

Merrimack College COVID-19 Oral History Project

Interview Subject: Sarah Dionne

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Transcript edited by: Emma Gorski

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EG: Hi, how are you?

SD: Good, how about yourself?

EG: Good, thank you for joining me today.

SD: Of course.

EG: So, before we start, I just wanted to confirm that you filled out the consent form.

SD: Yeah.

EG: That's perfect and then also before we start, I just want to remind you that at any point if you feel uncomfortable you do not have to feel the need to answer any questions and if you need clarification, feel free to ask. But other than that we should be all set.

SD: Okay, sounds good.

EG: So would you mind saying your name and kind of where you're from?

SD: Yeah so my name is Sarah Dionne. I use she/her/hers pronouns. I am the director of the Counseling Center and Office of Wellness Education here at Merrimack College. Is there any other background information that would be helpful for you?

EG: Maybe kind of where you're actually from just to kind of get an idea, and get a sense of COVID.

SD: Yeah so I actually grew up in North Andover so i'm kind of born and raised in this area, but I currently live in Swampscott so for the most part i've been in and around the Boston area for the last like seven or eight years now—prior to that I was living in California.

EG: Perfect. Thank you, so starting off. What was kind of going on in your life prior to the pandemic in regards to just your general life and sort of your role at the college?

SD: Yeah so, I had an interesting experience in that I was on maternity leave at the start of the pandemic and right up until that point, I was very pregnant. So that was kind of what was going on in my personal life. My daughter was born on February 3rd, so with the hospital kind of was just aware-ish of what was going on with COVID but just the encouragement, extra encouragement to wear a mask and to wash your hands but beyond that nothing. Then in regards to my work life, so I was at a similar position at UMass Lowell, I wasn't yet at Merrimack. And, what I was experiencing was seemingly similar to what's going on with Merrimack, but there was really this kind of just explosion of need for mental health, and you know, there was definitely this big big build up of demand for service and demand for need where work was very, very busy. There were wait lists and there was stress about how to make sure the students' needs would get met, so that was kind of a big build up fall of 2019 and then a little bit into the spring of 2020 before we know what happened.

EG: So you mentioned a little bit being in the hospital—how they were sort of aware with COVID starting up? Do you remember specifically when you first found out about COVID? Would you say that it was around that time?

SD: So, I actually heard about it earlier. I had a student that I was working with at UMass, who is from China, and she was telling me about how an ex of hers was, that she was trying to distance herself from. He was telling her about this illness that's coming out of China and she kind of categorized it as just this excuse to try to talk to her. I remember hearing that and just being like, okay, and not giving it any thought. Then a few weeks later, or not even a few weeks, our director of health services at UMass Lowell sat us all down and was like, "I know you probably are hearing about this novel coronavirus and just so you know there's nothing we need to be worried about at this point. We have looked at all of the students and international students and there's no concern." I remember not even realizing it was at a point where we needed to be told that things were okay, and just finding that conversation a little weird because I didn't

think it was something I had to be worried about them being told, you don't have to worry.

EG: Yeah, so was there a particular moment, then I guess that the pandemic really became real for you?

SD: So I think two things that really stick out for me, well actually no I'm sorry three things because I was in a little bit of a bubble, because I was on maternity leave, so I was separate from the world, but there are three things that stick out. One, I was at Target trying to buy hand sanitizer because I had a newborn baby and I couldn't find it. When I asked the target employee she laughed at me and said, "We have been sold out for days. Where are you coming from?" Then the other was when my older son's daycare closed, and I was like [shocked look], and it was initially only for five days, and then it ended up being for four months and just kind of that idea of like, "Oh my God I'm going to be stuck home with a newborn and a child." Then the other one, and this was all within like weeks of each other. You know, working in mental health and working at a college counseling center the idea of remote work never seemed possible, and so I was texting with a friend from work, who said, "Yeah, I think we're probably going to shut down soon." I remember thinking she's being a drama queen like that's not possible, they would never send us home and then that ended up being the case.

EG: Wow, yeah that is a little much. So obviously in March was when the first lockdown started happening. You had been around your house anyways—what was lockdown like for you?

