




Mark A. Stebnicki

Counseling Practice

During Phases of a
Pandemic Virus

American Counseling Association
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Dedication

This book is dedicated to my mother Patricia, a COVID-19 survivor who continued to struggle with symptoms 4 months after her diagnosis.

She has dedicated her life to prayer and service to others.



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About the Author

Mark A. Stebnicki, PhD, LCMHC, DCMHS, CRC, CMCC, is professor emeritus and former coordinator of the Military and Trauma Counseling (MTC) certificate program in the Department of Addictions and Rehabilitation Services at East Carolina University. He developed the MTC certificate in 2015 and the Clinical Military Counseling Certificate program offered through the Telehealth Certificate Institute in 2016. Dr. Stebnicki is an active teacher, trainer, researcher, and practitioner with more than 30 years of experience working with the psychosocial rehabilitation and mental health needs of adolescents and adults with posttraumatic stress symptoms, chronic illness, and disability. His primary areas of interest relate to the medical, psychosocial, vocational, and mental health needs of persons with chronic illness, individuals with disability, military service members, veterans, and their families.

Dr. Stebnicki has extensive experience in disaster mental health response. He is certified by the Washington, DC-based crisis response team the National Organization for Victim Assistance and North Carolina's American Red Cross Disaster Mental Health crisis response team. He served on the crisis response team for the Westside Middle School shootings in Jonesboro, Arkansas (March 24, 1998), and has done many stress debriefings with private companies, schools, and government employees after incidents of workplace violence, hurricanes, tornadoes, and floods. His youth violence program, the Identification, Early Intervention, Prevention, and Preparation Program, was recognized nationally by the American Counseling Association Foundation for its vision and excellence in the prevention of youth violence. Other honors include consulting with President Bill Clinton's staff on addressing the students at Columbine High School after their critical incident (April 20, 1999).

About the Author

Dr. Stebnicki has served in many statewide and national professional counseling associations and on several accreditation boards. He has written a total of 10 professional texts, most recently *Clinical Military Counseling: Guidelines for Practice* (2021, American Counseling Association), *Disaster Mental Health Counseling: Responding to Trauma in a Multicultural Context* (2017, Springer), *The Psychological and Social Impact of Illness and Disability* (7th ed.; edited with Irmo Marini; 2018, Springer), and *The Professional Counselor's Desk Reference* (2nd ed.; edited with Irmo Marini; 2016, Springer). He has written more than 40 journal articles and book chapters and has presented at more than 100 regional, state, and national conferences, seminars, and workshops on topics ranging from military mental health, traumatic stress, and empathy fatigue to the psychosocial aspects of chronic illness and disability.





Introduction

Chasing plagues had never entered my consciousness as a mental health and rehabilitation practitioner, counselor educator, and researcher. However, those who work in the laboratory, out in the fields, and in bat caves to collect data on viruses that could potentially alter the history of humankind are champions. Who would have thought that spending months collecting samples of bat feces and saliva could be such important work? Indeed, viruses have existed on planet Earth since the beginning of humankind. The nature of viruses is that they change their genomic sequences and mutate into highly infectious diseases such as the novel (meaning “new”) coronavirus (COVID-19). The constant comingling of different genomic sequences globally has created dangerous new pathogens that have lethal consequences for humankind.

Counseling Practice During Phases of a Pandemic Virus was inspired by my more than 30 years of experience as a mental health and rehabilitation practitioner, counselor educator, clinical supervisor, and researcher. My areas of interest are chronic illness and disability, disaster mental health response, and traumatic stress. My work has guided me to provide mental health and rehabilitation services to active-duty service members, veterans, veterans with disabilities, and military families. I have worked in hospitals, a physician’s office, nursing homes, outpatient clinics, and a variety of rehabilitation programs. My interest in disaster mental health response was accelerated when communities where I lived and worked were at the epicenter of school shootings, workplace violence, hurricanes, floods, tornadoes, and earthquakes. Despite all these experiences, I am a student all over again studying a new type of natural disaster—a pandemic virus. So now I am chasing plagues.

