

**Social Work Practices in Asian  
Countries in COVID-19  
-Community Resilience and  
Mental Health Well-Being-  
"Post-Traumatic Growth  
Theory and Methods"**

**Takashi Fujioka Ph.D**

**Professor**

**Japan College of Social Work, JAPAN**

# Current status of COVID-19 related crisis in Japan(at January 24 2021)

## Japan

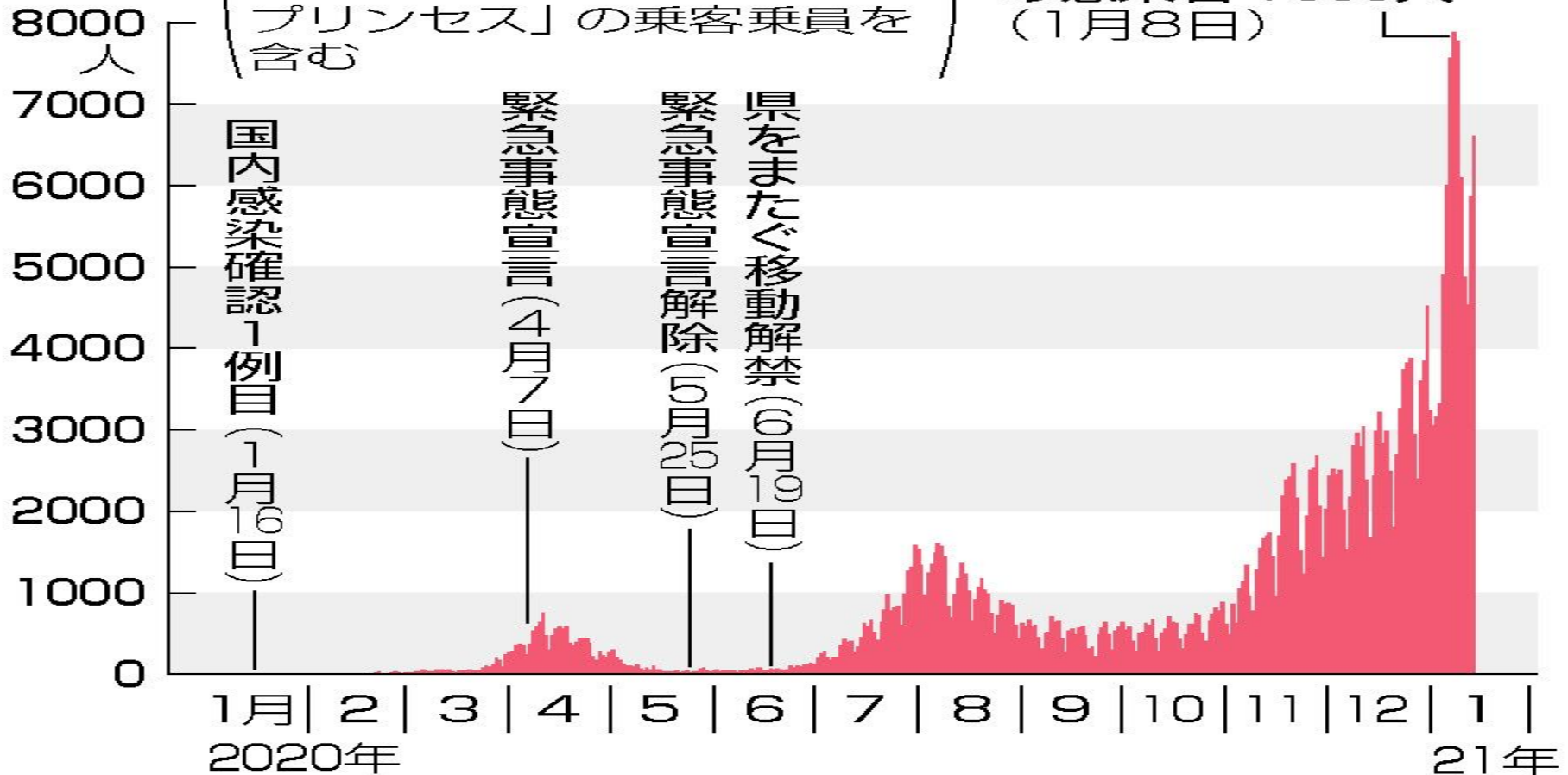
- Domestically infected people (9 pm on January 24) 3990 people a day
  - Dead: 56 people a day
  - During hospitalization / medical treatment 64662 (-618 people from the previous day)
    - in which, 1007 seriously ill (-2 from the previous day)
  - Number of confirmed infections in Japan (cumulative total) 365,878
  - Total number of discharged persons: 291201 (+5020 from the previous day)
  - Number of deaths (cumulative) 5120
- (Source: Asahi Shimbun, January 25, 2021 morning edition)