SD: It was hard—so at that point, I was living in an apartment with my husband who was also working remotely for a little while, even though he's in healthcare, and so we never thought he would ever work remotely. Then, we had a toddler who wasn't going to school and then a newborn child so things were very crammed, things were very difficult and kind of hard to escape. I mean from my day to day didn't change too much because I wasn't going to really be going anywhere anyways. I think the fact that everybody else was home because I had expected to have two more months of just me and my baby at home and then my husband would be at work and my son would be at school and then that didn't happen, so that was a lot of just feeling trapped and a little overwhelmed of not being able to just be on maternity leave, but having all of this other stuff to deal with.

EG: Right and did you find yourself looking for other ways to escape—were you successful in finding any?

SD: No I wasn't, I was so bored. Well, I went for a lot of walks and we threw a lot of rocks into water, I remember that being the thing. The only way we could entertain our son was just to go to a local pond and throw rocks in the water. Yeah it was hard to find ways to entertain but I mean we, like everybody else, we watched *Love is Blind* and *Tiger King* and all of that, but those ran out, and then we were continuously bored.

EG: You're right, so I know it was very difficult, the lockdown. Would you say there are any positives that came about from lockdown for you?

SD: I mean I got to spend extra time with my daughter, because I was initially going to be going back to work after three months, and then I did go back to work, but it was remote so I got to spend extra time there. I mean, other than that I don't know, I don't think so, nothing really comes up.

EG: Alright, so shifting a little bit of gears—you were at home for a while, do you remember the first time that you wore a mask?

SD: I remember it was weird trying to figure out how to get a mask and what was a mask, and so the first mask I ever wore was like a bandana tied around my face because that was the only thing we had in the house that we could really make up as a mask. I remember that was fine and then I think, the scramble to find masks, I remember where it was difficult—they weren't really being mass produced, and so we were on Etsy trying to find these homemade masks but I remember it was a pink bandana that I had for—oh wait no, I think it was a skull and crossbones bandana that I, for some reason, had since college and I just dusted it off and used it as a mask until we could get real masks.

EG: Wow, and how'd that make you feel, having to go somewhere with a mask on or even a bandana across your face?

SD: It was, it was a little weird at first, but I honestly like the mask, for the most part masks never bothered me because it's such an easy thing that we can do. I'll wear masks forever and also people are gross and like germ and being able to wear masks in public just seems great to me. The only time I really didn't like wearing a mask is working out, like back when we still wore masks really outside and having to run with a mask or doing a yoga class with the mask. That's the only time I really hated wearing a mask.

EG: Yeah, I agree. I've heard from other people that working out has been probably one of their least favorite things when wearing a mask.

SD: Yeah.

EG: So, moving forward in the summer of 2020, the state's reopening plan started to kind of come into effect. Was there something that you were really excited about opening back up?

SD: Yeah, when I saw this question, I thought about it—I don't think so, nothing really comes to mind, and I think just the fact that it was warmer out which made it more enjoyable to be outside and allowing us to at least see people more easily, I think, was like the biggest relief for me. So it was not necessarily any businesses opening up, just the ability to be outside and engage with people I think was what I was most excited about.

EG: Right. At any point did you feel there was starting to be kind of a new normal, could you kind of describe that?

SD: Yeah, this is another question I kind of had to think back on— I mean I definitely feel that there is a new normal and there will always be a lingering impact of this, I can't really remember when I really felt that. I mean, maybe just the mask thing—kind of going back, like you know I'm perfectly fine with a mask—that's going to be a normal experience for the rest of our lives. I think, maybe seeing how easily my kids adapted to masks makes me really kind of think that that's the normal. My daughter, who is too young to wear one but also puts one on sometimes because she just is so used to that being what you do when you go outside. I can't remember a specific point of being like “Okay, this is this is life now,” it was more just a “is this ever going to go away?”

EG: Right, yeah it definitely took a toll on people. Well, with that being said, life was already a little different for you, with being pregnant and whatnot, is there anything specifically in that pre-pandemic life that you really miss or really missed at the time?

SD: Yeah I mean I think one thing I still miss is just because my kids are too young to be vaccinated, I missed just being able to see people without having to worry or think about are they vaccinated? Is it safe? I just want to be able to not have that kind of hinder my decisions. So I think that's the thing I miss the most and also I—I feel like I've come through this experience just becoming more of a germaphobe and just feeling so grossed out by things and so worried about getting sick, where I never was before, so I missed that. I missed just being carefree and not worrying so much about getting sick.