Metaphorically speaking, the new anthem in disaster mental health response may not look like the old mental health hymnal. There are human casualties, restrictions on our freedoms, government mandates, and public health guidelines for protection and safety. We as Americans

have made multiple attempts to try and restore some normalcy in our lives. It requires a significant amount of psychological/emotional real estate to build a treatment center within our mind, body, and spirit to try and make ordinary sense out of an extraordinary stressful and traumatic event. The operation tempo is relentless because the viral enemy combatant never sleeps or takes a day off. Thus, it is essential that we prevail on the COVID battlefield. Overall, the medical, physical, and psychological costs of fighting an unseen enemy such as COVID-19 and its mutant strains have been imprinted on our mind, body, and spirit.

The fields of psychology and counseling must cultivate new research and training opportunities for mental health and allied helping professionals to work across all age groups and cultures during phases of a pandemic disaster. We must create pandemic identification, prevention, and therapeutic intervention programs. We should never again delay a disaster mental health response as we did during the summer and late fall of 2020. The current and predicted increase in anxiety, depression, posttraumatic stress, and substance use disorders is pervasive across all age groups. The COVID-19 pandemic has spawned an increase in suicidality that is the direct result of untreated, undertreated, and unrecognized mental health symptoms and conditions. Accordingly, the psychology and counseling professions are challenged with reconceptualizing disaster mental health programs and services for pandemic survivors using new technology (i.e., telebehavioral health) and other therapeutic interventions yet to be developed and implemented.

At War With a Pandemic Virus

We need to cultivate a fighting spirit in the COVID war as we enter the COVID Generation.¹ Disaster mental health response throughout phases of the pandemic virus necessitates a high level of empathy and compassion toward individuals, groups, communities, and cultures who are COVID survivors. As a profession, we are challenged to reconceptualize disaster mental health response as we transition throughout phases of a pandemic virus that some experts project will kill up to 700,000 people in the United States. So how serious is it? The U.S. Department of Defense met the Federal Emergency Management Agency's request during April 2020 to ship 100,000 body bags to aid state and local governments in managing the growing number of COVID-19 fatalities (Entress et al., 2020). It is worrisome that some Americans still do not take coronaviruses seriously by not using good hygiene, rejecting the COVID-19 vaccines, and dismissing the overall positive effects of the federal government's immunization program on decreasing deaths related to COVID-19 and

¹At the time of this writing in April 2021, the COVID Generation does not have a unified definition and has relational meaning in the literature primarily to children and adolescents.

its mutant variants. The rate of spread of the infection, accompanied by the severe illness, mortality, and mutant variants of COVID-19, has resulted in long-lasting aftereffects that will likely be with us for the next several years.

We have been at war since the start of 2020 with an unseen enemy combatant, COVID-19. New radical insurgencies of coronavirus mutations have emerged as a threat to humanity. One splinter cell first identified as VUI-202012/01 began its assault in England and moved to the United States in January 2021. By February 2021, this variant as well as South African and Brazil variants had spread throughout most states. The problem with these mutant viruses is that they can spread 50–70% times faster than the original COVID-19 virus. Worldwide, other coronavirus variants have been identified also. The enemy we are confronted with is invisible except to virologists, infectious disease specialists, epidemiologists, and public health experts.

The coronaviruses of the 2020–2021 pandemic have left scars within our memories and hearts, with more than 30 million infections and well more than 550,000 COVID-19-related deaths by early 2021. We have COVID fatigue that manifests as serious medical, physical, and mental health concerns. So how long can we sustain both the pandemic virus and mental health crisis in the United States? Now that the vaccine rollout and immunization have begun, we are trying to restore some normalcy and balance to our lives by reopening schools, businesses, the service industry, entertainment venues, and other areas. It is critical that we try and make ordinary sense out of an extraordinary stressful and traumatic event by adjusting and adapting our strategies on the COVID battlefield.

Will There Be an End to the Coronavirus Pandemic?

