



Robin Delcourt <umprovost@maine.edu>

Pandemic

Alison Mitchell <alison.mitchell@maine.edu>

Thu, Apr 23, 2020 at 3:15 PM

To: umprovost@maine.edu

Greetings,

I am responding to the message emailed today. I have an assignment that I developed in response to COVID19 that replaced one that became irrelevant when we transitioned to distance learning (and distancing in general). I'd like to share the final product, but the file is too large to email, so it will come in the form of a shared Google drive link. The link is at the very bottom of this email.

Some background:

I am adjunct faculty, currently teaching the Orono-cohort of MSW students taking SWK 640: Issues in Social Welfare Policy in Advanced Generalist Practice. It is a policy advocacy class in which students (in typical years) develop and carry out an advocacy plan focused on an aspect of state-level legislation of their choosing.

One of the assignments in the semester is typically a mock committee hearing. Students prepare written testimony ahead of time and we set up the classroom to mimic a legislative committee hearing. Over the course of 2 class periods, everyone delivers oral "testimony" and then submits their written testimony on BB (soon to be Brightspace), as if it were being submitted to the Legislature. The activity supports developing public speaking skills and asks students to learn how to highlight their key points cogently and succinctly through their oral testimony. The written testimony practices developing the key points in more depth while writing persuasively and succinctly. Students are limited to up to 4-pages of written testimony and a 3-minute oral presentation.

This year, the Legislature adjourned just as we were transitioning to our online learning environment. It felt false to proceed with the mock hearings. Instead, I engaged the students in conversation and we developed the project I will share instead. I asked each student in the course (16 in all) to develop one slide on a COVID19-related response of their choice, about a population or issue of their choice. The idea was to develop a set of resources that might be useful to social workers and others working in the field. I put each slide into a unified presentation, and during our Zoom class meeting yesterday (Weds, 4/22), each student provided an oral presentation about their slide as it appeared in the slideshow. I shared my screen and projected the slides.

As such, the assignment approximates the skills that would have been developed with the original assignment, but in a way that was both meaningful and useful for the students. I have already shared it with Social Work faculty. It is linked below.

One note, as a PDF, the links within the presentation are not live, but it does at least provide a direction for where to look for further information for those interested.

Thank you very much. I am happy to answer any questions you might have.

Sincerely,

Alison Mitchell

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[COVID19 resources.pdf](#)

COVID19 RESPONSES & RESOURCES

Created by the Spring 2020 Orono-cohort MSW students of
SWK 640: Issues in Social Welfare Policy in Advanced Generalist Practice

Bobbie Jo Benjamin, Caryn Boutaugh, Emma Brickman, Gabrielle Craig, Genevieve Doughty,
Kaitlyn Dowd, Jessica Dunston-Todd, Paige Emerson, Jill Gardner, Jasmine Gordon, Avery
Herzog, Jack Hilton, Abigail Irvine, Mauren Oertel, Sarah Rodgers, Nicholas Silver

Alison Mitchell, PhD, LCSW

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Slide 14: COVID19, moms, and babies (Jasmine)

Slide 15: Childcare resources (Bobbie Jo)

Slide 16: Choice during COVID19 (Gen)

Slides 17-18: Families unprotected from abuse (Jack)

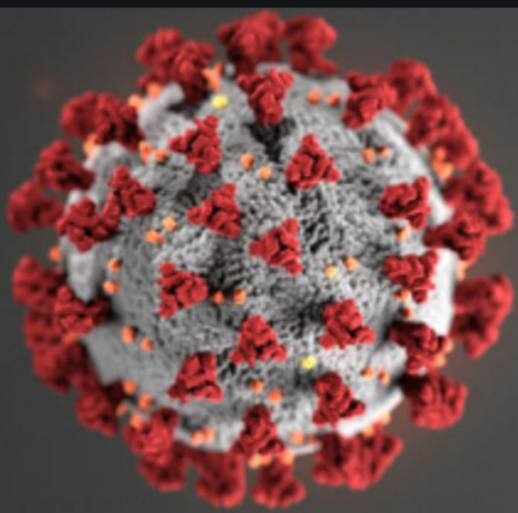
Slide 19: COVID19 and people with substance use disorder (Abby)

Slides 19-20: COVID19 and African-American population (Mauren)

Slides 21-22: COVID19 and veterans (Paige)

Slide 23: COVID19 and homeless population (Sarah)

Slides 24-26: Social Work guide to surviving a pandemic (Avery)



Something tells me this picture needs no explanation

IMPACT **OF** HUMANS has IMPACT **ON** HUMANS

“It is our disregard for nature and our disrespect of the animals we should share the planet with that has caused this pandemic, that was predicted long ago” -- Jane Goodall¹

