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“Please don't let academia forget about us:” An Exploration of Nursing Home Social Work
Experiences during COVID-19

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Nursing homes in the United States (U.S.) are currently in crisis as a result of COVID-19. The vulnerability of residents, staffing shortages due to infections, inadequate resources for accurate, rapid testing and personal protective equipment, and a lack of effective treatments for COVID-19 have all combined to create ‘the perfect storm’ (Ouslander & Grabowski, 2020). As of November 6, 2020, more than 91,000 residents and staff in nursing homes and other long-term care settings have died from COVID-19, which represents 40 percent of all coronavirus deaths in the U.S. (Kaiser Family Foundation, 2020). Nursing home staff are tasked with preventing infections, containing transmission of the virus, and implementing social distancing (McGilton et al., 2020). Furthermore, facility staff are remaining in communication with residents’ families and mitigating the negative impact of social isolation on residents’ biopsychosocial well-being. Gerontological social workers, in particular, have been called upon to respond to a constellation of issues that surround the pandemic, from physical and mental health crises to social isolation and family separation to incredibly difficult deaths and the resulting disenfranchised grief (Authors, 2020).

During COVID-19, nursing home social workers are spending extra time engaging residents and families via phone and internet/video, serving as key liaisons between the nursing home and the family, finding ways to address social isolation and loneliness among residents, and supporting the grief and loss of residents, staff, and survivors (Bern-Klug & Beaulieu, 2020). Nursing home social workers are also facing “ethical dilemmas, existential crises, stress, and fears” and many of their workloads have increased dramatically (Authors, 2020). In light of the changing and often new roles and expectations thrust upon nursing home social workers during

COVID-19, more research is needed in this area of social work practice. In particular, questions remain about the education and training (i.e., preparation as part of a degree or certificate program) that gerontological social workers and, indeed, social workers in general, receive in disaster preparedness, specifically to deal with unprecedented crises, such as the current pandemic. In this article, we explore the perspectives of nursing home social workers about their professional and educational preparedness in response to the COVID-19 pandemic. We conclude with recommendations for social work programs to ensure academic preparedness of social workers for practice during disasters, including pandemics.

Background

“I just think this is something...that you can never really think is going to happen.”
“What a problem. Came out of nowhere.” (President Donald Trump as reported by Blake, 2020).
Despite the notion that ‘nobody could have seen this coming’, disasters, including pandemics, have occurred throughout history and will undoubtedly continue to occur on a regular and perhaps predictable basis. The term “disaster” is defined “as an event that causes major losses to people and destruction of place. It can result from a natural or human-induced event or from intentional human actions” (Alston, Hazeleger, & Hargreaves, 2019, p. 8). Social workers have long been on the front lines of disasters as these events tend to impact many of the primary areas of social work practice, including healthcare, mental health, housing, poverty, family stability, education, and hunger (Authors, 2020). While social workers are formally educated in areas such as assessment and the implementation of interventions, disasters require specialized skills and the ability to manage multiple ongoing tasks in an often chaotic and resource depleted environment. Social workers also address the traumatic stress that disasters impose on

individuals, families, and communities, as well as the secondary traumatic stress that they themselves must endure (Authors, 2018).

There is some evidence that the social work discipline has begun to take a proactive stance in educating social workers specifically to respond to disasters. An early effort involved a pact between the National Association of Social Workers and the American Red Cross to develop a national network of Red Cross trained, licensed, or certified social workers who could be mobilized in times of disaster. This work continues to this day and has been expanded to other mental health professionals (Weaver, 2017). A handful of social work schools have developed certificate and specialized programs in disaster social work. For example, the Tulane University School of Social Work offers a Disaster and Collective Trauma Certificate Program that focuses on trauma theory, applied practice in disaster response and recovery, and disaster-related policy and programming (Tulane University School of Social Work, 2020). Social work researchers have also begun to focus on disasters, yet the body of work is still in its nascent stage. For example, a recent scoping review identified only 38 empirical studies published between 2000 and 2018 by social work researchers on the role of social work in disasters (Harms, Boddy, & Hickey, 2020).

