole ordeal, as a movie scene, it makes sense why seemingly "normal" aspects of our lives are resulting in higher emotional reactions such as anxiety and depression. These normal things can be anything ranging from a fight with a friend or spouse to stepping on a tack.

In addition to this unsettling atmosphere brought on by COVID-19 is the affect quarantine is having on people's social lives. Increases in "family time" as mentioned by the social worker interviewed, can result in conflicts as parents try to make up for their teenager's now distant friends and grandpa's advice stops being cute and starts to get annoying. On the opposite side of the spectrum, social and physical isolation are becoming increasingly common. According to a Washington D.C. newspaper, 3 out of 4 Americans claimed to be self-isolating to some extent in the beginning of April (Kelley, 2020).

This ratio is decreasing as restrictions are being lifted but the six-foot barricade between friends, neighbors, cousins, etc. are still felt by many, including the interviewee. During the interview she explains how her current social situation felt "strange and sad" but brings the attention to the fact children such as her own, are suffering from quarantine much worse.

With the closure of schools and lack of social interaction, little ones are constantly struck with high levels of anxiety and fear as are the adults (Children, 2020). Children need extra protection and to neglect them during a pandemic in the form of time, structure, attention, explanation and inclusion has led to increased anxiety, which is often expressed through

outbursts, avoidance, sadness and defiance along with many other forms (Matheis, 2020). These automatic emotional responses plus the absence of school and social interaction makes it difficult for the child to access the social connections necessary to learn and grow at the appropriate pace, as was mentioned by the interviewee. This can result in a child skipping key developmental milestones and delay or completely omit vital developmental stages, which has been proven by tests made on monkeys and mice in 2012. When socially isolated for several weeks, these animals exhibited differences in their prefrontal cortex which is the section of the brain linked to cognitive function (Isolation, 2019). The test results go on to explain a reduction of oligodendrocytes, cells which act as communication devices within the prefrontal cortex, giving reason to believe that the same is happening in children who experience significant durations of self-isolation.

This discovery results in children being at increased risk of a delay in therapeutic development as well, which may have a lasting effect throughout the child's life. Throughout the interview, the social worker I selected mentions a specific need to reformulate her practice methods to best assist her adolescent clients, since the traditional play therapy she favors during in-person sessions is not available. Before the virus hit the United States, she regularly met her clients, children and adults, in person at one of her three locations in different Wyoming towns. With coronavirus came the need to completely replace her traditional sessions with ones held virtually by Telehealth which is a transition she described as "overwhelming and stressful".

Telehealth is a protected online platform which allows clients to remotely access healthcare services such as doctor appointments and therapy sessions (Mayo Clinic, 2020). Previously skeptical of the success of telehealth implementation in clinical therapy, she was forced to quickly adopt the various aspects of the platform in order to properly treat her clients. She described the first few weeks of the pandemic as an adjustment and adaptation period. The reason for this is the complexity of the switch to telehealth, which extends past the simple difference between face to face and screen to screen. When describing the most significant changes within her practice she mentioned many of the other aspects attached to virtual therapy. Therapeutic sessions are legally required to remain private in order to abide by *HIPAA (Health Insurance Portability and Accountability Act)*. In 1996, the U.S. Department of Health and Human Services, or HHS, implemented HIPAA as a set of standards within the health care system put in place to uphold the nation's *Standards for Privacy of Individually Identifiable Health Information*, otherwise known as the "*Privacy Rule*" (HHS OCR, 2013). This means that therapists have the legal obligation to ensure that client information is kept under lock and key. However, this proves difficult when you are unable to physically see whether or not there are others near the client during a Telehealth session. In order for this woman to legally protect herself as a clinical social worker during a pandemic she describes the need to rewrite various forms for the clients and the Wyoming state department, plus get properly trained to address ethical and liability issues.

On top of this, the interviewee must spend large amounts of time sifting through new information and purging unnecessary resources on a daily basis. The last of the drastic changes she mentions within her practice is the reformulation of client treatment plan goals. An example situation which may put the demand of this task into perspective can be a client who loses their job. It is likely that the therapist and client will change some of the treatment plan goals to better apply to their new situation such as "improve co-worker relations" to "find and maintain a job". When considering all of the changes within a client's life which may result from a

critically deracinating pandemic, it is safe to assume that clinical social workers are needing to revise the vast majority of their client's treatment plans, what must be time consuming.

I presumed that once my interviewee was on the other side of the initial adjustment period, aspects of her life and practice would get easier – but I was wrong. She explains that she now faces a plethora of new challenges, which come along with the lifting of quarantine restrictions. Her top priority, both legally and personally, is the safety of her clients and family as well as that of her own. In order to respect her primary interest as a clinical social worker, she must follow the outlines provided by the Centers for Disease Control and Prevention (CDC). The CDC is the top national public health institute in the United States and provides guidance for reopening in a safe and legal way (CDC, 2020b, 2020c). Consulting the CDC for guidance helps the interviewed social worker create the newly required infection control policy, and adapt her informed consent and safety process in relation to reintroducing in-person sessions, which are both recognized as goals of hers during the pandemic. However, this governmental resource is ultimately insufficient in solving all of the dilemmas she must face upon re-opening.