EG: I agree with you, so I can't imagine your experience with being in the hospital and I know that there were some enhanced protocols—were you aware of while you were in the hospital?

SD: Thankfully, that was all after. I was out well before any of that happened, so I wasn't affected by that at all.

EG: Perfect, because my next question was how did you stay connected with people throughout that time. I know family is a big part of when people are giving birth, so I was just wondering how you kind of stayed connected (with others) throughout that time?

SD: Yeah, so the first few weeks, people are still social, so I was able to see some friends. Coming over and my parents were able to come to the hospital and so, all of that was the same. I remember one of my friends came to visit to meet my baby, and this was when the lockdown just started happening. And she was like, “I think we're just going to go up to my parents house in Lake Winnepesaukee to kind of see this out” and she was there for an entire year—she literally never went home after that. I mean—texting and doing some Zoom and Facetime but not really, it was mostly just texting and sending each other memes on Instagram, were really the main ways that I kept in touch with friends. I did a couple of outdoor hikes with friends and then with my close family we just saw each other and just kind of kept in that little bubble.

EG: Nice. Now, once again, just a reminder if you're not comfortable sharing this that is totally okay, but were you or anyone close to you, affected by the virus?

SD: No, thankfully, I mean I've known several people who have had it, but no lingering side effects or consequences from that, so I'm very grateful and thankful that I was able to come up pretty unscathed.

EG: Perfect, and was there kind of any moment where you felt there was a little bit of a light at the end of the tunnel? I know you mentioned the pandemic making you very trapped and the pandemic being entrapping. So, was there any time where you're like okay, I can start doing things again and see the light at the end of the tunnel?

SD: I think, once the vaccine started to become more widely spread, that's when I started to really feel confident. I've never been more excited to get a shot in my entire life, but once the vaccine became kind of more widespread, that's when I was ready to sigh a sigh of relief.

EGi: Perfect, so taking another little shift in gears. I'd love to dive a little bit more into your career and kind of how you became a part of Merrimack. Do you mind describing sort of how you are in the position you are now?

SD: Yeah, so I've been in mental health for about 10 years now and then in higher ED for about six, seven actually. I was at another institution prior to that for about five years and I was initially a clinician and then was promoted to assistant director. Then I had been kind of connected with someone who worked at Merrimack, who let me know about the job of the director and so you know, I reached out for that because it was just really aligning with my career goals, passions and with being from North Andover and knowing Merrimack really well I was really excited to become a part of the community. I was at a larger state university prior to this and just the small kind of community experience of Merrimack is much more aligned with what I like to work with and the college that I enjoy. That's kind of how I ended up here, I like the balance of being able to do the mental health support but also being able to look at it from a broader picture of campus wide. Looking at how we make sure the students' well being and mental health are being taken care of, so that's kind of how I ended up here.

EG: Perfect, around what time did you get into your position, would you say?

SD: I've been here since August of 2020.

EG: Okay perfect, so moving into that fall semester, did you work in person or remotely?

SD: So it was a weird combo where we were kind of— all the work we did was remote so we never did an in-person meeting, we never saw a human. Everything was on Zoom, but I was still coming into the office a couple days a week. There would always be, you know, one person or a couple people in student affairs over here [on-campus], but you know, we would have Zoom meetings in different offices from across the hall. I was still working remotely two to three days a week, but even when I was on campus I wasn't seeing anybody, I was just on Zoom all day.

EG: And was that by choice coming in three times a week or was that sort of a collective amongst the staff?

SD: It was a collective—so student affairs is such a forward facing part of college, it was kind of decided that there should be some on ground, especially some students had to be here—there's no reason why we couldn't at least be here some.

EG: Right, right and how did you feel coming back, especially with being away for so long?

SD: I loved it, and that was another thing of like, there are definite benefits to working remote. I like the differentiation between work and home and being able to get out of the house, and like coming to a place and then being able to leave work and go home just feels really great so I was. I was excited. I mean it was nice to not have to commute and be able to wear sweatpants and just only have to get dressed from the waist up but I liked the idea of being able to like go somewhere and especially since I was starting a new position. I needed a different, more of a change than just logging on to a different computer that would have just felt too weird for me. I needed to actually be in a physical space that was different to be able to tell myself I had a different job.

EG: Right and talking about that sort of work, balance and home life, what sort of were some of the biggest struggles? I know you had a good chunk of that time off, but even being in communication with UMass what was that sort of like while being at home and trying to balance your kids and work.