Nursing homes are required by the federal government to prepare for emergencies and disasters. Their plans must include assessment of the risks they potentially face, staff training, communication of the plan, and policies and procedures to address contingencies (Authors, 2021). A checklist provided by the federal government (81 F.R. 68692, 2016) describes what contingencies should be addressed in a nursing home's emergency plan and requires staff training on the mechanics of the plan, as well as psychological and emotional impacts of disasters on caregivers, families, residents, and the community at large (Office of Inspector

General, 2012). There are no pre-requisite requirements for disaster training for social work or any other professionals in order to work in a nursing home. The sole continuing education requirement for nursing home staff, including social work, is training on the facility's disaster plan. Thus, to be most appropriately prepared, social workers should receive disaster education in their social work programs, and there is slow growth in this area.

While promising, disaster social work and the education of social work students and professionals to respond to disasters remains limited. The overwhelming majority of social work undergraduate and graduate programs do not have required or elective courses on disaster social work (Findley, Pottick, & Giordano, 2017). One repository for courses on disaster and trauma in social work schools lists only 13 courses in the United States (National Association of Deans and Directors Schools of Social Work, 2020). Education is thought to be directly related to preparedness in the practicing professions and this begs the question, "How prepared are social workers to address client and community needs during disasters?" To help answer this question, this study focused on nursing home social workers' perceptions of educational preparedness and training in the face of the COVID-19 pandemic.

Methods

For this study, data were collected from nursing home social workers concerning their experiences during COVID-19. This study was approved by a University-IRB (IRB #: 1585325) in April 2020. Then, an anonymous survey link using Qualtrics was distributed to various social media sites (e.g., Reddit, Facebook, LinkedIn) and shared to professional networks of social workers via email. Once the survey link was clicked, potential participants were taken to an informed consent page that described the voluntary nature of the study and outlined the study

purpose, procedures, benefits, and risks. If an individual agreed to participate in the study, they indicated this decision by clicking “agree,” and were then subsequently taken to the survey.

The survey was brief and concise, asking individuals a series of demographic questions, including job title, degree discipline, hours worked pre- and during- COVID-19, maximum capacity of the facility, payor status of the nursing home, and facility location. Additionally, the survey asked participants the following open-ended questions: (a) What training and education on disaster preparedness prior to your current role as a long-term care social worker had you received?, (b) To assist in educating and training future gerontological social workers, what content do you wish had been a part of your education and training?, and (c) Do you have any suggestions for how social work educators/academics can be of maximum service to you while on the frontline in long-term care?

Data Analysis

The research team used SPSS (IBM Corp, 2017) to analyze the demographic quantitative data. Next, guided by the research questions, the team used RADaR (rigorous and accelerated data reduction) technique (Watkins, 2017) to analyze the qualitative data. Comprised of five stages, data were first organized into an “all-inclusive data table technique” (Polenick et al., 2020, p. 593) using Microsoft Excel. Second, research team members moved through columns of the spreadsheet, systematically moving through each word of data to ensure all text answered the research questions. Third, the researchers moved to develop open codes based on participant responses. Fourth, the researchers moved from the open code process to developing narrow, “focused codes” (Grinnell & Unrau, 2011; Watkins, 2012 in Watkins, 2017, p. 3). Lastly, through this iterative, multi-phasic process, the coded data were reduced to the final themes presented in this article. During each phase of this process, the researchers met to discuss,

interpret, resolve any differences, and come to a consensus. The following results emerged from the data.

Results

Demographic Overview

A total of sixty-three ($N = 63$) nursing home social workers participated in the study. Most social workers identified as Caucasian or White ($n = 54, 85.7\%$) and Female ($n = 62, 98.4\%$). Over half had a degree in Social Work ($n = 53, 84.1\%$), with many having a master's degree ($n = 32, 50.8\%$). Social workers most often reported that their job was "Social Service Director or Director of Social Services" ($n = 30, 47.6\%$). Social workers were employed at corporate facilities ($n = 37, 58.7\%$), as well as non-profit facilities ($n = 20, 31.7\%$). Finally, hours of employment ranged from four to 60 hours per week ($M=39.85, SD=10.46$) before COVID-19, and from 0 to 70 hours per week ($M=41.05, SD=14.68$) during COVID-19. Table 1 reports demographic information of participants.

