# *Nassau & Eastern Suffolk & Western Suffolk BOCES*
# *2021 Long Island Student Support Team (LISST) Conference*

*Keynote Address:*

*"Committed to Advancing Student Success: Deepening*

*Our Resiliency in Challenging Times"*

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## *Insights to Embrace*

➡ "I have always been better at caring for and looking after others than I have in caring for myself. But in these later years, I made progress" - Carl Rogers, (1980), p. 80.

➡ "For someone to develop genuine compassion towards others, first he or she must have a basis upon which to cultivate compassion, and that basis is the ability to connect to one's own feelings and to care for one's own welfare ... Caring for others requires caring for oneself" — Dalai Lama, (2003), p. 125.

# *Covid-19 Effects on Children*

- Research demonstrates that Covid-19 may have greater long term adverse consequences on children and adolescents as compared to adults (Singh et al., 2020).

- COVID-19-associated mental health risks will disproportionately hit children and adolescents who are already disadvantaged and marginalized (3 et al., 2020).

- The extent of impact may depend on a variety of factors such as developmental age, educational level, special needs, pre-existing mental health condition, economic privilege, and vulnerability of a child or parent to infection (Singh et al., 2020).

# *Covid-19 Mental Health Challenges for Children*

- Anxiety, lack of peer contact and reduced opportunities for stress regulation are significant concerns (Fegert et al., 2020).

- For children and adolescents with special needs or disadvantages, such as disabilities, trauma experiences, already existing mental health problems, migrant background, and low socioeconomic status, this may be a particularly challenging time (Fegert et al., 2020).

- Additionally, children and adolescents may be facing bereavement and issues related to parental unemployment or loss of household income (Lee, 2020).

# *Loss of School Routine*

- School routines are important coping mechanisms for young people with mental health issues. When schools are closed, they lose an anchor in life and their symptoms could relapse (Lee, 2020).

- Remembering some of the coping challenges we observed during lockdown: "Now that schools are closed, some [children with mental health issues] lock themselves up inside their rooms for weeks, refusing to take showers, eat, or leave their beds" (Lee, 2020).

- For children with depression, there may be considerable difficulties adjusting back to normal life when school resumes (Lee, 2020).

- Children with Autism Spectrum Disorder may become frustrated and short-tempered when their daily routines are disrupted (Lee, 2020).

# *More Effects of School Opening Unpredictability*

- Schools provide safeguarding and supervision, and closure uncertainty increases the economic burden of families using day care or their reliance on vulnerable older relatives (Armitage & Nellums, 2020).

- Working parents might leave children unsupervised or forgo employment to stay at home with them (Armitage & Nellums, 2020). Some households lack the resources to purchase the learning computer based technology that children have access to the classroom.

# *Loss of Resources*

- Negative consequences of school closures includes loss of education time, restricted access to peers, and loss of daily structure (Fegert et al., 2020).

- School closures exacerbate food insecurity for children living in poverty. School lunch is associated with improvements in academic performance, whereas food insecurity (including irregular or unhealthy diets) is associated with low educational attainment and risks to physical health and mental well-being (Schwartz & Rothbart, 2020).

- The activity of child protection services and currently existing programs of support or supervision by youth welfare agencies was and can again be disrupted (Fegert et al., 2020).

# *Social Isolation*

- Social distancing measures can result in social isolation in an abusive home, with abuse likely exacerbated during this time of economic uncertainty and stress (Lee, 2020).

# *The Impact of Socioeconomic Status*

- School schedule disruptions likely widen the learning gap between children from lower-income and higher-income families (Van Lancker & Parolin, 2020).

- Children from low-income households are more likely to live with conditions that make home schooling difficult, such as unreliable internet connection and computer access (Van Lancker & Parolin, 2020).

- Furthermore, children from lower income households are likely to struggle to complete homework and online courses because of their precarious housing situations (Van Lancker & Parolin, 2020).

- Low-income families face the additional threat of financial uncertainty, which is likely to have long-lasting consequences for children's health, well-being, and learning outcomes (Van Lancker & Parolin, 2020).

- Adolescents from families with more significant financial difficulties are more likely to show increased depressive symptoms and decreased belongingness during the pandemic (Alvis et al., 2020).