POVERTY → ENVIRONMENTAL EXPLOITATION + POVERTY = PANDEMIC

- **Poverty** leads to attempts at survival (i.e. hunting for bushmeat or cutting down forests for farmland).
- Human encroachment on and **exploitation** of wildlife habitats increases the chance of human and wild animal contact.²
- This increases the likelihood of **zoonosis** ³, when a pathogen usually found in animals is transmitted to humans (don't forget, we are animals too).
- The poverty that led to a disease outbreak perpetuates the transmission of that disease due to the area's scant resources and **lack of healthcare infrastructure**.⁴



One more quote from Jane Goodall & Resources

“(Also consider) ways that you could perhaps help alleviate poverty because when people are poor they can't make these ethical choices. They just have to do whatever they can to survive -- they can't question what they buy, they must buy the cheapest, and they are going to cut down the last tree because they are desperate to find land on which they can grow more food”--Jane Goodall (<https://news.yahoo.com/jane-goodall-says-disrespect-animals-caused-pandemic-091036641.html>)

¹<https://news.yahoo.com/jane-goodall-says-disrespect-animals-caused-pandemic-091036641.html>

²<https://www.brookings.edu/blog/future-development/2017/06/19/pandemics-and-the-poor/>

³https://www.washingtonpost.com/health/coronavirus-came-from-bats-or-possibly-pangolins-amid-acceleration-of-new-zoonotic-infections/2020/02/07/11eb7f3a-4379-11ea-b503-2b077c436617_story.html

⁴<https://www.ncbi.nlm.nih.gov/books/NBK525302/>

What is the C.A.R.E.S. Act?

- Aid to small businesses
- One time cash payments to households
- Expanded unemployment insurance
- Reprieve to student loan borrowers
- Insurance coverage for all covid-19 related tx
- Aid to states
- Emergency funding for health care supplies
- Funding for community health centers
- Funding for the FDA
- Funding for CDC
- Funding for veterans health care
- Reauthorization of telehealth programs
- Funds to give schools more flexibility to provide meals to students
- Funds for food banks / community distribution programs
- And industry bailouts

Passed on March
27

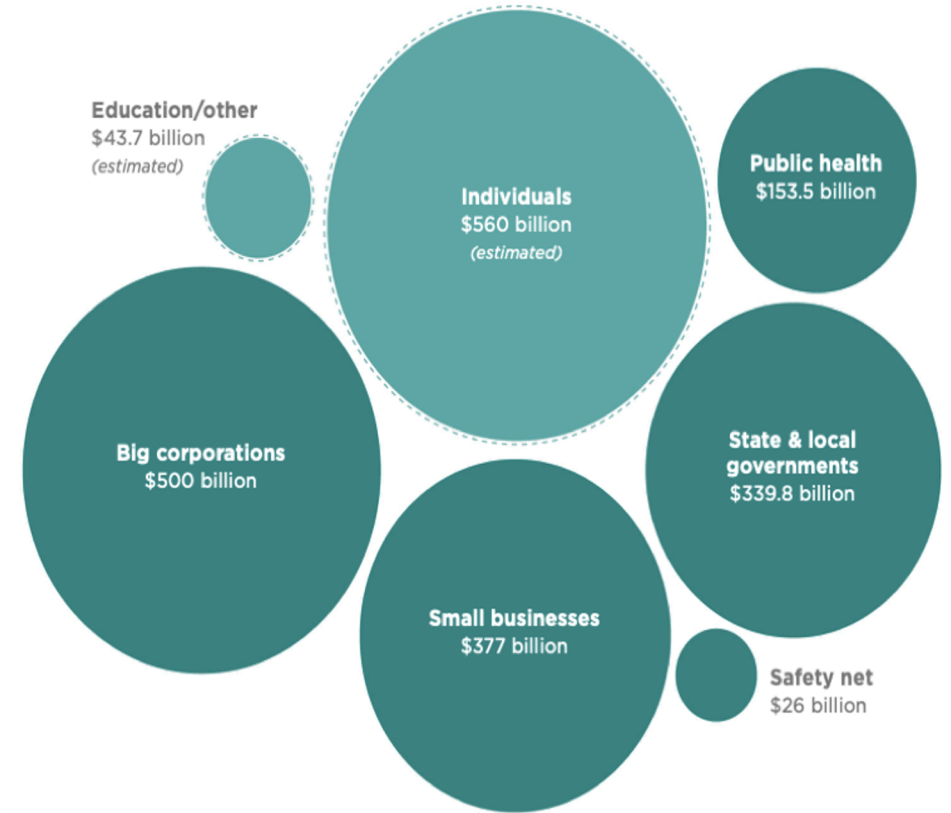
"The CARES Act provides fast and direct economic assistance for American workers and families, small businesses, and preserves jobs for American industries."