[Table 1 about here]

Findings

This study sought to explore the training and education social workers had prior to the pandemic, as well as content that ought to be included in future education initiatives for gerontological social workers. Participants explained their experiences as nursing home social workers that can be best described through the two overarching themes: Education and Training and Bridging the Research to Practice Gap. Participants reported having Little to No Training in Disaster Preparedness, a desire for Health Sciences Education, a need for Safety and Infection Control training, and an interest in preparation to address Older Adult Psychosocial Needs During Crisis Situations. Moreover, social workers identified a need for Open Access Scholarly

Research, as well as continued support from academics Providing Support and Staying Connected to Practitioners.

Education and Training of Nursing Home Social Workers

Little to No Training in Disaster Preparedness

The overwhelming majority of social workers reported they had little to no training prior to their current role on COVID-19 about disaster preparedness. The sections below include only participants with social work degrees. One participant shared, “I had no training on disaster preparedness in 25 years.” Another said, “None on pandemics.” Similarly, one participant reported they had no focused education in their social work education, “We had no training/education whatsoever to handle this [COVID-19?] through my BSW/MSW.” Social workers suggested a variety of topics and content areas that would enhance social work education and training, such as “Pandemic, disasters, and trauma informed care,” and “Tools and templates to help with documentation.” Overall, social workers shared how training and education prior to current role could have helped them better prepare for and respond to crisis and disaster situations, such as COVID-19.

Health Sciences Education

While social workers described they had little to no training on how to deal with the current pandemic, many expressed a desire for increased health sciences education to best serve residents in the facility. One social worker said they wanted, “More general medical training about basic diagnoses that you see in nursing homes.” Another described more specifically that this medical-related training should emphasize biology, pandemics, and viruses, saying,

I would have liked my biology class that was specifically for social work students to talk about pandemics, viruses, and how people actually dealt with them in a medical and

non-medical way. Talk about the elderly immune system. Talk about keeping socialization during pandemics and what is feasible for seniors to stay social. Talk about barriers to stay social and barriers to discharge.

The health sciences education ought to also include dementia-specific content, as one social worker expressed, “Dementia specific information and approaches. Gerontology needs a separate class in dementia related illnesses.”

Safety & Infection Control Education

Safety and infection control education emerged as a theme. Social workers described an overall lack of preparation in response to pandemics. For instance, “More training on safety” was noted by one participant, and another shared “learning about PPE and healthcare as a whole.” Overall, Personal Protective Equipment (PPE) was found to be very important for social workers. “Preparedness. How to stock pile PPE...” was described by one participant, and another wrote,

Infection control!!! PPE....I had to be ready to deliver trays, guide wheelchairs, and feed others if it was needed. We had NO training on infection control and PPE in my entire social work training. If I had not worked in the hospitals in another program prior, I would not have known very much and making mistakes with PPE can cost lives (right now we have COVID + staff members and they believe that they may have made mistakes with PPE- we're human!) I have studied donning and doffing PPE from the Health Unit site every morning before work like a ritual. It actually grounds me, but I wish I had learned it during my education.

Older Adult Psychosocial Needs During Crisis Situations

Being prepared for emergencies to best address the psychosocial needs of residents was a specific area of training and education that social workers desired. One social worker felt that COVID-19 was a very uncertain situation, and it was difficult, stating:

I feel that pandemics such as this are so unpredictable and unknown that it is difficult to prepare for any specific event. Having general emergency preparedness training would be beneficial, especially focusing on ways to continue to promote psychosocial wellbeing when all physical visitation is cut off and residents have cognitive disorders, dementia, mh [mental health] disorders.

Another social worker, similarly, shared, “Psychosocial (sic) well being when people are being isolated.” Furthermore, social workers were interested in the effects the pandemic had on mental health. For instance, one social worker said that they wanted to know how mental health was impacted by a crisis situation such as COVID-19, stating “I guess more about how routine disruptions can really exacerbate mental health symptoms.”

Bridging the Research to Practice Gap

Participants were asked to share how researchers can best support them on the frontlines of duty, particularly during the unprecedented times. Sharing open access scholarly/peer-reviewed research and providing support and staying connected with practitioners were two themes that emerged from the data.