# *Domestic Violence and Child Maltreatment*

- During the current COVID-19 crisis, there have been reports from all over the world about a significant increase in domestic violence (Graham-Harrison et al., 2020).

- Income loss and economic hardship can lead to feelings of economic stress and consequent marital conflict and child maltreatment (de Miranda, 2020; Fegert et al., 2020).

- Quarantine can lead to decreased freedom and privacy, and consequently higher stress (Fegert et al., 2020).

- Quarantine may also increase existing controlling behaviors by perpetrators as they struggle to regain a sense of control (Fegert et al., 2020).

- Exposure to perpetrators is increased, and the possibilities of victims to temporarily escape abusive partners are reduced (Fegert et al., 2020).

# *Covid-19 Racial Disparities*

- Emerging statistics indicate that communities of color have disproportionately higher rates of hospitalization (CDC, 2020) and are experiencing greater economic consequences during the COVID-19 pandemic (Lopez et al., 2020).

- Increased rates of exposure to COVID-19 are especially problematic because communities of color face multiple challenges associated with accessing health care, including language barriers, financial concerns associated with missing work to receive care, and a long-standing distrust of the health care system (CDC, 2020).

- Additionally, People of Color are more likely to have preexisting chronic health conditions that negatively affect the prognosis of COVID-19 treatment (Devakumar et al., 2020) and are less likely to have health insurance compared with their White counterparts (Bartel et al., 2019).

# *Additional Cultural Disparities*

- The higher rates of COVID-19-related racial discrimination faced by Chinese Americans has been found to increase depression and decrease life satisfaction (Litam, 2020; Litam & Oh, 2020).

- Transgender persons who face housing concerns and barriers to care may also be disproportionately affected by the COVID-19 pandemic (Litam & Hipolito-Delgado, 2021).

- Counselors may be tasked with identifying pandemic-related resources for transgender and religious persons who may be in need of support and lack accessibility to treatment and housing services (Harrichand et al., 2021).

- Religious individuals who are unable to physically congregate and engage in spiritual, religious, and cultural practices may be less inclined to engage in self-care and wellness practices (Gjelten, 2020).

# *Culturally-Appropriate Coping Strategies*

- Counselors are encouraged to explore the protective effects of culturally congruent coping strategies, identify supportive racial and ethnic communities, and outline strategies to cultivate strong racial and ethnic identities (Harrichand et al., 2021).

- Counselors must examine the ways in which their own gender, racial, and/or religious identities are impacted by COVID-19 and pandemic-related stress (Harrichand et al., 2021).

- Experiences of ongoing racial discrimination and systemic racism may negatively impact self-care and wellness practices among BIPOC counselors and their clients (Harrichand et al., 2021).

# *Resilience During Covid-19*

- Counselors working during the pandemic may be at higher risk for post-traumatic stress and burnout (Litam et al., 2021).

- The long-term impacts of shelter-in-place, lockdown, isolation, and social distancing orders on counselors remains forthcoming (Litam et al., 2021).

- Counselors were forced to adapt to telehealth services, navigate new ethical concerns related to virtual counseling and HIPAA compliant platforms, and negotiate challenges of working from home without a dedicated home office (Litam et al., 2021).

- Counselors may have also faced existential concerns, such as fear of illness, death and dying, separation from family members and friends, and financial distress (Litam et al., 2021).

# *Burnout…*

- Many studies show that the chronic, stressful nature of mental health work often causes burnout, which is associated with emotional exhaustion and loneliness (Luther et al., 2017; Rupert & Morgan, 2005).

- Burnout is characterized by three features: emotional exhaustion; depersonalization (a defense mechanism for caregivers and service providers to gain emotional distance from clients); and feelings of ineffectiveness or lack of personal accomplishment (Maslach, 2003; Maslach & Leiter, 2016).

- High levels of stress, burnout, and a lack of self-care may cause a counselor to experience loneliness; this is exacerbated when one is making decisions about clients which he or she alone will be responsible for (Rokach & Sha'ked, 2013).

- Counselors' stress and loneliness may stem from their striving to be loyal to their clients, their organization, and their commitment to their family (Rokack & Boulazreg, 2020).