The interviewee was forced to make the morally difficult decision of determining which of her clients would profit the most from the recommencement of in-person therapy. Social distancing measures and proper sanitization requirements as outlined by the CDC means she is unable to resume in-person sessions with all of her clients (CDC, 2020b, 2020c). While clinical social workers are trained in prioritizing clients' needs based on severity and urgency, the moral challenge of ranking various levels of benefit requires substantial deliberation. Once these tough decisions are made, she is able to gradually re-open her doors in as safe a way as possible, but she must still remain cautious of the increased risk of infection to both her clients and herself.

All of these challenges and increased safety risks, as mentioned by the woman interviewed, require a lot of extra time; she describes this increase in her work hours as “drastic”. She goes on to explain that even though she is spending more time on work she is actually seeing clients, who ultimately pay her salary, less often which means that during the COVID-19 pandemic her income has actually been reduced. The fact that she is not being compensated for all of the extra effort she is putting in as a social worker frustrates me. Doctors, grocery store clerks and other essential workers are being paid overtime for their increased effort and as risk compensation yet this woman, who is highly influential to the mental health of multiple clients, is practically doing it for free (U.S. Department of Labor, 2020). A reason for this is the fact that she is her own boss and the additional hours she puts in to ensure the success and safety of her practice are not the financial responsibility of a company or the government (U.S. Department of Labor, 2020). She mentions in the interview the hope for a future increase of attention of both the safety issues and amount of work social workers face during a pandemic and in general.

Within the interview, I also added more personal questions regarding the effects of COVID-19 outside of my interviewee's practice. When asked about the unexpected, she said she needed to manage her own anxiety. Along with the causes of anxiety previously mentioned, she reveals the painful situation, which adds emotional distress. She tells of the death of her 39-year-old cousin what was likely a result of COVID-19. The suffering, which comes with the death of a loved one, was not the only result of the loss she experienced. Even though her cousin didn't live in Wyoming, she says that his death “brought the danger and reality of the seriousness of this virus much closer to me.”

She explains her statement by first describing the lax pandemic situation of Wyoming. Most residents in the state don't know anyone who has been affected by the virus yet. This is because Wyoming has the second lowest national population of six people per square mile, which means social distancing has been a way of life long before the spread of coronavirus (States101, 2014). As a result of such a dispersed population, the Cowboy State holds the second lowest number of infections in the entire country, just behind our neighbor to the North, Montana (CDC, 2020d). While I am also a Wyoming resident who has personally witnessed more intense effects of COVID-19 while living in Europe, I understand what the interviewee means as she goes on to say "my perspective has changed". She is more cautious of the virus than her clients are and explains the need to manage her anxiety while simultaneously keeping focus and objectivity. In order to receive help and guidance she has consulted her colleagues. The need for objectivity as mentioned by this social worker has been emphasized by the current political situation in the United States. American citizens are split on supporting the idea of quarantine as well as social distancing implementations. When polled, a majority of the Republican population is often suspicious of the government taking away their rights, while negatively affecting the economy during the current pandemic. On the opposing side, a majority of Democrats are metaphorically joining hands in solidarity and following governmental guidelines in order to defend themselves from a disastrous situation much bigger than themselves (Allyn & Sprunt, 2020).

When I asked the interviewee of her opinion concerning the way the United States government is dealing with the COVID-19 situation, she said she did not agree with the direction we were going as a nation. She goes on to explain how the American citizens have been divided long before the first recorded case of COVID-19. The discrepancies between the left sided Democratic Party and the Republicans on the right have caused America's legislative system to be inefficient while quick decisions cannot be made (Hughes & Carlson, 2015).

During the time of a crisis I believed that disagreeing members in government would put aside their differences for the general well-being of the citizens, but I was wrong. The interviewee describes how a large part of the population is using the act of wearing a mask as a way to blame the government with repression of their rights. This obviously wouldn't be such a severe problem if people spoke their minds but still wore a mask. However, due to the lack of consistent leadership as mentioned by the interviewee, this is not the case and likely won't be while President Trump, the man in charge of protecting the country, refuses to wear one himself (Cottle, 2020). These are the reasons why the interviewee must consider client opinions and take extra care to be unbiased when explaining why their sessions may be shorter due to increased cleaning as well as why they must wear masks during sessions.