# Severe situation in Japan (1st wave, 2nd wave, 3rd wave)

## 新型コロナウイルス 1日当たりの国内感染者数

(15日午前10時現在。  
クルーズ船「ダイヤモンド・プリンセス」の乗客乗員を含む)

2度目の  
緊急事態宣言  
1日当たり過去最多  
の感染者 7883人  
(1月8日)



# Current situation and issues in Japan (elderly area)

- High risk of aggravation of infection
- Anxiety about the cluster
- Consideration for family interviews
  - Mask, face guard, protection as an infection countermeasure
  - Limited time for clothes (15 minutes, etc.), limited method (utilization of remote, etc.)
  - Limitation on the number of people who can meet
  - Limited interaction with family
- Support for the elderly at home
  - Risk of aggravation of the elderly, anxiety about infection of family members living together (consideration of refraining from going out, etc.)

## Current situation and issues in Japan (disability area)

- Prolonged stay at home when a state of emergency was declared, and continued refraining from going out thereafter
- Behavioral changes
- Rebuilding family relationships
- Change of work by family to remote
- Changes in family conditions such as during the day

Positive side

Strengthening family relationships

Negative side

Deterioration of relationships

Reconstruction of division of roles

- Dealing with mask sensitivity, routine daily changes, anxiety caused by not wearing masks at home, on the train, etc., family stress, increased resistance to going out

# Current situation and issues in Japan (children and family social work/welfare)

- Children or/and Family Welfare Facility
- Support at home due to school closure when an emergency is declared. Increased support, sharing of time and space with children.
- Staff stress  
The work-life balance of staff is lost
- Concerns about child abuse in Facilities and foster homes
- Cancellation of regular annual events at the facility
- Development of new events in the facility
- Support for children in the area such as children's cafeterias and learning support, difficulty in catching needs, development of regional cooperation

# Social isolation of children after social care and in-care for children

- Regular aftercare does not reach children and young people.
- Young people cannot go to the facility to avoid the risk of infection.
- Young people are suddenly in poverty (due to the financial impact of COVID-19 ), including dismissals from employment.
- Young people face again the fact that they lived in institutions and that their parents could not become caregivers. Difficulty in re-employment.
- An attempt to reconstruct a social network by online remote. Social solidarity through SNS. Development of support methods that use both remote and face-to-face. Trauma for both professionals and young people, support for building relationships ... New lifestyle post-COVID-19

# Current situation and issues in Japan (medical / psychiatric social work/welfare area)

- **Increase in suicide** (exceeding the previous year for the first time in 11 years since 2009 at the time of the Lehman shock. 2020 preliminary figures) 20919 (including 6978 women, 885 14.5% increase from the previous year: 440 elementary, junior high and high school students, 18.3% increase from the previous year. (Economic impact of Corona's disaster, changes in living environment, school closure, refraining from going out, etc.)  
Increased in all generations except 50s and 60s. Especially under 19 years old 13.8% increase, 16.8% increase in 20s. 307 high school students. Female employee 29.5% increase, increase in sales / service industry and medical staff.  
(From the 2020 preliminary figures of the Ministry of Health, Labor and Welfare).
- **Increase in social isolation**
- **Financial distress and anxiety**
- **Increase in store closures, company bankruptcies, etc.**
- **Economic impact due to extension of self-restraint**
- **Discrimination and prejudice against medical staff. Care for trauma of medical staff.**
- **Loss of patient, Care for the family of the deceased patient, etc.**



# Issues common to various institutional clinical practice

- Restrictions on direct support
- Restrictions on support methods such as touching the body
- Can't go for a walk
- Can't go on a trip as an event in the park
- Ingenuity of events in the facility
- Avoid the Three Cs (Crowded places , Close-contact settings, Confined and enclosed spaces)  
(social distance and distance for support)
- Nursery homes, facilities for children with disabilities, etc. that cannot provide dietary guidance as expected