- US Department of
the Treasury

Estimated cost =
over 2 trillion

Sounds good... **except....**

- **One time cash payments to households**
 - Does little to support a full loss of income
 - Is inaccessible to those who made too little to file for taxes last year
 - Is set up in a way that creates extra barriers for those living in deep poverty
 - Does not include immigrants using ITIN (individual taxpayer identification number)
- **Expanded unemployment insurance**
 - Does not include immigrants
- **Reprieve to student loan borrowers**
 - Does not include private student loans borrowers
- **Insurance coverage for all covid-19 related tx**
 - Still a lot of confusion about those who are uninsured
 - Lack of trust in billing... worries about surprise bills
- **Aid to states**



Opportunities for Advocacy

There will be another bill to address COVID-19, as social workers we need to make sure we are promoting social justice by advocating for...

Guaranteed income program for US residents for as long as this is a national crisis...

... if not longer

Include immigrants and ITIN

Reimbursement for “audio only” telehealth from all insurances

Clarify financial responsibilities of people who are uninsured for COVID related costs

And if there are financial responsibilities CHANGE THAT

Support essential workers who are taking on extraordinary risks and still facing economic insecurity

Pause student loan repayment for private student loans

And all loans/debt collection


Direct support for people who are homeless, being released from prison, residing in assisted living facilities, children in foster care, and other vulnerable populations

UNIVERSAL HEALTH CARE



Economic Impact Payment

- In response to the Covid-19 (Coronavirus) epidemic, a bipartisan bill was passed by both chambers of the legislature to combat the negative economic consequences associated with widespread quarantines across all 50 states. These quarantine measures have resulted in the loss of a huge number of jobs.
- An estimated 22 million claims of joblessness have been filed since mid-march. To put this into perspective, roughly 23.3 million jobs have been created since February 2010 (roughly associated with the end of the “once-in-a-lifetime” economic downturn known as the Great Recession).
- One aspect of the bipartisan bill is officially known as the “Economic Impact Payment,” which is actually a stimulus check that is now and will continue to be distributed to individual American citizens by the IRS.
- Non-married individuals with social security numbers who make under \$75,000 annually can expect to receive \$1,200. Likewise, Married individuals with the same requirements will receive \$2400 if they make up to \$150,000; these payments begin to taper off after hitting these limits.
- Additionally, citizens with children 17 and under can expect to receive \$500 per child they claim as dependents on their income taxes.



How healthcare delivery has been impacted by COVID-19

Alternatives healthcare providers are seeking to remain in contact with patients and clients

Telehealth

The use of telecommunication to enhance healthcare delivery through virtual methods in order to provide medical and mental health services to patients and clients

Is it HIPAA compliant?

Yes, there are several platforms that healthcare practitioners can utilize to maintain HIPAA compliance. The platforms include but are not limited to doxy.me, eVisit and SimpleVisit

Does health insurance cover telehealth services?

It depends. Certain health insurance companies have expanded healthcare coverage due COVID-19 social distancing guidelines. For example, Medicare has broadened approved locations for individuals who are need of telehealth services including receiving services at renal dialysis treatment centers

Are there different treatment modalities for telehealth services?

Yes. Modalities include live video, mobile health and remote patient modeling

- Remote patient modeling (RPM) is a technological method in which patients can transfer health data securely to their healthcare practitioners

References

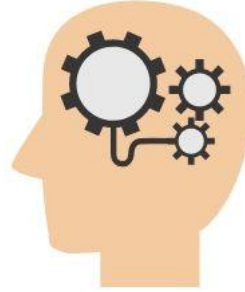
Telehealth Insurance Coverage (2020). *Telehealth*. Retrieved from <https://www.medicare.gov/coverage/telehealth>
About Telehealth (2020). *What is telehealth?* Retrieved from <https://www.cchpca.org/about/about-telehealth>