# *Compassion Fatigue*

- Qualities that make counselors effective with their clients—such as empathy, compassion, and caring—may also leave them vulnerable to such negative outcomes as compassion fatigue and burnout (Figley, 1995; Lawson et al., 2007; Pines & Maslach, 1978).

- Compassion fatigue is a form of caregiver burnout stemming from working specifically with traumatized patients, and is characterized by a diminished ability or lack of interest in being empathetic and compassionate towards others (Figley, 2002).

# *Secondary Trauma*

- Counselors often experience burnout, compassion fatigue, and even secondary trauma as a result of the emotional strain involved in caring for others while setting aside their own self-care needs (Bruns et al. 2014; Collins & Long 2003; Figley 2002; Linton & O'Halloran 2000).

- Secondary trauma involves exposure to emotionally trying images and descriptions of suffering (McCann & Pearlman, 1999).

- Secondary trauma can include symptoms such as reexperiencing clients' trauma, avoidance, numbing, and persistent anxiety arousal (America's Continuing Education Network, 1999).

# *Self-Care*

- Self-care can be defined as an activity to "refill and refuel oneself in healthy ways" (Gentry, 2002, p. 48).

- Self-care is vital if we are to remain effective in our role and avoid burnout; however, many counselors do not regularly implement the techniques they recommend to clients in their own lives (O'Halloran & Linton, 2000; Skovholt et al., 2001)

- When counselors are suffering, experiencing symptoms of burnout, struggling to maintain healthy professional boundaries (i.e., under- or over-involvement), or feeling as though they are not caring for themselves effectively, shame may cause them to be less likely to seek assistance (Graff, 2008).

- Some counselors may fear negative repercussions as a result of disclosure, such as being perceived as impaired or having professional competency problems (Rust et al., 2013).

# *Self-Care as an Ethical Imperative*

- **Self-care is an ethical imperative, because utilizing self-care strategies reduces the likelihood of impairment (ACA, 2014).**

- ***Section C* of the *ACA Code of Ethics* states, "counselors engage in self-care activities to maintain and promote their own emotional, physical, mental, and spiritual well-being to best meet their professional responsibilities" (ACA, 2014, p. 8).**

- **Counselors who better manage their self-care needs are more likely to set appropriate boundaries with clients, and less likely to use clients to meet their own personal or professional needs (Nielsen, 1988).**

# *Self-Awareness*

- Self-awareness, the precursor to any attempts made to reduce stress, is an integral component of a counselor's life, since it can positively impact the therapeutic relationship and one's performance, reduce burnout symptoms, and facilitate self-care (APA, 2010).

- Actively seeking awareness of one's own signs and symptoms that indicate suffering can also provide clues toward the first step in soothing disquieting stress (Coaston, 2017).

- Self-awareness allows counselors to better navigate discussions with clients with whom they do not share a cultural background by helping to highlight potential biases or stereotypes in the therapy room (Rokack & Boulazreg, 2020).

# *Mindfulness*

- Mindfulness is "a state of consciousness" which involves consciously attending to one's moment-to-moment experiences (Brown & Ryan, 2003).

- Mindfulness requires paying attention in a particular way: on purpose, in the present moment, and non-judgmentally" (Kabat-Zinn, 2003).

- Mindfulness is a practical way of achieving self-awareness (Rokack & Boulazreg, 2020).

- To practice self-compassion, a counselor needs to be willing to attend to feelings of discomfort, pain, or suffering, and acknowledge the experience without self-recrimination (Germer & Neff, 2015).

# *Benefits of Mindfulness*

- In a study of 642 primary care physicians, improvements in mindfulness were associated with increases in empathy, emotional stability, perspective taking, self-confidence in one's competence and conscientiousness (Krasner et al., 2009).

- Furthermore, participants had a reduction in burnout symptoms (related to emotional exhaustion, depersonalization and feelings of lack of accomplishments), and also exhibited less mood disturbances (Krasner et al., 2009).

- A study by Thompson et al. (2014) found that counselors who reported less maladaptive coping, higher mindfulness attitudes and compassion satisfaction, and more positive perceptions of their work environment reported less burnout.