# "Connection" and "social solidarity" as keywords

- "IBASHO (Japanese)" (whereabouts) (People lose their place because they lose their connection with people) In IBASHO, people can feel "place where one can be oneself" with people.
- Among the risks related to corona, people are keenly aware of "social isolation" due to "living alone".
- Refraining from going out, securing social distance, etc. promoted isolation.
- Reliance (when a person can experience the "feeling of being alive").
- Faced with the lack of communication on a daily basis.
- Who is the most important person for me? Searching for a connection.
- Connection (importance of feeling "not alone")
- The main points of social work. Network construction. Circle of support.
- Community resilience area, local community,
- Expansion of social networks (social media, SNS, email, Zoom, Google meet, etc.) From a slight connection.

# Corona's impact on social work/welfare education

- Restrictions on practical training and exercises (conflict with securing learning through practice)

Online, remote lessons

Hybrid type class

Practical training restrictions

Understanding the importance of practical training by facilities / institutions and infection control.

- Coordination with facilities / institutions in advance (coordination of infection control)
- Necessity of health check before, during, and after training
- Necessity of field training in the area of social work/welfare
- Importance of exercises and experiential learning in social work/welfare education

# Mental Health Well-being

## "Growth After Trauma " Theory and Method

The main concept of "Support for Human Service Professionals (HSPs)".

- "Support for HSPs" means "Support for Users", and "Support for Users" means "Support for HSPs" .  
Sharing of well-being, well-being by "co-existence".
- Compassion Fatigue
- Secondary Traumatic Stress, Vicarious Trauma
- Compassion Satisfaction
- Burnout
- Emotional Labor
- Post-traumatic Growth (PTG)
- Resilience

Fujioka (2020)

# Support for Human Service Professionals – Various concepts

Burnout

Resilience

Emotional Labor

Compassion Fatigue

Compassion Satisfaction

Secondary Traumatic Stress

Vicarious Trauma

Post -traumatic Growth

# Necessity of support for Human Service Professionals

## –“Support for HSPs” theory-

- Issues of secondary damage or victim to staff  
(Erosion to staff)
- “Secondary damage and victim” as a clinical trauma task
- Inevitability of support for HSPs
- The trauma concept itself is premised on the spread of ripples: primary (clients, users), secondary (parents of clients or users, staff, foster parents, etc.), tertiary (supporters / supporters’ families, etc.). . (Figley, 1995)
- Compassion Fatigue (trauma dominance, stress dominance, depression dominance) (Fujioka,2020)

# Human Service Professional 's dilemma

It is said that relationships are important in assistive technology, and compassion/empathy is important. A deep and hurt experience is told to a HSP on the premise of a peculiar relationship of trust (rapport) for the support / assistance of the user and the HSP, with the guarantee of acceptance and empathy. That is, the more HSPs exercise their supportive expertise in establishing empathy and relationships of trust, the more likely they are to encounter such situations (prone to Secondary Traumatic Stress and Compassion Fatigue). There is a dilemma here (Fujioka, 2006).

# Compassion Fatigue, Compassion Satisfaction, Burnout measures (items)

- Utilization of self-checklist
- Consideration of the HSP's family for tertiary traumatic stress
- Support strategy for "Support for HSPs"
- Separation of work and personal life (intentional division)
- Orientation to a healthy life, recovery from the body ... Building an axis of the body, awareness of tension, awareness of body pain and modulation
  
- "Sense of connection" with people
- The harder it is to support, the more you talk about your hardships to those around you and those close to you. Dealing with silencing reactions.
  
- A monitor of the HSP's sense of integration (unity). Your own job, a satisfying job.
- Support each other in the workplace. Respect and Civility(courtesy) for each other.



# Attempt to support HSPs online

Online stress check and self-check of countermeasures

<https://www.hh-scare.com/>

## Self-care complete type

Compassion Fatigue scale composed of excerpts from self-support items

Each person gave scores, read the explanation about those scores,  
Self-check

Each person wrote a positive message to himself/herself and sent it.