Lessons learned

The most notable benefit which the interviewed social worker and others can take away from SARS-CoV-2 is the realization of how strong the human species is in the face of a challenge. She explains that dealing with COVID-19 has taught her how remarkably efficient some humans can be when adapting to an unfamiliar and urgent situation. Prochaska's and DiClemente's Transtheoretical Model or "Stages of Change" developed in the 1970s identifies six stages surrounding change: precontemplation, contemplation, preparation, action, maintenance, and termination (LaMorte, 2019). Individuals often underestimate themselves when faced with a difficult situation. This is because time spent in the contemplation and

preparation stages allow several opportunities in which individuals can analyze their personal shortcomings preventing success and ultimately resulting in doubt. However, when forced into a situation demanding immediate action, such as COVID-19, there is no room to wallow in doubt; one must decide whether to act in defense or succumb to the problem.

Certain individuals may also be more equipped at handling radical situations due to their past experiences. During the interview, the woman questioned provided the example of how individuals who have experienced trauma may do better in a crisis than those who have not. This example stands by Friedrich Nietzsche's famous words "that which does not kill us, makes us stronger" (Stoner, 2019). One reason why a trauma survivor is stronger is their increased knowledge gained during the traumatic experience while another is that through reflection on their experience the individual realizes how strong they truly are (UW Health, 2017).

What will remain

As a social worker, it is important to look past the initial problem that they themselves, their client, the community or a society may be currently facing for several important reasons. The first is to identify "positives" present within a difficult situation. An example of this mentioned by the interviewee is the successful transition from in-person therapy sessions to those on Telehealth. As previously mentioned, the social worker was skeptical of Telehealth being a suitable substitute before the COVID-19 pandemic. Not only does she now have faith in the platform, she believes virtual sessions will be more widely present, better accepted and covered by both private and public insurance plans. The aspect of future Telehealth practices regarding coverage is a big step in the technological / health system partnership because financial support is a symbol of recognition for beneficial prospects of a new technique (HHS, 2020).

When looking towards life past COVID-19 the social worker also mentions how the awareness of contagious diseases will remain. She goes on to add that varying degrees of social-distancing are also likely to stick. Extroverts and individuals who relish in physical contact may find a continued need for social distancing to be challenging, while introverts may rejoice. Regardless of personal preference, such implications may help to save thousands of lives during cold-and flu season and the possibility of a subsequent outbreak of Covid-19 (Greene, 2020).

The final consequence of the current pandemic described by the interviewee is increased consideration given to groups, which lack sufficient attention, such as economically disadvantaged people. Research proves that it is more difficult for low income or jobless people to receive quality healthcare but intensive consideration of this problem, throughout the United States within the media was quite low up until now (Seervai, 2019). As a result of COVID-19, citizens across America are glued to their TVs, phones, newspapers and radios following the progression of the virus and are recognizing disproportional numbers of deaths among people of color (APM Research Lab, 2020). In order to solve a problem, you must first face the problem and it seems that COVID-19 has sped up America's over-due confrontation with the standing healthcare's disparity (Connley, 2020).

The woman I interviewed mentioned a more personal hope of recognition, which pertains to the importance of social workers. She describes the ever-present attendance, which they uphold as beacons of support through various crises, and hopes this effort will be better recognized after coronavirus. She goes on to say that social workers deserve due credit for the

noteworthy influence they have on the success of systems of all sorts. If this increased attention does end up being a lasting side effect of COVID-19, perhaps social workers will be better protected during pandemics both in the form of physical safety and financial compensation, as she hopes.

Conclusion

My original intention as set out for this interview was ultimately fulfilled. While examining the answers of a local social worker during the COVID-19 pandemic not only have I gained a deeper understanding but also I have developed heightened levels of respect and pride for those in the social work field. Prior to the interview, I understood the position of a social worker would be trying during a pandemic but learning of the difficulties from a professional leaves me simultaneously more fearful and more motivated to be a social worker myself. The chosen interviewee was consistently frank throughout which somberly addressed her challenges and enveloped her positive statements in a sense of honesty. I learned that as a humanitarian I will face challenges of all shapes and sizes; that I must hold my tongue no matter how right I may feel at times and will likely receive insufficient recognition for my work. More importantly, I learned that the substantial impact I hope to have while providing aid to those in need will result in the internalized belief that my help as a social worker makes a positive difference in the world.

One of the most beautiful aspects of social work is the fact it is contagious. Similar to coronavirus, positive social differences made by the various aid workers spread from one individual to another, then a couple more and so on. We spread compassion and positive intention at an infectious rate, thus creating an army of empathy; an army consisting of individuals regardless of profession, race, gender, political affiliation, religion or age. It is easy for me to forget this, leaving me feeling helpless during COVID-19 because I am a mere student, but there is one thing, which I have learned throughout my university social work classes, which really lifts my spirits. Everyone has the strength within themselves to make a difference and no matter how small a change they make may be, it will have an impact. Whether you help others through an essential job like the woman I interviewed, by reducing the spread of the virus by wearing a mask, or even through some form of love to yourself or others, the fact that you care is what makes all the difference. Humankind is not capable of the immediate eradication of the current virus at hand but is surely capable of coping with COVID-19 until its irrefutable end.

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