Open Access Scholarly Research

Social workers explained they did not want researchers in academia to forget about those working on the frontlines in long-term care, expressed by a social worker,

Please don't let academia forget about us in LTC. We will be on the frontlines long after the storm has passed for the general public. It is jarring to see academia humming along

as though nothing is happening. Open access to information. Freely sharing information as it becomes available anywhere in the world is key. We're all in this together

Another shared, “Maybe share with the latest research is and how to advocate for ourselves as direct care staff to receive the same compensation benefits as others who are receiving hazard pay because I am not.” Similarly, “scholarly articles” was identified as an important way for academics to contribute to those on the frontline.

Providing Support & Staying Connected to Practitioners

Lastly, academics that can provide support and stay connected to those on the frontline was found to be valuable and important to nursing home social workers. Described by one social worker:

[Academics] being supportive, providing literature or short visually stimulating with music 60 second to 120 second videos about decompressing/relaxing before starting day or videos about kindness/team work/decreasing anger in work place-to watch in the middle of the day to reset the clock, assist others with staying on course doing their job with a smile and offering compassion. This exercise may seem trivial but will impact the brain through visual and audio stimulation and if not that, the pure message should reset staff and recharge them to do their job effectively, efficiently, and with professionalism.

Supervision and support groups advocating on behalf of frontline social workers were notable areas that academics can contribute. One social worker explained they wanted academics/researchers to “help in (sic) maintain and create peer support groups.” Another explained that researchers can offer “outside supervision and working towards increasing the minimum wage.” Lastly, a nursing home social worker explained that frontline staff can leverage the skills of researchers/academics and that this should be used to improve service delivery:

As you are doing, we need to get this information out quickly. We need help creating assessments and gathering information. Offers of supervision would be really helpful. I am fortunate to have my PhD supervisor available. I have called on her extensively to help create assessments and screenings in order to be flexible, account for all residents, and move quickly.

Discussion

This exploratory, qualitative study focused on perceived educational preparedness of nursing home social workers during the COVID-19 pandemic and they did not feel prepared. Some of the themes that emerged from the data reflect a lack of perceived preparedness for healthcare work, in general. The majority of participants indicated that they had little to no education or training prior to their current role on disasters or pandemics. This was not unanticipated given the lack of availability of formal undergraduate and graduate social work courses in disaster social work (Findley, Pottick, & Giordano, 2017).

Other participants expressed the need for increased formal education in health sciences and subtopics such as medical diagnoses and infectious disease control. Research suggests that human biology is critical knowledge needed for social workers (Ginsberg, Larrison, Nackerud, Barner, & Ricciardelli, 2019). However, very few social work curricula offer these types of courses and physical health is not a core part of social work's undergraduate and graduate education. Given the centrality of physical health and the holistic stance that social work purportedly takes to health (i.e., the biopsychosocial approach), schools of social work should consider including courses that focus on the role that biological functioning plays in the lives of the clients and communities that they serve.

The social workers in our study felt unprepared to address the psychosocial needs and social isolation of nursing home residents during this pandemic. This became particularly acute when, in an attempt to control the spread of COVID-19 to at risk nursing home residents, the Centers for Medicare and Medicaid Services (CMS) suspended all outside visitation, communal meals, and group activities (Authors, 2020) per memorandum QSO-20-14-NH (Centers for Medicare and Medicaid Services, 2021). This resulted in nursing home residents being cut off from others within their facility and from family and friends who might visit from outside. Residents with cognitive loss were unable to understand why this was happening and even those residents who understood why were understandably distressed. One of the authors [blinded for review], on a conference call with nursing home social workers, heard one report that a resident told her they would rather die from COVID-19 than live without access to family members. Social workers, as facility employees, had the dual task of providing support to residents while enforcing the visitation restrictions that kept families out, a type of moral distress for which their education had not prepared them.