TIPS FOR FIRST RESPONDERS DURING COVID-19

STAY INFORMED ON BEST PRACTICES FOR COVID-19



BE AWARE OF POSSIBLE TRAUMA SYMPTOMS



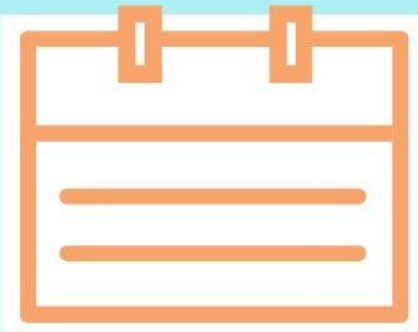
WITH CLIENTS, COWORKERS AND OURSELVES

USE TECHNOLOGY TO SUPPORT CONTINUED COMMUNICATIONS



ACKNOWLEDGE EMOTIONS

CREATE A SCHEDULE AND ROUTINES



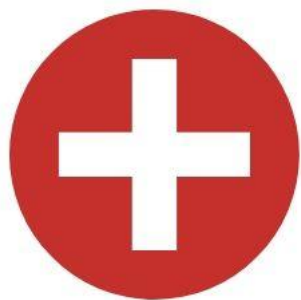
PRACTICE GROUNDING TECHNIQUES

INCREASE SOCIAL SUPPORTS



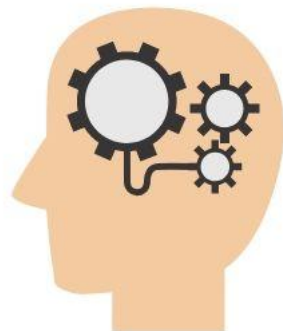
REINVENT SELF CARE STRATEGIES

RECOVERY TIPS DURING COVID-19



STAY INFORMED ABOUT BEST PRACTICES FOR COVID-19

BE AWARE OF POSSIBLE TRAUMA SYMPTOMS



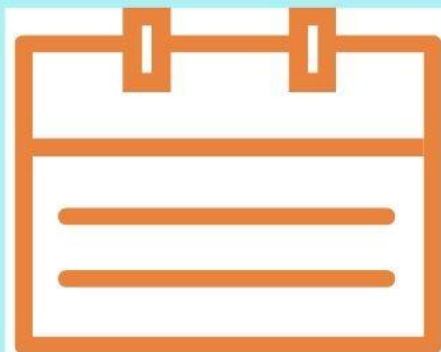
USE TECHNOLOGY TO SUPPORT CONTINUED COMMUNICATIONS



VALIDATE ALL EMOTIONS



BUILD A SAFETY PLAN/
SCHEDULE



PRACTICE GROUNDING TECHNIQUES

INCREASE SOCIAL SUPPORTS



REINVENT SELF CARE STRATEGIES IN ISOLATION



Bangor Hospitals Visitation Policies During Covid-19

Caryn Boutaugh



- Not allowing visitors unless they are end of life, pediatrics, behavioral health needs, communication needs, or discharging.
- If patient fits above criteria, 1 visitor over the age of 18 is allowed after screening.
- Screening visitors with questions about health and travel

<https://www.stjoeshealing.org/patient-visitor-information/coronavirus>



- Allowing 1 visitor at a time over the age of 18
- Screening visitors with questions about health and travel
- Shortened their hours to 10am-7pm

<https://northernlighthealth.org/Locations/Eastern-Maine-Medical-Center/Patients-Visitors>

Think about the following:

- Not all patients understand medical professionals.
- In Maine we have several older individuals remaining in hospital, and these individuals do not use technology.
- Communication could be limited with your loved one's doctor as they are busy working.
- These policies are made to keep everyone safe – patients, hospital employees, and the public.
- The medical professionals do not want to keep you away from your loved ones, but it's the safe thing to do right now.

Nursing Home Visitation Policies during COVID 19

Closure to Visitors

- Typically, restrictions are put in place at Nursing homes during especially bad flu seasons or outbreaks, but many are closing completely to visitors for the first time in their history
- There is no statewide policy on nursing home visitation, but that DHHS or the Maine CDC could issue mandatory policies if local conditions exist where coronavirus is circulating in the community

Response Measures Taken

- Nationally and statewide, preparing for and currently anticipating shortage of Personal Protective Equipment
- Example of some facilities policies across the state-
 - Forest Hills Nursing home in Fort Kent, ME - closed to all visitors until further notice;
 - Orono Commons in Orono, ME- no visitation as of March 10th,
 - The Cedars Retirement community in Portland: has a No Visitation policy for all visitors including independent living, assisted living, skilled nursing, and short-term rehabilitation. Exceptions to restricted visitations are limited to medical providers, home health caregivers, pharmacy, medical diagnostics, and hospice for evaluations and urgent needs. In addition, have closed dining rooms and stopped group activities, and are delivering meals and bringing activities to residents directly.

Maine

- Nursing homes considered higher priority for testing
- Officials participate in daily calls with State Health Officials
- About 10,000 people in Maine live in nursing homes

National

- Nursing homes considered lower priority for testing
- Encouraging limited to no visitation
- Up to facilities to create guidelines based on CDC recommendations

<https://www.genesishcc.com/coronavirus-timeline>

<https://www.mainepublic.org/post/departure-fed-guidelines-maine-cdc-makes-covid-19-testing-nursing-homes-higher-priority>

<https://bangordailynews.com/2020/03/13/news/state/elder-care-facilities-tighten-restrictions-as-coronavirus-cases-increase/>

<https://www.pressherald.com/2020/03/13/maine-nursing-homes-on-high-alert-during-during-coronavirus-pandemic/>

<https://www.thecedarsportland.org/coronavirus-update-the-cedars-and-covid-19/>

Coronavirus Disease (COVID-19): What You Need to Know About Its Impact on Moms and Babies