SD: Oh, it was hell [laughs]. I think it was—it was really difficult, especially when the kids' school was closed, once it opened back up again and it made it a little bit better, but having to navigate work with children was really tough, I mean I'm very thankful my mom worked from home so she was able to help me out a lot. When I was in session with students I couldn't have my kids around, I had to be completely cut off, so I needed to make sure someone else was around. Having to navigate with my mom's work schedule and my work schedule to make sure she wasn't in a meeting when I had a client was really stressful. Also my daughter was a screamer for the first six months of her life and so she would be at the opposite end of the house, and I would be in session and as part of my like disclaimer when I was starting to meet with new clients I had to be like, "So you're going to hear screaming, it's my daughter. Don't worry, she's being well taken care of." I like to keep things separate and keep strong boundaries as a mental health therapist and that kind of was taken away from me a little bit because there was no way to hide the fact that I had a screaming child in my room. That was really difficult and then anytime I wasn't in session I had to have my daughter strapped to me, because otherwise she'd be screaming, so I would be in meetings, staff meetings and important meetings, and I would have a baby strapped to me and I'd have to be like juggling and like jumping up and down to keep her calm. It was really really, really hard and then just creating that work life balance was hard, because all you do is just shut your computer off and then your home. There's no real separation there so that was really tough.

EG: Right, I understand that some students—I'm not sure if your son was at the age of this—but when they [schools] were doing remote learning the parents kind of had to step in. Did that affect you at all?

SD: So, yes and no. So he's only four so when this was all happening he was just in daycare so it wasn't really in school, and so they just shut down. There were really no remote options for the first couple of months, they would send lesson plans home for us to do. Other than that it was more just like, I want to make sure that this kid is doing something productive and I don't have the training to know what that is for a two and a half year old, so a lot of googling and a lot of making stuff up but yeah, there was no actual remote work.

EG: Okay, so with coming to campus and doing all your Zoom calls. Did you find that there were any particular difficulties related to performing your job on campus during the pandemic?

SD: Yeah I did. There were definitely a few. I mean one big one—so I was really hesitant and worried about doing teletherapy, something I never really thought I would do because I was worried about how to build rapport and how to build connections. That [teletherapy] actually ended up being fine but it was really stressful especially with new students, there's always a risk level. You know we never know what a person's risk level is in regards to are they having thoughts of suicide? Are they having thoughts of homicide? Are they a danger to themselves? When you're in the office with someone it's a lot easier and more comforting to be able to know that they're in a safe place and you can talk to them about that. You can get them connected to the resources that they need to get connected, when you're doing telehealth you don't have that, and so we would be—we instituted, both here and it just kind of became standard so both at UMass and here we would confirm their current location and get emergency contact information and stuff so we could reach out if need be, but there was still a level of uneasiness and that you know, they could lie to us, or they you know, something could still happen if we aren't able to get support to them, so that made things really hard. Then the obvious internet connection stuff. Nothing is more frustrating than a person opening their heart up and then the internet freezing and you having to be like “sorry, can you repeat that?” So that was definitely a really hard thing to do.

EG: Yeah, I cannot imagine the internet. I praise you. I'm sorry, I apologize. So, your role in the office hasn't really changed because of the pandemic, so I know you came into a new position but did you find yourself doing extra things that you hadn't anticipated or less because you were kind of confined? Do you mind touching on that?

SD: Yeah, so I think, I mean, for the most part it didn't change too much of my role, maybe, just like we talked about in the work that we did, because it was more about social connection and challenging isolation and dealing with fear and sickness and the fact that we were doing work via Telehealth therapy and not in person, so shifted that a little bit. I mean, I think I definitely wore a couple different hats last year. I can't, I can't remember too much. I do remember one task that we were given that's not a part of my regular job description. We would take turns helping manage the 114 crosswalk and checking for CoVerified apps and things like that. I would joke that I was working security and so that was something that I remember from last year that that I would do that wasn't typically part of my job that was directly related to.

EG: Nice, were there any challenges amongst the protocols that you had to do so, other than telehealth what other things did you find yourself having to do throughout your day to day basis in regards to protocols?