In 2016, the Centers for Medicare & Medicaid Services established requirements for disaster preparedness in long-term care facilities, including nursing homes (Emergency Preparedness, 2016). The regulations required facilities to have (a) risk assessment and emergency planning, (b) policies and procedures to execute the emergency plan, (c) a communication plan with other healthcare providers and state and local agencies, and (d) training and testing on the emergency plan. Much of the disaster preparedness occurs at the organization level in terms of stockpiling supplies, evacuation plans, and transportation plans. Staff training requirements are minimal and typically consist of reading the plan and conducting in-service training for new staff and annually for existing staff. A recent state-level study in Michigan

found that the majority of nursing homes did feel prepared for the pandemic at the organizational level (Jones et al., 2020); however evidence from the present study indicates that this does not necessarily filter down to the individual level. This is consistent with research in other settings that have mandated disaster preparedness plans, such as hospitals. Healthcare professionals working in these settings have also indicated that they felt ill-prepared to handle both the professional, physical, and emotional stress and challenges presented by the COVID-19 pandemic (Norful et al., 2021). It may be the case that current mandates for disaster preparedness may prepare organizations, but not the people on the frontlines. In addition, existing disaster preparedness measures may be adequate for one-time events (e.g., hurricanes, tornadoes), but not for a year-long siege such as the current pandemic.

Participants in this study also indicated that they needed greater access to educators and educational materials, specifically researchers and scholarly articles. The research to practice nexus has always been stressed in the social work discipline, but a chasm still exists between researchers and practitioners. Described as a crisis in 1991 (Task Force on Social Work Research), more recent research suggests that the gap between research and practice has not closed and that social work research is often not available or not digestible for practitioners (Teater, 2017). Journal articles are often published in esoteric journals that require institutional affiliation or charge exorbitant fees for access. Researchers are trained to write in an academic style that is often incongruent with the preferred levels of social work practitioners (undoubtedly, we are guilty of this offense in the present article). There are several suggested routes that could be taken to bridge the research-practice gap and to meet the needs expressed by practicing social workers such as the participants in the present study. First, social work faculty should be actively engaged in field education and familiar with the sites where students and graduates are working.

While service is often devalued in processes such as tenure and promotion, perhaps the social work profession should mandate that researchers and educators remain engaged with graduates and continue to serve them after their formal education is complete. Next, social work researchers should seek out ways to deliver their findings to practitioners in ways that are accessible and comprehensible. Brief reports, trade journals, and newsletters to facilities and agencies where social workers are employed may help to get the latest and most effective practices into the hands of those who actually practice. This is particularly salient when information and best practices are rapidly evolving, such as during the current COVID-19 pandemic.

Finally, it is important to note that the terms “preparedness”, “training”, and “education” were often used interchangeably by the participants in this study and by the authors of this manuscript. For social workers and many other practicing healthcare professionals, the term “practicing” indicates a commitment to formal and experiential education that occurs in multiple arenas, including the formal classroom, continuing education courses, on-the-job training, and facility-specific instruction. The participants in this study expressed a lack of preparedness in the face of the COVID-19 pandemic and, in all likelihood, this is due to deficits in education and training across all four the aforementioned arenas. Outside of a specified number of hours of continuing education for licensure purposes, there is little to no oversight over the continuing education that social workers receive once they leave their undergraduate or graduate programs. Therefore, it is imperative that social work programs incorporate the principles of disaster preparedness into their curriculums. This will ensure that practicing social workers will have the foundational understanding of how to react to disasters. Ideally, continuing education, on-the-job training, and facility-specific training will augment this foundational knowledge.

Limitations

There are a few limitations of this study that are important to note. First, using an online survey may have introduced selection bias by recruiting participants who are active on social media and the internet. Moreover, the social media sites may not reach all nursing home social workers, as this study captured just a small proportion of nursing home social workers. Second, the sample in this study was not randomly selected, as we used a non-probability purposive sampling strategy. Such sampling issues limit the study's generalizability, and these findings may not be echoed similarly across all nursing home social workers. Third, the sample size was modest. Despite this small sample, earlier studies have reported the efficacy of this analytical approach, which is sufficient for a robust RaDaR analysis (Watkins, Wharton, Mitchell, Matusko, & Kales, 2015). Finally, the authors did not ask participants the extent to which had received disaster training as part of their current role. Inquiring on this may have resulted in differing of preparedness among participants.