Infectious viruses and diseases have been with us since the beginning of time. They are a naturally occurring phenomenon. They can adapt and survive in a variety of conditions but must have a human and/or animal host to exist in their virulent and highly contagious state. It may be that viruses inherit the earth (Tyson, 2007). So is there an end in sight to COVID-19? This is much like asking “How long will it take before the sun’s fuel burns out?” It is helpful to understand that there is no beginning or end to a viral contagion.

The journal *Nature* explores what the science says about how COVID-19 will play out in the months and years to come. Scientists indicate that for the pandemic to end, either COVID-19 must be eliminated from the global population (which is near impossible) or between 50% and 80% of the world’s population must build up sufficient immunity through either infections or vaccinations (Scudellari, 2020). Public health officials and infectious disease experts have said it is very likely that COVID-19 will become an endemic disease. Essentially this novel coronavirus will always be present in our environment with

possible mutation in the human genome long after the government immunization program ends. If we are fortunate, COVID-19 will be classified as a low-level contagion. Thus, the medical, mental, and public health care systems as well as the world economy will have to learn how to survive this endemic virus.

The challenges in the COVID Generation are unlike any others. It would be naive to imagine that once the COVID-19 vaccines have been distributed and administered to most of the world's population that a book such as this will no longer be relevant. In fact, rabies still exists today, despite Louis Pasteur's development of a successful vaccine in 1885. Tetanus (vaccine developed in 1927), measles, mumps, and rubella (1971), hepatitis B (1982), and hepatitis A (1995) all have the potential to be public health crises in certain occupational settings and regions of the world despite the public perception that these diseases have been eradicated. Fortunately, the COVID-19 vaccines on the market have about 72–95% efficacy in treating COVID-19. However, we will need to continue collecting data on those who have been immunized given the new coronavirus variants.

The good news is that we are in a much better place now than Americans were during the 1918 H1N1 (Spanish flu) pandemic, when approximately 675,000 people in the United States died. The measures available in 1918 to mitigate the spread of a viral contagion were extremely limited. That pandemic predated antibiotics and did not involve epidemiology, highly specialized lab sciences for deciphering the genomes of infectious diseases, or the technology used today by the pharmaceutical industry in the research and development of vaccines. There were no diagnostic tests available to confirm infections and no antiviral medications that could significantly reduce symptoms of the virus. Thus, we have seen improvements coming out of the 20th century and into the 21st. This is evident by advancements in disease surveillance, diagnostic testing, situational awareness, community mitigation science, and a system of public health communication (Jester et al., 2018).

A Pandemic Virus and a Mental Health Crisis

In the past several years, there has been a resurgence of interest within epidemiology in infectious diseases. Data are available from past pandemics (i.e., severe acute respiratory syndrome coronavirus 2, H1N1 flu, Ebola, Middle East respiratory syndrome, HIV/AIDS) to help guide medical practitioners in disease surveillance, medical evaluation, testing, prediction, preparation, and treatment. However, the same cannot be said of psychology, counseling, and disaster mental health response, which offer few guidelines to inform assessment, prevention, and mental health treatment during phases of a pandemic virus. Hence, the motivation for this unique work in mental health is to identify, recognize, prepare for, prevent, and apply therapeutic strategies for pandemic survivors. It is essential to have resources avail-

able to address issues related to the medical, physical, psychological, behavioral, and psychosocial impacts of a highly infectious disease in combination with a mental health crisis.

During the early phases of the 2020 COVID-19 pandemic, the refrain repeated in American popular culture was that “we are all in this together.” Also during 2020 were a rise in White nationalism, systemic racism, political divisiveness, the propagation of media-driven conspiracy theories, civil unrest, and economic disintegration, all interacting with this lethal virus to hinder the public health and safety of Americans. To complicate matters even further, there was an ongoing 20-year war on terrorism, cyberattacks on our homeland security infrastructure, and the insurrection at the Capitol on January 6, 2021. Overall, it is my contention that we are *not* all in this together, because this statement assumes that all persons are living life at the same level of medical, physical, and mental functioning.