SD: A lot of it revolves around teletherapy, since that was a large part, well, a large part of the accounting part of it so there was a lot more documentation, a lot more work involved. Anytime there was an appointment, we would have to set up a Zoom and send that out and we had to develop a different way for students to do intake paperwork, because that was typically done in person, we had to redo all the notes, because we needed to have different information. The other big thing was where we had to navigate state licensure, so with all mental health professionals and the same with I think it's with doctors and nurse practitioners as well, your license is state dependent. You can only provide services to people that are located in the state that you're in so with teletherapy, we can only- I could only do therapy, even if it's tele with someone who is physically located in the state of Massachusetts so we had to kind of make sure that was the case.

With the pandemic, a lot of exceptions were made, a lot of emergency fixes. Exceptions were made so different states would eliminate the need to be licensed in that state during a certain time, or you could get an emergency license so having to navigate that became a job in itself. If a student was requesting services, we had to find out where they were located and then also what the procedure was to get to be able to provide therapy in that state. Also we had to diligently watch when those exceptions ran out because there was wavering timelines depending on where they were in the country, having to make sure that we were still legally able to provide for each of those students. So I think that was probably the toughest kind of protocol shifts during the pandemic. You know, on the wellness side of it, having to completely re-look at programs. We were not able to just host a program and have students come, but tried to get creative in interacting on Instagram or doing Zooms and or you know when people got so fed up with Zooms- how to reach out to students or like what can we safely do in person under

the chance and so that that led to a completely different shift of how to reach out to students as well.

EG: Wow. Following from that, what sort of resources, I know that as an international student, not everybody was located on campus. A lot of people went remote. What kind of connections did you have to make in order to ensure that they received the services that they needed at that time?

SD: It was a lot of case management, so if a student gets—so we would do it, regardless of their location and regardless of our ability to write therapy, we would do a first one, with everyone just to make sure that they're doing okay and assess their level of risk and level of crisis. Then we would do case management, where we would work with the student to try to find providers, where they were physically located and try to help them get connected. I also liked our 24/7 line that rolled out at the start of last year. There they have therapists from all over the country and an international line as well, so that at least in that crisis level they would be able to call that 24/7 line and be able to talk to someone. You know we definitely tried our best, the problem was that there was just such a demand for mental health service out in the community, and so, sometimes it was difficult to find providers. That was a really big stress when there's somebody who wants services, deserves services and is doing the work to try to get that services service but just because of the annoyingness of the pandemic, you were not able to provide that service. It's a challenge to get them connected to that service, it was definitely a struggle.

EG: Right, so with all this being said, did you find more students utilize the counselling center than prior to the pandemic?

SD: So what's interesting is no, we actually had really low numbers last year. And, and that was pretty common across the board at a lot of different institutions and I think the, like, hypothesis as to why was like just we were kind of living in this collective trauma, and so the idea of getting therapy just seemed too far removed—we're still just—we're in survival mode just trying to get by. Another theory is that life was just really crappy all around and so it's the idea of "what's the point of going to therapy when nothing's going to change in the world?" I think, prevented people from going, and so our numbers were really low. They have since significantly rebounded and so now we're seeing the impacts and so a lot of what we're seeing now, those presented concerns are very much tied to the pandemic and COVID, but just in the moment just not feeling like they could do anything about the pain and the— isolation and the sadness and the fear that they were dealing with.

EG: Wow. So one of the main topics that you've mentioned is the changes you've made for the services all sort of went remote, they went to Zoom, they went to telehealth, do you think that this might have deterred people as well from reaching out for services as sort of a population that might not have these resources?

SD: Yeah, I think that that's an absolute concern, I think, across the board, during the pandemic for sure. I know there was at least some level with Merrimack and that students are given iPads so they at least have that level of technology, but then there's, of course, internet access as a barrier. So I think that that was absolutely a barrier to receiving services during this time, and the other thing was privacy. You know we did have two offices and we still have one office that's dedicated to students who are doing teletherapy so that they can come in, but if the students are not on campus they can't access that. We may have had students at home who just didn't feel- and didn't have the ability to get a secure private place and didn't feel comfortable or worried that their parents would find out, or their families would find out, and so I think that was also probably a limiting factor in the ability of people to access, our services.

EG: Right, so with your remote process you sort of mentioned a little bit of changing how you would normally assess someone and kind of go through a regular session, do you mind explaining and elaborating on that a little bit?