# *Feasibility of Mindfulness*

- Mindfulness can be practiced virtually anywhere and at any time (Rokack & Boulazreg, 2020).

- Whether it is done in-between clients, during lunch, or during the commute to work, mindfulness pauses even as brief as 2 min have been linked to reduced stress, increased sensitivity towards client's emotional states, greater connection between therapist or counselor and client, and increases in overall therapist and counselor effectiveness (Dunn et al., 2013; Geller, 2017; Norcross & VandenBos, 2018; Ryan et al., 2012).

# *A Model for Mindfulness*

- Wise, Hersh, and Gibson's (2012) "mindfulness-based positive principles and practices" model emphasizes four components:

- 1) flourishing: overcoming the natural tendency to ruminate about stress by looking at positive aspects of counseling as an occupation;

- 2) intentionality: accepting potential weaknesses and stressors and making the promise to oneself than an intention and an attitude change be made to address these issues;

- 3) reciprocity: acknowledging the bidirectional influence of the therapy room and adhering to the notion that "human beings' locus of suffering (and the capacity for joy) [is] within the very vicissitudes of being human rather than within diagnosable psychopathology" (p. 489); and,

- 4) daily self-care practices: being consistent with self-care routines.

# *Self-Compassion*

- Within self-compassion, the concept of common humanity becomes crucial to precluding the often-automatic tendency to become self-critical for experiencing discomfort (Neff, 2003).

- Thoughts such as, "I shouldn't feel this way," "Just snap out of it; it's not so bad," or "What's wrong with me?" invalidate the sufferer and may cause the counselor to feel as though self-care is an act of indulgence rather than an essential, self-directed gift of kindness (Coaston, 2017).

- Expressing kindness through self-care acknowledges that counseling can be both difficult and rewarding, a duality representative of the human condition (Coaston, 2017).

# *Importance of Self-Compassion*

- Self-care is a vital part of a counselor's responsibilities to clients and to one's self (Coaston, 2017).

- One participant in a narrative inquiry on self-compassion in counseling stated: "What's so important about self-compassion? Three words: Avoidance of burnout" (Patsiopoulos & Buchanan, 2011, p. 305).

- Another participant noted, "When we come from a self-compassionate place, self-care is no longer about these sporadic one-time events that you do when you feel burned out and exhausted. Self-care is something you can do all the time" (Patsiopoulos & Buchanan, 2011, p. 305).

- The consequence of our job as counselors is working compassionately with suffering, and in doing so we suffer (Figley, 2002).

# *From Mindfulness to Self-Compassion*

- Using mindfulness, counselors can maintain an objective stance that can allow the counselor to view one's work circumstances with a non-judgmental lens (Newsome et al., 2012), then act kindly to intervene with a self- care practice that is revitalizing to mind, body, and spirit (Coaston, 2017).

- Using self-compassion tenets as a guide, self-care plans can be created that are authentic and kind, connect us to the human experience, and reflect a balanced state of self-awareness (Coaston, 2017).

# *A Commitment to Wellness*

- When providing counseling services during the COVID-19 pandemic, professional counselors must extend the same compassion to themselves that they provide to their clients (Coaston, 2017).

- Counselors can additionally commit to wellness by limiting their exposure to social media and news outlets, cultivating resilience, setting boundaries, engaging in physical activities, eating balanced and nutritious meals, practicing good sleep hygiene, and leveraging emotional and supportive resources (Litam et al., 2021).

# *Seeking Additional Support*

- Counselors are encouraged to pursue their own individual counseling services, when necessary, and seek supervision and/or peer supervision to unpack complex and unprecedented client cases (Harrichand et al., 2021).

- BIPOC counselors disproportionately affected by the COVID-19 pandemic may benefit from leveraging support from racial, ethnic, and/or religious communities that bolster group identities, validate shared experiences of oppression, and encourage the use of culturally congruent self-care strategies and coping responses (Harrichand et al., 2021).

# *Creating a Self-Care Plan*

- Self-care needs to be individually tailored (Rokach & Boulazreg, 2020).

- A proper diet, ample sleep, exercise, cultivated stress outlets, and meaningful interactions with people can generate and revitalize the body with energy that prepares counselors for engagement with their clients (Skovholt & Jennings, 2004).