## Feedback intervention type

After self-checking the same content as above, support individually.  
Continue self-checks and ongoing interviews. Group interview,  
individual interview, etc. Method: The stress care team talk with  
HSPs(Human Service Professionals).

# Self-care complete type

- Explanation: Click this checklist, refer to the stress coping leaflet and checklist manual, and look back on Human Service so far to improve your self-care ability. In Checklist A, where you send us your email address, you can enter your email address and we will reply to your email address as soon as the answer is complete. In addition, we will provide information such as feeding back the overall statistical results after data collection. This checklist is optional and you can stop in the middle.
- Worker's Self-Care Checklist A (Anonymous; Enter Email Address; Send Answer to Email Address)  
Workers' Self Care Checklist B (Anonymous)  
Self-care checklist manual  
Stress coping leaflet  
Relaxing method for sleep (Youtube)

# Feedback intervention type

Explanation: A medical institution, welfare facility, or school sets up “a stress care team” for staff and uses the self-care checklist A (Google survey) of workers to interview and advise applicants and high-stress staff. It does not mean that the member of this “worker's self-care study group” would follow the attended staffs. Staff responses are managed by “the stress care team”. We would email you how to manage your answers with just the stress care team. This is a method of distributing a questionnaire (ex. medical institution sample version) within the institution concerned and having them answer from their smartphones.

# Worker's Self-Care Checklist

## (Stress Questionnaires)

You will be asked to check 5 items of psychosomatic reactions that can occur in extraordinary situations for workers. Check out the numbers that apply frankly to how often you've experienced in the past week. In addition, "the persons whom you support" refers to all the people you have been involved with, and is not limited to those who are undoubtedly positive about the new corona (Figley & Fujioka, 2010).

1. Sometimes I'm overwhelmed by the time I spend with the most difficult people I've helped. 2. Trivial things can explode your anger or make you irritated. 3. There is a sense of hopelessness associated with working with the people I support. 4. I feel tied to my current job as a supporter. 5. I feel estranged from others.

## An important experience for self-care of workers (HSPs)

The following 12 items are important for reducing stress response in extraordinary situations. How often have you experienced the following in the past week? 12 items from 21 items in Fujioka (2008).

1. Do you feel that your family and friends are accepting the hardships of your work?
2. Do you feel that people at work are accepting the hardships of your work?
3. Do you feel that being a supporter makes your family tired or annoyed (even if you are away)?
4. Have you ever consciously made a distinction between work and your private time?
5. Do you ever get frustrated with your family and friends?
6. Do you share the satisfaction you feel at work with people at work?
7. Do you value humor and laughter at work?
8. Do you value your basic lifestyle, such as sleeping, eating, and resting?
9. Do you relax your body or use relaxation methods when you feel tired?
10. Do you use words to convey the feeling of " hardships " to people nearby when you feel hard?
11. Do you value the feeling of being connected to people (talking, spending time together, etc.)?
12. Do you tell people around you what you think the limit that you cannot do?

# Online support for HSPs

(Currently being analyzed)

It is suggested that the improvement of self-support items may suppress the increase in stress.

Discrimination and prejudice against medical professionals are issues in Japan

It is suggested that discrimination and prejudice may be greatly related to the stress of medical staff (currently being analyzed).

Necessity of “ the Model of Support for HSPs in Corona (COVID-19) related crisis”

Post-traumatic growth theory and method of “Support for HSPs” contributes to maintaining and enhancing HSP resilience.

Combined online and face-to-face

# Importance of “Support for HSPs”

- Emotional Availability of HSPs, Emotional Availability of users or clients.
- Sharing time and space (physical and psychological). Co-existence. Creating a "support vessel" for the HSP by co-supporters (expanded concept from "Attachment vessel" by Fujioka 2008)
- 1, Predictability 2, Sensitivity 3, Availability 4, Proactivity 5, Existence (Fujioka 2020)
- "Support Vessel": HSP, HSP's family, HSP's workplace, support place (facility / institution), school, community.
- What is required now ... Rediscovery and reconstruction of "Support Vessel" or "Support Network" for HSPs.
- Necessity of “Support for HSPs Coordinator” and “Support for HSPs Supervisor”