Things to Keep in Mind:

- We do know that during pregnancy, your immune system is less quick to respond to illness so you're more likely to become sick.
- High fevers during the first trimester of pregnancy can increase the risk of certain birth defects.
- Miscarriage and stillbirth have been observed with other coronaviruses and infections (e.g. flu) during pregnancy.
- Based on limited reports, adverse outcomes like preterm birth have been reported among babies born to moms with COVID-19, but it's not clear if that's related to maternal infection.
- Recent data shows that compared to adults, babies and children generally have less severe COVID-19 symptoms. However, among babies and children, babies less than one year old are at a higher risk of getting very sick from COVID-19.
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- Recent data shows that compared to adults, babies and children generally have less severe COVID-19 symptoms. However, among babies and children, babies less than one year old are at a higher risk of getting very sick from COVID-19.

Things to Do:

- Call your hospital or birth center and ask them about any restrictions they have on the number of support persons (e.g. doula, spouses, family) allowed in the room during labor and delivery. Update your Birth Plan by using our template [here](#).
- If you are in labor and you have, or think may have COVID-19, call the hospital before you go so the staff can properly prepare and protect your baby and others from being infected.

Coronavirus Disease (COVID-19): What You Need to Know About Its Impact on Moms and Babies. (2020, April 8). Retrieved from <https://www.marchofdimes.org/complications/coronavirus-disease-covid-19-what-you-need-to-know.aspx>

Links To Resources for Child Care Providers And Those In Need of Child Care

<https://www.mecovidsitters.org/>

Who- We are a group of students primarily from various health care professions (medicine, dentistry, pharmacy, etc.) organized to provide free childcare, pet care, and other miscellaneous services (grocery shopping, pharmacy runs, meal prepping, etc.) to medical professionals who are on the front lines of this pandemic.

<https://childcarechoices.me/>

List of child care providers

<https://www.maine.gov/dhhs/ocfs/ec/occhs/step.htm>

To apply for Child Care Subsidy Program (CCSP)

<https://www.maineaeyc.org/>

Resources for childcare providers

<https://www.maine.gov/dhhs/ocfs/system-improvement-updates/recent-update.shtml?id=2103845>

Information about the Child Care and Development Block Grant

<https://www.mehca.org/covid>

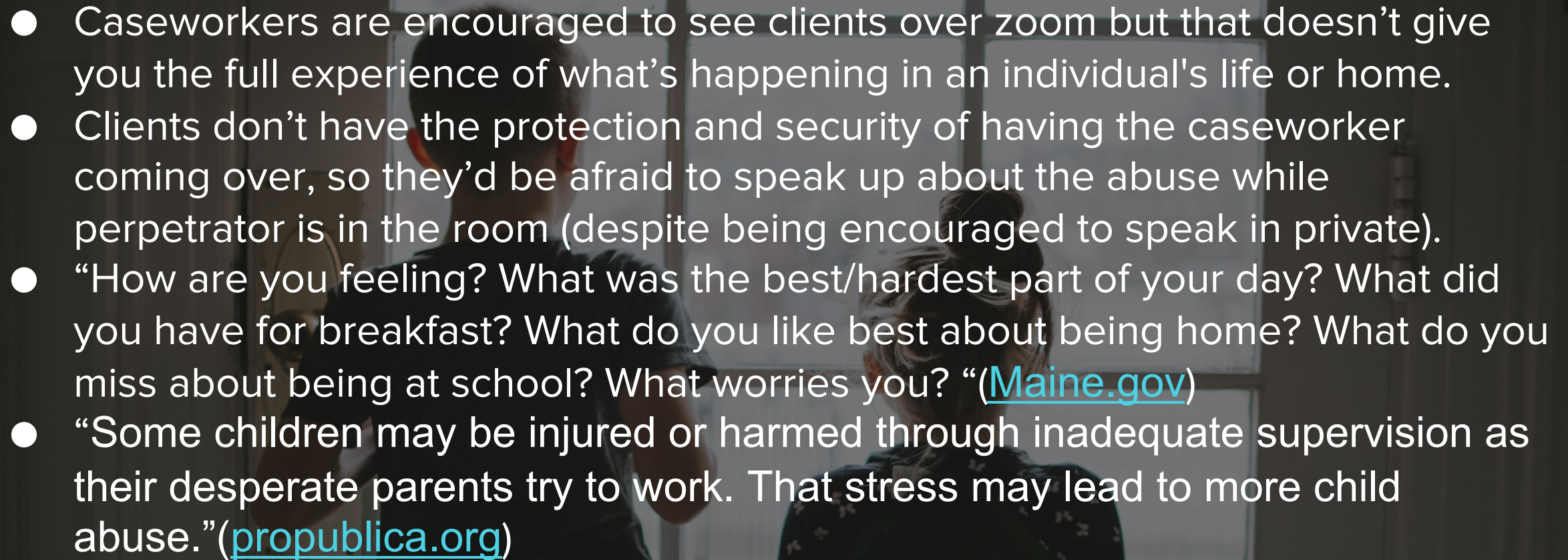
General resource related to child care in Maine