# A "Greenhouse" Work Environment

- Skovholt (2012) likens the characteristics for a healthy work environment to a greenhouse, in which plants can flourish.

- Counselors thrive within a work environment that is characterized by a sense of autonomy and fairness; growth-promoting and meaningful work; reasonable expectations and remuneration; and trust, support, and respect among colleagues (Skovholt, 2012).

- Counselors can seek to create a work day that best meets their needs by examining and adjusting factors that may be under their control, such as breaks between clients; scheduling of clients engaged in trauma work; number of assessments, intakes, or group sessions in one day; or other malleable elements (Skovholt, 2012).

- Strategic planning and focused intentionality allows the counselor to engage fully in each client encounter (Skovholt, 2012).

# *Conclusion*

- Although counselors routinely promote self-care, many struggle to practice such wellness regularly, putting themselves at increased risk for burning out (Coaston, 2017).

- Compassion is essential to the helper's role, as it allows counselors to develop the therapeutic relationship vital for change; however, it is often difficult to direct this compassion inward (Coaston, 2017).

- Developing an attitude of self-compassion and mindfulness in the context of a self-care plan can create space for an authentic, kind response to counseling challenges such as Covid-19 (Coaston, 2017; Harrichand et al., 2021; Rokach & Boulazreg, 2020).

*Your Personal Commitment is to:*
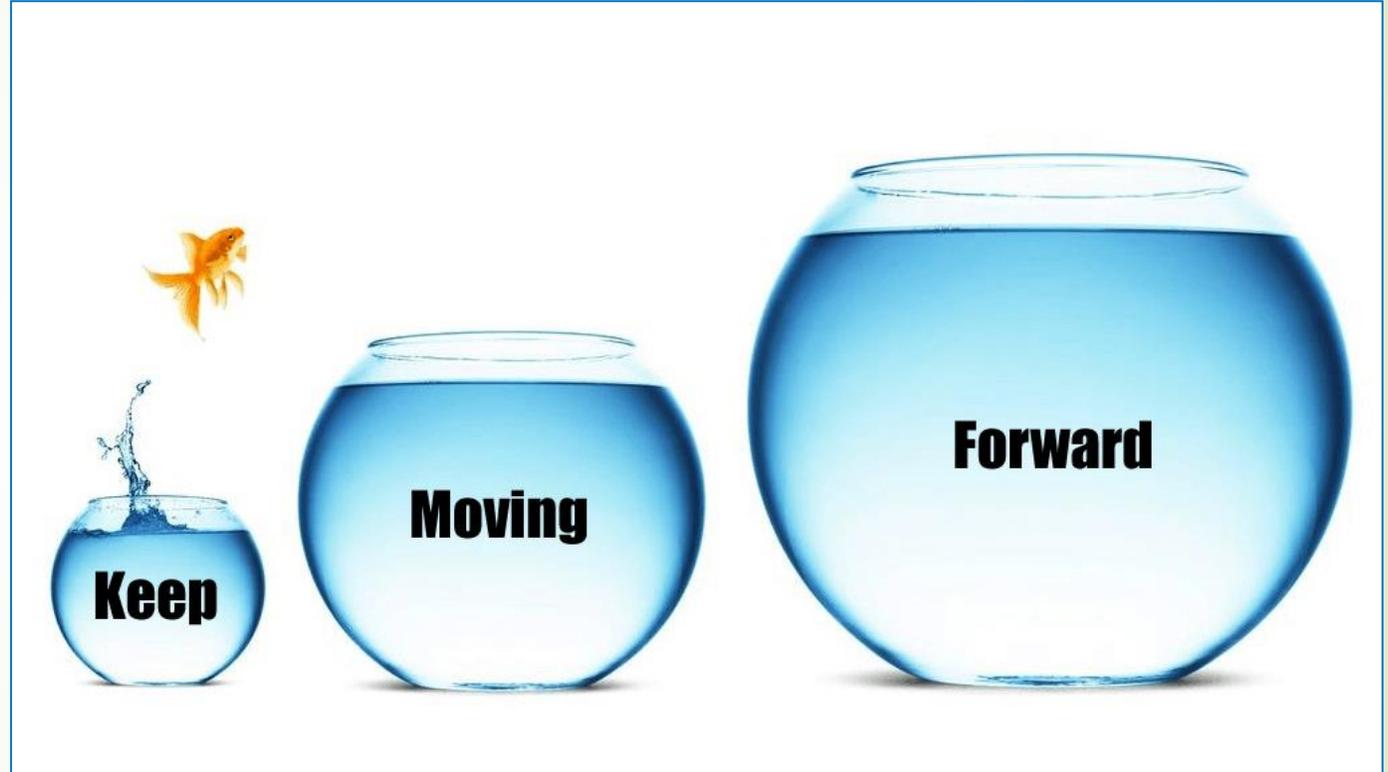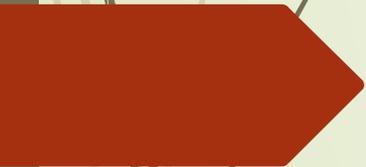
## Committed to Advancing Student Success: Deepening Our Resiliency in Challenging Times - References