# Key points of support ("support vessel" for HSPs )

- (1) Predictability (The behavior of HSPs can be predicted from the user) How does the user see them? Ability to " be Predicted"
- (2) Sensitivity (HSPs can sense various behaviors of the user) ... Ability to have "Gentle Eyes" to the user. Group / Individual
- (3) Availability (awareness and communication that HSPs are available and useful to users) ... Ability to " be Available "
- (4) Proactivity (Catching the needs of users and actively engaging in proactive activities) ... Ability to "believe"
- (5) Existence (the existence of the HSP can be confirmed for the user) ▪ ▪ Ability to "exist"

Through the above, the importance of the HSP being "integrated as a supporter" ... the importance of the role of the HSP(Human Service Professional)



# “Support for HSPs” Coordinator

- A staff member within a facility / institution who has the task of coordinating support for HSPs. The person has learned or trained knowledge about support for HSPs and is also proficient in “support for HSPs” techniques. (Fujioka,T. 2020 ).
- He/she should have at least one person in each department (ideally one coordinator for every five staff members). Social workers (SW), psychiatric social workers (PSW), medical social workers (MSW), psychological professions, etc. can play that role (doctors and nurses are in a position to receive support).
- It was pointed out that "rebuilding work-life balance, rebuilding relationships in the workplace, rebuilding relationships with families, rebuilding relationships with the community" is important support by the “Support for HSPs” coordinator. (Fujioka 2020).

# “Support for HSPs” Supervisor

A person who advises HSPs and “Support for HSPs” coordinators on support for HSPs. The person has a wealth of insight and knowledge on support for HSPs, and also a “support for HSPs” technique.

A person can advise Support for HSPs Coordinator. In carrying out the duties, it is important to be able to cooperate well with the coordinator in the facility / institution and give advice so that the facility / institution can act as a team. "(Fujioka,T. 2020).

Professionals (SW, PSW, MSW, psychological professionals, psychiatrists, etc.) who are outside/inside the facility / institution and have knowledge and experience in supporting HSPs can be “Support for HSPs” Supervisors.

# The task in New lifestyle post-COVID-19

- Issues that originally existed in the field of social Work/Welfare are exposed or become more serious in this Corona (COVID-19) related crisis.

The need to reconstruct relationships with oneself, family, workplaces, schools / facilities, and communities under the circumstances of this Corona (COVID-19).

- Necessity of reexamination of communication

  - Face-to-face

  - Remote online

  - Possibility of utilizing SNS, LINE, etc.

  - What do you care about? ▪ ▪ "Growth after Trauma"

- An online tool that can be used as a catalyst for support and continuity

Reviewing the importance of face-to-face support. What we can do. What we cannot.

- The importance of support for exhausted HSPs(Human Service Professionals), Highlighted by this Corona (COVID-19) related crisis.

# Practice in New lifestyle

- What we can or can't do by face-to-face ... Possibility of “support for HSPs” ▪ ▪ ▪ ▪ HSP(Human Service Professional)  
People-to-people contact and dialogue  
Not limited to face-to-face  
Recapture of time  
Importance of contact that can be made even in a short time
- Utilization of various tools in relationship building and relationship repair.
- Workplace / organizational support, community support from the perspective of support for HSPs (“rebuilding work-life balance, rebuilding human relationships in the workplace, rebuilding relationships with family members, rebuilding relationships with the community”).
- Building and Restructuring of “Social Solidarity”  
user, family , community, HSP, Supporter for HSP ▪ ▪ ▪ ▪

# Citations

- Asahi Shimbun. Suicide increased for the first time in 11 years (Saturday, January 23, 2021 morning edition)
- Fujioka,T. 2020 Supporter Support and Childcare Theory -Reconstruction of supporting to Children and Family- Minerva Shobo (in Japanese)
- JJI.COM “Third wave” convergence not foreseen, total number of infected people exceeds 310,000-one year since the first confirmation in Japan, Corona (COVID-19) related crisis (January 16, 2021, 07:13  
<https://www.jiji.com/jc/article?k=2021011500766&g=soc>  
(2021.1.25 search)
- NHK. World Infection Status(as of 18:00 on January 24)  
<https://www3.nhk.or.jp/news/special/coronavirus/world-data/>  
(2021.1.25 search)
- Self-care for workers. Support site for supporters of COVID-19  
<https://www.hh-scare.com/>