Choice During a Public Health Crisis

- Since the outbreak of COVID19, society as we know it has changed rapidly. In times of crisis, it may feel as though advocacy is set aside; however, access to time sensitive services is something social workers must keep in mind.
- Serving vulnerable populations is also a crucial part of social work. The NASW Code of Ethics suggests that we honor our clients right to self determination. Supporting clients through challenging life processes is something to keep in mind for all social workers.
- Resources on abortion during the COVID19 pandemic can be found at:
- <https://prochoice.org/abortion-covid-19/>
- <https://mainefamilyplanning.org/our-services/abortion-services/>

Unprotected families of abuse

- With schools closing for probably the rest of the school year and some without jobs because it's deemed not essential, the new state law to quarantine to curve the spike of Covid-19 could see spikes in child and domestic abuse.
- “We’re going to be seeing some deaths in our caseloads,” she said in an interview. “We might not even know about it until they’ve been dead for several days.” (propublica.org)
- Because kids are not going to school, they aren’t being seen by teachers, peers or other staff for signs of abuse.
- Women in domestic violence aren’t going to work (if they aren’t essential).

- 
- Caseworkers are encouraged to see clients over zoom but that doesn't give you the full experience of what's happening in an individual's life or home.
 - Clients don't have the protection and security of having the caseworker coming over, so they'd be afraid to speak up about the abuse while perpetrator is in the room (despite being encouraged to speak in private).
 - "How are you feeling? What was the best/hardest part of your day? What did you have for breakfast? What do you like best about being home? What do you miss about being at school? What worries you?" ([Maine.gov](#))
 - "Some children may be injured or harmed through inadequate supervision as their desperate parents try to work. That stress may lead to more child abuse." ([propublica.org](#))

References:

[Maine.gov](#)

[FBI.gov](#)

[PBS.org](#)

[propublica.org](#)

How Covid-19 Affects People with Substance Use Disorder (SUD):



Local Resources For This Population:

- Respiratory diseases are a serious threat to those who smoke/vape, and have been shown to increase overdose mortality for those with opioid use disorder as well as methamphetamine use disorder. Covid-19 is likely to have similar effects.
- Stigmatization of people with SUD may impact access to healthcare services and treatment for Covid-19, especially as hospitals become more burdened.
- Disruption of access to syringe services, medication assisted therapy (MAT), and other supports.
- Disruption in transportation services.
- Housing insecurity:
 - Decreased ability to self-isolate.
 - Closure of many warming centers and shelters.
 - Increased likelihood of incarceration & exposure.
- Health Equity Alliance ([HEAL](#)): Needle Exchange and Naloxone Training
- The Narcotic Treatment Program (NTP) at Acadia Hospital - Call the Access Center to Request an Intake (MAT, with daily dosing suboxone or methadone): [207-973-6100](tel:207-973-6100)
- Behavioral Home Health (BHH) at Acadia Hospital - Call the Access Center to Request Information on Case Management Services: [207-973-6100](tel:207-973-6100)
- [PENQUIS](#) Covid-19 updates (Transportation Services)
- [Hope For Homeless](#): Distributes Basic Items Needed by Homeless Population
- Maine Equal Justice ([MEJ](#)) - Political Advocacy Efforts for Fair Public Policies - Have Also Compiled a [List of Covid-19 Resources](#)
- [NIDA on Covid-19 and SUD](#)

COVID-19 – DISPROPORTIONATE IMPACT AMONG AFRICAN-AMERICAN COMMUNITY.

- Research suggests that the novel Coronavirus (COVID-19) is impacting African-Americans at a disproportionate rate.
- 39% of jobs are held by black workers at risk compared to a 34% white workers.
- Higher rates of infection and fatality are linked to existing health inequalities facing black Americans. 30% more likely to have health conditions that exacerbates the virus such as:
 - Hypertension
 - Diabetes
 - Heart disease
 - Lung disease
- Hospitals in black neighborhoods are more likely to close down/difficult for black Americans to access healthcare. Available services: bad quality termed minority-serving might not have a specialist.
- Implicit bias on the part of healthcare providers/bias towards white patients over black patients.
- Overrepresentation of black people compared to the overall population, holding jobs/ jobs available put them at greater risk.
 - Food service industry
 - Hotel industry
 - Taxi drivers/ chauffeurs.
 - Nursing assistants
 - Hospital orderlies
- Bad/inconsistent information. Mixed information from current administration/ inconsistent federal guidelines/ do not represent black people, specially in southern states: Florida, Alabama, Mississippi, Georgia.
- Housing disparities: Living in older buildings that harbor fecal matter/rodent infestations. More likely to live in dense packed areas/multigenerational housing due to unaffordable rent, not allowing for distancing.