The statement that “we are all in this together” also implies that we all enjoy the same benefits and privileges in terms of socioeconomic status, access to quality health care, jobs, civil rights, as well as adequate support systems and other resources. Thus, we are *not* all in this together. Many Americans do not recognize the seriousness and lethality of the COVID-19 pandemic based on their questioning of the use of vaccines, wearing masks, social and physical distancing, and other virus hygiene protocols. Instead of “We are all in this together,” I would offer the reframe “We are all our own best support system.” It is only when we can come together in the present moment that good things will unite our communities and regions. Until then, many Americans are surviving at a basic level instead of thriving.

The medical, physical, psychological, behavioral, psychosocial, and economic impacts of viral contagions have catastrophic impacts on individuals, groups, communities, and cultures. Pandemic viruses mimic other natural disasters, such as floods, hurricanes, tornadoes, wildfires, and earthquakes, all of which also occurred in 2020. However, a pandemic disaster involves other losses, such as the large-scale loss of life, health, jobs, careers, educational opportunities, social and entertainment activities, as well as many other things. This pandemic disaster is not confined to one geographic location. Rather, this viral contagion has had a global impact. All the calamity of 2020 will be etched and mapped into the human consciousness in an infinite number of ways. The result will be a historical trauma that lives in the mind, body, and spirit of humankind, much like the Black Death of the 14th and 17th centuries in Europe and the Spanish flu at the start of the 20th century in America.

The New Anthem for Counseling Practice During a Pandemic Virus

The number of extraordinary stressful and traumatic events has grown worldwide since 2001. Anyone who watched the January 6, 2021,

attack on the U.S. Capitol in Washington, DC, by pro-Trump extremists knows that this September 11th-style attack on the homeland has threatened psychological safety and security in an already tense COVID environment. Fears and anxieties over the war on terrorism; catastrophic natural disasters prompted by climate change; mass shootings in schools and entertainment venues; and the spewing of toxic chemicals by large industries that poison our air, water, and food supply have become integrated with fears and anxieties associated with a pandemic virus that has threatened humankind. Fueling our fears and anxieties are videotaped images that replay on 24-hour news stations and a daily dose of other frightening stories in print and electronic media. Thus, we are surrounded by a daily digest of trauma unfolding in real time. The only breaking news stories missing from this list are a zombie apocalypse or alien invasion. For some, planet Earth does not appear to be a safe place to live.

Today we are singing a new anthem because of the paradigm shift in disaster mental health response. There is a world full of sickness introduced by a highly infectious viral contagion. We are required to reconceptualize how to heal the mind, body, and spirit of individuals, groups, communities, and cultures affected by a new natural disaster: novel coronaviruses. The new normal in mental health is that anxiety and fear of the next pandemic viruses may have become integrated into our psychological and emotional well-being. For some, the idea of a deadly germ in our environment has sparked neurotic thoughts, feelings, and behaviors that have become chronic and persistent patterns leading to mental health issues. Thus, the anxiety and fear we feel around a continually present viral contagion has been integrated into our unconsciousness. Overall, the emerging COVID Generation requires an intensive research agenda to identify, recognize, and explore the unique mental and behavioral health characteristics of individuals, groups, communities, and cultures that have difficulty living optimally. It is paramount that mental health professionals facilitate new meaning and understanding with COVID survivors. Cultivating a perception and attitude of healing the mind, body, and spirit will teach us how we can thrive rather than just survive pandemic disasters.

Foundational Principles of a Pandemic Virus

Counseling Practice During Phases of a Pandemic Virus is a comprehensive and foundational resource for mental health counselors and allied helping professionals. This work identifies, discusses, analyzes, illustrates, and differentiates characteristics of the COVID-19 pandemic from other natural disasters. It offers a compass to facilitate the use of pandemic disaster strategies with adults, adolescents, and children. A key asset of this work is the pandemic risk and resiliency continuum (PRRC) theoretical model, which offers mental, behavioral, and psy-

chosocial health benchmarks that can potentially be tracked throughout phases of a pandemic virus. The PRRC model has been critically reviewed by a panel of eight experts in disaster mental health response, epidemiology, medical and psychosocial aspects of illness and disability, and applied behavior science. Feedback from the subject matter experts was integrated into and is reflected in the PRRC theoretical model.