Alvis, L., Shook, N., & Oosterhoff, B. (2020). Adolescents' prosocial experiences during the Covid-19 pandemic: Associations with mental health and community attachments. *PsyArXiv Preprints*.

America's Continuing Education Network (1999). Compassion fatigue: The stress of caring too much. Retrieved from *http://ace-network.com/cfspotlight.htm*

American Counseling Association. (2010). *American Counseling Association's Task Force on Counselor Wellness and Impairment*. Retrieved from http://www.creating-joy.com/taskforce/tf_history.htm

American Counseling Association. (2014). *ACA code of ethics*. Alexandria, VA: Author. Retrieved from https://www.counseling.org/resources/aca-code-of-ethics.pdf

Armitage, R., & Nellums, L. B. (2020). Considering inequalities in the school closure response to COVID-19. *The Lancet Global Health, 8(5)*, e644.

Bartel, A. P., Kim, S., & Nam, J. (2019). Racial and ethnic disparities in access to and use of paid family and medical leave: evidence from four nationally representative datasets. *Monthly Lab. Rev., 142*, 1.

Brown, K.W., & Ryan, R.M. (2003). The benefits of being present: Mindfulness and its role in psychological well-being. Journal of Personality and Social Psychology, 84(4), 822–848.

Bruns, K. L., P. B. Gnilka, R. M. Moate, and E. M. West. (2014). "Stress and burnout among counselor educators: Differences between adaptive perfectionists, maladaptive perfectionists, and non-perfectionists." *Journal of Counseling & Development*, 94, 161–171.

Centers for Disease Control and Prevention. (2020). COVID-19 in racial and ethnic minority groups.

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

Collins, S., and A. Long. (2003). "Too tired to care? The psychological effects of working with trauma." *Journal of Psychiatric and Mental Health Nursing*, 10, 17–27.

Devakumar, D., Shannon, G., Bhopal, S. S., & Abubakar, I. (2020). Racism and discrimination in COVID-19 responses. *The Lancet, 395*(10231), 1194.

de Miranda, D. M., da Silva Athanasio, B., de Sena Oliveira, A. C., & Silva, A. C. S. (2020). How is COVID-19 pandemic impacting mental health of children and adolescents?. *International Journal of Disaster Risk Reduction*, 101845.

Dunn, R., Callahan, J. L., Swift, J. K., & Ivanovic, M. (2013). Effects of pre-session centering for therapists on session presence and effectiveness. *Psychotherapy Research, 23*, 78–85.

Fegert, J. M., Vitiello, B., Plener, P. L., & Clemens, V. (2020). Challenges and burden of the Coronavirus 2019 (COVID-19) pandemic for child and adolescent mental health: a narrative review to highlight clinical and research needs in the acute phase and the long return to normality. *Child and Adolescent Psychiatry and Mental Health, 14*, 1-11.

Figley C. R. (1995). Compassion fatigue as secondary traumatic stress disorder: An overview. In C. R. Figley (Ed.), *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized* (pp. 1–20). New York: Brunner/Mazel.