COVID-19 – DISPROPORTIONATE IMPACT AMONG AFRICAN-AMERICAN COMMUNITIES.

- URGE –Unite for Reproductive and Gender equity. Based in Washington D.C.
 - Shapes State and Federal policies that centers the voices and leadership of young people in the South and the Midwest.
 - Sent letter to congressional leaders to tackle economic and health disparities.
 - They advocate for local, state and national policies in solidarity with other justice focused group.

-

SOURCES

- APA Statement on COVID-19 and Health Disparities.
- <https://www.psychiatry.org/newsroom/news-releases/apa-statement-on-covid-19-and-health-disparities>
- Patton, S. (2020, April 11). The pathology of American racism is making the pathology of the coronavirus worse. Retrieved April 16, 2020, from <https://www.washingtonpost.com/outlook/2020/04/11/coronavirus-black-america-racism/>
- Scoot, E (2020, April 10).
- Retrieved April 16, 2020, from: <https://www.washingtonpost.com/politics/2020/04/10/4-reasons-coronavirus-is-hitting-black-communities-so-hard/>

HOW VETERANS ARE BEING AFFECTED BY THE CORONAVIRUS

- As of last wednesday (4/8), 365 veterans have been diagnosed with the coronavirus and 4 have died (Steinhauer, 2020)
- The Woodruff Foundation (a foundation that works with many nonprofits to meet the needs of veterans) has predicted a surge in mental health crisis among veterans that could overwhelm the system. The article notes that the VA was previously only meeting about $\frac{1}{4}$ of the demand before the virus started (Steinhauer, 2020)
- Many veterans are facing job loss and isolation. This loss of purpose and separation from other's is triggering to veterans facing PTSD (Shane, 2020)
- Many Veterans are struggling to get help navigating what benefits are available to them during this time. There is a lot of assistance but many don't know it's there or how to apply for it (Shane, 2020)
- The VA has announced a pause in the Mission Act, which allows veterans to utilize healthcare services outside of the VA if they have to drive more than 30 minutes to get to a VA health clinic. The goal of this pause was to alleviate stress on local health care services. However, in doing this many veterans are not able to go to their regular doctors and having to drive much further to see someone. This has caused a considerable barrier for many veterans in getting the care they need (Steinhauer, 2020)

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Lee, S. (2020, April 14). Veterans groups step up efforts to help with coronavirus financial challenges and isolation. Retrieved April 14, 2020, from <https://www.militarytimes.com/news/2020/04/14/veterans-groups-step-up-efforts-to-help-with-coronavirus-financial-challenges-and-isolation/>

Steinhauer, J. (2020, March 25). V.A. Criticized for Effort to Keep Some Veterans Away From Private Care During Outbreak. Retrieved April 14, 2020, from <https://www.nytimes.com/2020/03/25/us/politics/coronavirus-veterans-mission-act-trump.html>

Lee, S. (2020, April 2). Coronavirus recession, isolation could hit veterans harder than most: report. Retrieved April 14, 2020, from <https://www.militarytimes.com/news/pentagon-congress/2020/04/02/coronavirus-recession-isolation-could-hit-veterans-harder-than-most-report/>

Government: you
should stay home

Homeless ppl:



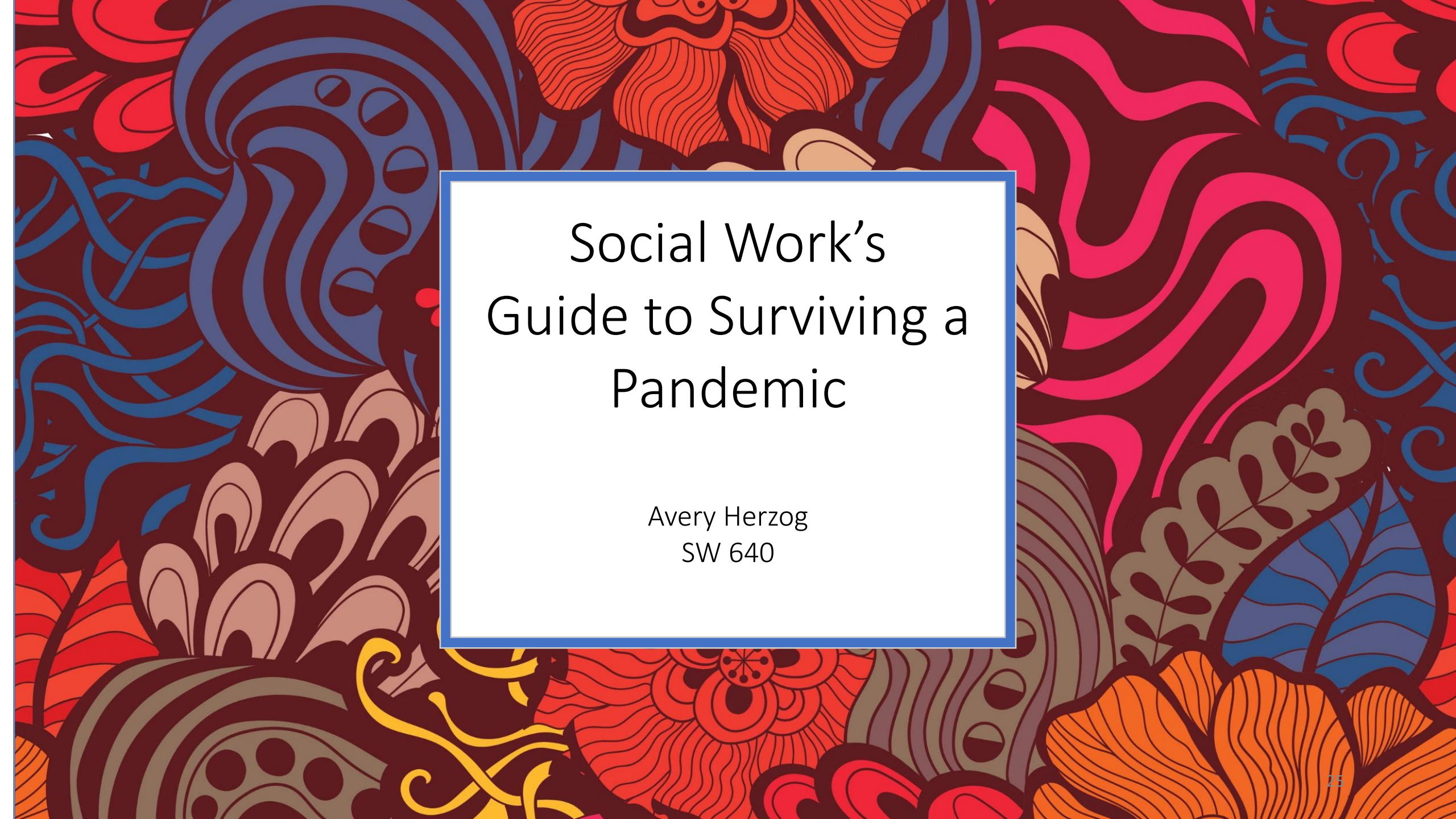
COVID-19 and Homeless Policy Recommendations

- Lack of adequate scanning, testing, and crowded areas of congregation such as shelters and trap houses, puts homeless individual at greater risk of rapidly contracting COVID-19
- Cities such as New York and San Francisco are housing homeless individuals that have the virus, were exposed to the virus, or are at higher risk of contracting COVID-19
 - Homeless advocates are calling for preventive measures of placing all homeless individuals in hotels
- Poor health is one outcome of lack of housing, and the CDC recommends housing homeless be a priority of communities
 - Encampments should not be cleared unless individual housing is available
 - Individual encampments should be 12 feet from others
 - Nearby restrooms should be kept open 24/7 and stocked with hand hygiene materials
 - If no restrooms are available, porta-potties and handwashing stations should be placed near encampments of 11+ people
- Federal authorities are not advocating to shut down shelters
 - The Federal Covid-19 Homelessness Workgroup sent memos to a network of faith-based shelters describing how to resist local evacuation orders to hotel rooms
 - The task force includes a Christian ministry with shelters, the Red Cross, and the Salvation Army, and is missing the National Alliance to End Homelessness and the National Coalition for the Homeless

<https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/unsheltered-homelessness.html>

<https://www.citylab.com/equity/2020/04/homeless-shelter-coronavirus-testing-hotel-rooms-healthcare/610000/>

https://endhomelessness.org/wp-content/uploads/2020/03/COVID-paper_clean-636pm.pdf



Social Work's Guide to Surviving a Pandemic

Avery Herzog
SW 640



Use Your Professional Resources

National Association of Social Workers

Contact Member Services

Monday-Friday 9 a.m. — 9 p.m. ET
800-742-4089

State of Maine Social Work Licensing

https://www.maine.gov/pfr/professionallicensing/professions/social_workers/

Association of Social Work Boards

<https://www.aswb.org/>



Use What We Were Taught

Use your Agency Resources

Employee Assistance Program

Clinical and Administrative Supervision

Peer Supervision

Use your community resources

Individual therapy

Group therapy

Revise your self-care plan to fit the current circumstances (i.e., don't just let it go because your usual self-care plan isn't accessible, be creative!)