Counseling Practice During Phases of a Pandemic Virus is essential reading for members of the counseling, psychology, and public health professions. The ongoing public health crisis has created documented medical, physical, and mental health impacts on our overall well-being. We cannot watch from the sidelines: Failing to respond is not an option if we care to thrive, rather than just survive, during this pandemic virus. So how do we come out of the darkness and into the light and bring new meaning to such catastrophic and traumatic events? How do we facilitate good medical, physical, psychological, emotional, social, psychosocial, occupational, spiritual, and cultural healing during a pandemic disaster?

Most COVID-19 cases are identified and treated in health care settings by medical professionals who have little or no training in the assessment, diagnosis, and treatment of psychiatric conditions associated with mental, behavioral, and psychosocial health conditions. Thus, education and training regarding the screening of mental, behavioral, and psychosocial health issues would enhance patients' overall medical, physical, and mental functioning. This work is a unique resource for mental health and other allied helping professionals who work in a variety of clinical, school, and community-based health care settings. The intention is to prepare professionals to meet the intense challenges of pandemic viruses in the 21st century. More specifically, this work

1. identifies children, adolescents, adults, and families who are at low, moderate, and high risk for mental, behavioral, and psychosocial symptoms related to pandemic viruses with the intention of triaging the most at-risk persons for follow-up services;
2. discusses the use of specific intake interview questions and appropriate functional assessments to assess low-, moderate-, and high-risk clients;
3. illustrates how risk and resiliency factors occur on a continuum during pandemic viruses using the PRRC theoretical model;
4. differentiates mental, behavioral, and psychosocial symptoms that are healthy-normal and unhealthy-abnormal as they relate to a pandemic virus;
5. appraises salient features of the assessment, diagnosis, and treatment of mental health conditions that interfere with daily functioning in multiple life areas;
6. explores the grief, loss, and psychosocial experiences associated with pandemic viruses;

7. describes the various phases and stages of pandemic viruses that should be anticipated for the application of prevention and treatment approaches;
8. illustrates specific adjustment and adaptation stages of a pandemic virus and how they impact mental, behavioral, and psychosocial functioning;
9. delineates through the phases of pandemic rehabilitation model the essential tasks of navigating and transitioning through critical stages of a pandemic virus;
10. identifies coping and resiliency resources for persons that can serve as a means of prevention and treatment of mental, behavioral, and psychosocial symptoms during phases of a pandemic virus; and
11. discusses how to recognize and prevent the symptoms of empathy fatigue so professionals can function optimally and provide services to those in need during a pandemic disaster.

Overall, *Counseling Practice During Phases of a Pandemic Virus* provides a new paradigm for professionals dealing with the mental, behavioral, and psychosocial health of individuals, groups, communities, and cultures. The material presented is based on the opinions of subject matter experts; extensive research in disaster mental health counseling; theories of trauma-informed counseling; and clinical applications in the fields of counseling, psychology, traumatology, epidemiology, behavioral health, and public health sciences.²

²The Centers for Disease Control and Prevention's (CDC) guidelines for COVID-19 have been dynamic during 2020–2021 as they have offered interim guidance to healthcare professionals, businesses, educational systems, and the general public. Guidance on appropriate virus hygiene protocols such as use of masks in public schools and other settings reflects the current state of epidemiological concerns of COVID-19 infections, disease transmission, geographic hot-spots of variants, and mortality. Thus, the CDC guidelines for good virus hygiene have been adapted by some states, institutions, and organizations but dismissed by others based on their unique circumstances. Readers should consult the latest federal, state, and local health institutional guidelines for appropriate virus hygiene and disease containment issues in their area of the country.