Figley, C. R. (2002). "Compassion fatigue: Psychotherapists' chronic lack of self-care." *Journal of Clinical Psychology, 58*(11), 1433–1441.

Friedman, K. (2017). Counselor self-care and mindfulness. *Contemporary Buddhism, 18*(2), 321-330.

Geller, S. (2017). *A practical guide to cultivating therapeutic presence*. Washington, DC: American Psychological Association.

Gentry, J. E. (2002). Compassion fatigue: A crucible of transformation. *Journal of Trauma Practice, 1*(3–4), 37–61.

Germer, C. K., & Neff, K. D. (2015). Cultivating self-compassion in trauma survivors. In V. M. Follette, J. Briere, D. Rozelle, J. W. Hopper, & D. I. Rome (Eds.), *Mindfulness-oriented interventions for trauma: Integrating contemplative practices* (pp. 43–58). New York, NY: The Guilford Press.

Gjelten, T. (2020). *Things will never be the same. How the pandemic has changed worship*. NPR: WNYC. Special Series: The Coronavirus Crisis.

Graham-Harrison, E., Giuffrida, A., Smith, H., & Ford, L. (2020). Lockdowns around the world bring rise in domestic violence. *The Guardian, 28*.

Harrichand, J. J., Litam, S. D. A., & Ausloos, C. D. (2021). Infusing self-care and wellness into CACREP curricula: Pedagogical recommendations for counselor educators and counselors during COVID-19. *International Journal for the Advancement of Counselling*, 1-14.

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Kabat-Zinn, J. (2003). Mindfulness-based interventions in context: Past, present, and future. Clinical Psychology: Science and Practice, 10, 144–156.

Krasner, M. S., Epstein, R. M., Beckman, H., Suchman, A. L., Chapman, B., Mooney, C. J., & Quill, T. E. (2009). Association of an educational program in mindful communication with burnout, empathy, and attitudes among primary care physicians. *Jama*, 302(12), 1284-1293.

Lama, D. (2003). *Transforming the mind: Teachings on generating compassion*. London: Thorsons.

Lawson, G., Venart, E., Hazler, R., & Kottler, J. (2007). Toward a culture of counselor wellness. *The Journal of Humanistic Counseling, Education and Development*, 46, 5–19.

Lee, J. (2020). Mental health effects of school closures during COVID-19. *The Lancet Child & Adolescent Health*, 4(6), 421.

Linton, J. M., & T. M. O'Halloran. (2000). "Stress on the job: Self-care resources for counselors." *Journal of Mental Health Counseling*, 22(4), 354–364.

Litam, S. D. A. (2020). " Take your kung-flu back to Wuhan": Counseling Asians, Asian Americans, and Pacific Islanders with race-based trauma related to COVID-19. *Professional Counselor*, 10(2), 144-156.

Litam, S. D. A., & Hipolito-Delgado, C. P. (2021). When being "essential" illuminates disparities: Counseling clients affected by COVID-19. *Journal of Counseling & Development*, 99(1), 3-10.

Litam, S. D. A., & Oh, S. (2020). Effects of COVID-19 racial discrimination on Chinese Americans: Ethnic identity and coping strategy as moderators. *Counseling Outcome Research and Evaluation*.

Lopez, M. H., Rainie, L., & Budiman, A. (2020). Financial and health impacts of COVID-19 vary widely by race and ethnicity. *Pew Research Ctr*, 5,2020.

Luther, L., Gearhart, T., Fukui, S., Morse, G., Rollins, A. L., & Salyers, M. P. (2017). Working overtime in community mental health: Associations with clinician burnout and perceived quality of care. *Psychiatric Rehabilitation Journal*, 40(2), 252.

Maslach, C. (2003). *Burnout: The cost of caring*. Los Altos: Malor Books.

Maslach, C., & Leiter, M. (2008). Early predictors of job burnout and engagement. *Journal of Applied Psychology, 9*(3), 498–512.

McCann, L. & Pearlman, L.A. (1999). Vicarious traumatization: A framework for understanding the psychological effects of working with victims. In M.J. Horowitz (Ed.). *Essential papers on posttraumatic stress disorder* (pp. 498–517). New York: NYU Press.