Implications for Social Work Practice

This study revealed gaps in social work education, specifically in disaster preparedness. Social workers must understand best practices to deal with disasters such as COVID-19, and also to prepare them for future unknown disasters that are inevitable and unavoidable. The state of nursing home social work, and nursing homes in general, have been described as a crisis on top of a crisis (Israelson-Hartley, 2020), as decades of overregulation and underinvestment in nursing homes left them acutely vulnerable to this situation. Nursing home regulations should be revised to require a social work degree for social services positions in nursing homes, as nursing home trained social workers degreed in this profession are most often trained to manage and deal with crises, de-escalate situations of threat, and to intervene when confronted with life-

threatening situations (Pearlman, 2020). Social work programs should find ways to embed content on disaster preparedness in required coursework at the BSW and MSW level. For example, this content can be embedded in a foundational direct practice course or a lifespan development course, discussing the long-lasting impact disasters have on persons across the life course. This pandemic may have revealed gaps, but also offers opportunities to do better next time, through better education and regulation.

References

- Alston, M., Hazeleger, T., & Hargreaves, D. (2019). *Social work and disasters: A handbook for practice*. New York, NY: Routledge.
- Bern-Klug, M., & Beaulieu, E. (2020). COVID-19 highlights the need for trained social workers in nursing homes. *Journal of the American Medical Directors Association*, 21(7), 970-972.
- Blake, A. (March 19, 2020). *Trump keeps saying 'nobody' could have foreseen coronavirus. We keep finding out about new warning signs*. Washington Post.
<https://www.washingtonpost.com/politics/2020/03/19/trump-keeps-saying-nobody-could-have-foreseen-coronavirus-we-keep-finding-out-about-new-warning-signs/>
- Centers for Medicare and Medicaid Services. (2021). Center for Clinical Standards and Quality/Quality, Safety & Oversight Group. Department of Health and Human Services.
<https://www.cms.gov/files/document/qso-20-14-nh-revised.pdf>
- Davidson, P.M., Shattell, M., Nolan, M.T., D'Aoust, R. (2020). Does COVID-19 really call for an overhaul of nursing curricula or promoting power, status, and representation of nursing? *Journal of Advanced Nursing*, 76, 2460-2461.
- Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers 2016, 81 Fed. Reg. 3178 (November 15, 2016).
- Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 81 FR 63860 (September 16, 2016). Office of the Federal Register (OFR) and the Government Publishing Office. <https://www.govinfo.gov/content/pkg/FR-2016-09-16/pdf/2016-21404.pdf>

- Findley, P. A., Pottick, K. J., & Giordano, S. (2017). Educating graduate social work students in disaster response: A real-time case study. *Clinical Social Work Journal*, 45(2), 159-167.
<https://doi.org/10.1007/s10615-015-0533-6>
- Ginsberg, L. H., Larrison, C. R., Nackerud, L., Barner, J. R., & Ricciardelli, L. A. (2019). *Social Work and Science in the 21st Century*. Oxford, U.K.: Oxford University Press.
- Grinnell, R. & Unrau, Y. (2011). *Social work research and evaluation: Foundations of evidence-based practice*. Oxford, U.K.: Oxford University Press.
- [name redacted to maintain integrity of the review process]
- Harms, L., Boddy, J., & Hickey, L. (2020). Post-disaster social work research: A scoping review of the evidence for practice. *International Social Work*.
<https://doi.org/10.1177/0020872820904135>
- IBM Corp. Released 2017. IBM SPSS Statistics for Macintosh, Version 25.0. Armonk, NY: IBM Corp.
- Israelson-Hartley, S. (June 7, 2020). *Will long-term care be the same after COVID-19?*
 DeseretNews. <https://www.deseret.com/indepth/2020/6/7/21258676/coronavirus-utah-nursing-homes-long-term-care-pandemic-covid-19-assisted-living-death-cna-nurses>
- Jones, K.M., Mills, J.P., Montoya, A., Min, L., Gibson, K., & Mody, L. (2020). COVID-19 preparedness in Michigan nursing homes. *Journal of the American Geriatrics Society*, 68.
<https://doi.org/10.1111/jgs.16490>
- Kaiser Family Foundation. (September 1, 2020). *COVID-19 Outbreaks in Long-term Care Facilities were most severe in the early months of the pandemic but Data Show Cases and Deaths in Such Facilities May Be On the Rise Again*. Kaiser Family Foundation.
<https://www.kff.org/coronavirus-covid-19/press-release/covid-19-outbreaks-in-long->

term-care-facilities-were-most-severe-in-the-early-months-of-the-pandemic-but-data-show-cases-and-deaths-in-such-facilities-may-be-on-the-rise-again/

[Name redacted to maintain integrity of the review process]

[Name redacted to maintain integrity of the review process]

McGilton, K.S., Escrig-Pinol, A., ... & Bowers, B. (2020). Uncovering the Devaluation of Nursing Home Staff During COVID-19: Are We Fuelling the Next Health Care Crisis? *JAMDA*, 962-965. <https://doi.org/10.1016/j.jamda.2020.06.010>

[Name redacted to maintain integrity of the review process]

National Association of Deans and Directors Schools of Social Work (NADDSSW). (2020). *Courses on disaster and trauma*. NADDSSW. <http://www.naddssw.org/about/task-forces/trauma-disasters/courses>

Norful, A.A., Rosenfeld, A., Schroedeer, K., Travers, J.L., & Aliyu, S. (2021). Primary drivers and psychological manifestations of stress in frontline healthcare workforce during the initial COVID-19 outbreak in the United States. *General Hospital Psychiatry*, 69, 20-26. <https://doi.org/10.1016/j.genhosppsy.2021.01.001>

Office of Inspector General (2012b). *Supplemental Information Regarding the Centers for Medicare & Medicaid Services' Emergency Preparedness Checklist for Health Care Facilities*. (OEI Publication No. 06-09-00271). U.S. Department of Health and Human Services, Office of Inspector General.

Ouslander, J.G. & Grabowski, D.C. (2020). COVID-19 in Nursing Homes: Calming the Perfect Storm. *Journal of the American Geriatrics Society*, 68(10), 2153-2162. <https://doi.org/10.1111/jgs.16784>

- Pearlman, C. (August 24, 2020). *How social workers like me can – and do – deescalate dangerous situations every day*. HuffPost. https://www.huffpost.com/entry/social-workers-deescalate-dangerous-situations_n_5f3fdb20c5b6763e5dc27c90
- Polenick, C. A., Struble, L. M., Stanislawski, B., Turnwald, M., Broderick, B., Gitlin, L. N., & Kales, H. C. (2020). “I’ve learned to just go with the flow”: Family caregivers’ strategies for managing behavioral and psychological symptoms of dementia. *Dementia*, 19(3), 590–605. doi:10.1177/1471301218780768
- Task Force on Social Work Research (TFSWR). (1991). *Building social work knowledge for effective services and policies: A plan for research development*. TFSWR. http://www.socialworkpolicy.org/wp-content/uploads/TFRonSWRNov1991_opt.pdf
- Teater, B. (2017). Social work research and its relevance to practice: “The gap between research and practice continues to be wide”. *Journal of Social Service Research*, 43(5), 547-565.
- Tulane University School of Social Work. (2020). *Disaster and Collective Trauma Certificate Program*. Tulane University. <https://tssw.tulane.edu/degrees-and-programs/certificates-with-msw/disaster-and-collective-trauma>
- Watkins, D. C. (2012). Qualitative research: The importance of conducting research that doesn’t ‘count’. *Health Promotion Practice*, 13, 153–158.
- Watkins, D.C. (2017). Rapid and rigorous qualitative data analysis: The “RADaR” technique for applied research. *International Journal of Qualitative Methods*, 16, 1-9. DOI: 10.1177/1609406917712131
- Watkins, D.C., Whatron, T., Mitchell, J.A., Matusko, N., & Kales, H. (2015). Perceptions and receptivity of non-spousal family support: A mixed methods study of psychological

distress among older, church-going African American men. *Journal of Mixed-Methods Research*, 11(4), 487-509.

Weaver, J. (2017). *American Red Cross expands eligibility for disaster mental health program.*

The New Social Worker. [https://www.socialworker.com/extras/social-work-month-](https://www.socialworker.com/extras/social-work-month-2017/american-red-cross-expands-eligibility-for-disaster-mental-health-progra/)

[2017/american-red-cross-expands-eligibility-for-disaster-mental-health-progra/](https://www.socialworker.com/extras/social-work-month-2017/american-red-cross-expands-eligibility-for-disaster-mental-health-progra/)