Neff, K. D. (2003). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and Identity*, 2, 85–101.

Nelson, J. R., Hall, B. S., Anderson, J. L., Birtles, C., & Hemming, L. (2018). Self–compassion as self-care: A simple and effective tool for counselor educators and counseling students. *Journal of Creativity in Mental Health*, 13(1), 121-133.

Newsome, S., Waldo, M., & Gruszka, C. (2012). Mindfulness group work: Preventing stress and increasing self-compassion among helping professionals in training. *The Journal for Specialists in Group Work*, 37, 297–311.

Nielsen, L. A. (1988). Substance abuse, shame and professional boundaries and ethics: Disentangling the issues. *Alcoholism Treatment Quarterly*, 4, 109–137.

Norcross, J. C., & VandenBos, G. R. (2018). *Leaving it at the office: A guide to therapist self-care* (2nd ed.). New York: Guilford Press.

O'Halloran, T. M., & Linton, J. M. (2000). Stress on the job: Self-care resources for counselors. *Journal of Mental Health Counseling*, 22, 354–364.

Patsiopoulos, A. T., & Buchanan, M. J. (2011). The practice of self-compassion in counseling: A narrative inquiry. *Professional Psychology: Research and Practice*, 42, 301–307.

Pines, A., & Maslach, C. (1978). Characteristics of staff burnout in mental health settings. *Hospital and Community Psychiatry*, 29, 233–237.
Rogers, C. R. (1980). *A way of being*. New York, NY: Houghton Mifflin Harcourt.

Rokach, A., & Boulazreg, S. (2020). The COVID-19 era: How therapists can diminish burnout symptoms through self-care. *Current Psychology*, 1-18.

Rokach, A., & Sha'ked, A. (2013). *Psychology of emotions, motivations and actions. Together and lonely: Loneliness in intimate relationships — Causes and coping*. New York, NY: Nova Science Publishers.

Rupert, P. A., & Morgan, D. J. (2005). Work setting and burnout among professional psychologists. *Professional Psychology: Research and Practice*, 36(5), 544.

Rupert, P. A., Stevanovic, P., & Hunley, H. A. (2009). Work-family conflict and burnout among practicing psychologists. *Professional Psychology: Research and Practice, 40*(1), 54–61.

Rust, J. P., Raskin, J. D., & Hill, M. S. (2013). Problems of professional competence among counselor trainees: Programmatic issues and guidelines. *Counselor Education and Supervision, 52,* 30–42.

Ryan, A., Safran, J. D., Doran, J. M., & Moran, J. C. (2012). Therapist mindfulness, alliance and treatment outcome. *Psychotherapy Research, 22*(3), 289–297.

Schwartz, A. E., & Rothbart, M. W. (2020). Let them eat lunch: The impact of universal free meals on student performance. *Journal of Policy Analysis and Management, 39*(2), 376-410.

Singh, S., Roy, M. D., Sinha, C. P. T. M. K., Parveen, C. P. T. M. S., Sharma, C. P. T. G., & Joshi, C. P. T. G. (2020). Impact of COVID-19 and lockdown on mental health of children and adolescents: A narrative review with recommendations. *Psychiatry Research,* 113429.

Skovholt, T. M. (2012). The counselor's resilient self. *Turkish Psychological Counseling and Guidance Journal, 4*(38), 137–146. Retrieved from http://www.pegem.net/dosyalar/dokuman/138861-20140125102831-1.pdf

Skovholt, T. M., & Jennings, L. (2004). *Master therapists: Exploring expertise in therapy and counseling.* New York, NY: Allyn & Bacon.

Thompson, I., Amatea, E., & Thompson, E. (2014). Personal and contextual predictors of mental health counselors' compassion fatigue and burnout. *Journal of Mental Health Counseling, 36,* 58–77.

Van Lancker, W., & Parolin, Z. (2020). COVID-19, school closures, and child poverty: A social crisis in the making. *The Lancet Public Health, 5*(5), e243-e244.

Wise, E. H., Hersh, M. A., & Gibson, C. M. (2012). Ethics, self-care and well-being for psychologists: Reenvisioning the stress-distress continuum. *Professional Psychology: Research and Practice, 43*(5), 487–494.