SD: Yeah, so typically pre-pandemic and now for in person, when a person makes an appointment they'll come to the office, they'll utilize one of our check-in stations and complete paperwork where we're able to fully assess their presenting needs like how it may be impacting their level of functioning and any risk level. Are they having any thoughts of suicide, are they experiencing any so far? Then we're able to evaluate that paperwork and then we bring them into the office and we kind of take it from there talking about their—you know treatment goals what's going on, and then, if we need to do any level of higher level of intervention, they're right there and so we're able to ensure that they're safe until we're able to talk about safety plan and get them connected to the resources they need.

When COVID hit and everyone got sent home, we kind of had to scramble to figure out how to transition that. We had to learn how our electronic health records could have a confidential patient portal because that's also the other thing, everything has to be confidential so it's not like we can just email any type of paperwork or any type of documentation. We had to establish a patient portal where we had to redo all of our paperwork to upload into that patient portal, so that a student could log in from their computer to complete the paperwork and it was still all confidential. We had to come up with a system for how to send those students to the patient portal. How to confirm their

appointment, how to check them in for that appointment, how to make sure they complete that documentation.

Then we also had to come up with a system of confidentially sending them [students] Zoom links and so Zoom for the most part is confidential, but in order to make it HIPAA compliant which is the overlay–overarching umbrella and go to resource to make sure that you're being confidential—is we had to be under a special type of Zoom. Merrimack had to do the same thing that I did at another institution, was to get that higher level type of Zoom to be able to have it be confidential. We were on a separate Zoom account than every other Merrimack account so having to navigate that and get switched over there. Then be able to send it to the students, so we had to come up with this whole system of when the student calls or emails how our practice manager sets that appointment gets them all the intake paperwork and making sure that everything is prompted for when they have that appointment at the clinician is verifying their location, verifying their local emergency room, verifying their emergency contacts and their contact information and so—so that's also a shift because that's not something clinicians ever had to do or students ever had to do. Every ongoing appointment, the expectation was a student needed to go into the patient portal to fill out a form that reconfirmed their location, reconfirms their emergency contact, so we always had up to date information and so making sure the petition was new to remind the student you need to do that.

And then, if there ever were any concerns for safety, having to find if it's on campus we contact MCPD [campus police] but if they're off campus making sure that we get that emergency contact we get. The local police that we can do a check so making sure, there's just a lot more steps than what we would normally be able to do if they were just in person. We also don't have the ability to be kind of more of a calming factor, because when they're in the room, we can offer water, we can empathize with them and talk to them, but over Zoom there is just nothing so I'm—so it makes it a little bit harder and just adds a lot of stress.

EG: Sounds very busy.

SD: Yeah. It was a rough couple of months—sorry, and I'm like—

EG: No, you are totally okay. With all that being said, do you think that you guys kind of checked all your boxes, or do you think that there was more of an efficient way to do counseling over the time of the pandemic?

SD: I don't think there was—yeah I think it was cumbersome, but I think it—that's just the nature of it, I don't even—reflecting back I don't think there was another way to make it

more streamlined with still following laws and ethical guidelines, I think we did the best we could.

EG: Well, that's awesome. So as a staff member, I know, students, they enrolled in testing consistently throughout the year—what sort of protocols in that aspect as a staff member did you have to enter?

SD: Yeah, so everything was the same, can't even remember—yeah so we tested weekly last year—like last year such a blur—yeah, so we tested weekly last year. I think that the expectations are the same in that we're still expected to test weekly this year. Vaccines are required—same level of requirement for faculty and staff as students. So in regards to Merrimack, I think the expectations for staff mirrored the expectations for students—and then I mean personally I'm so careful—I wear masks everywhere, you know, wash my hands a lot. But I think that's it for protocols.

EG: Looking back I know COVID and your job at UMass sort of didn't really align but were you in contact with them—like do you have an understanding sort of how they handle COVID and sort of how that compares to Merrimack at all?

SD: Yeah so I did so, I think the initial was really just trying to figure it out, so I was in contact with them, but then I came back in end of April, and so I was with them for all summer before coming here, so I experienced a little bit of that so they were fully remote, doing a lot of similar experiences—or a lot of similar protocols as Merrimack is doing just different software systems and kind of different ways to get the information out there, but basically the same concepts of what I described to you, but I know there was, and I think it was a similar experience at Merrimack, to have like during the spring semester not really knowing what to do, because not knowing how long this was going to last—teletherapy was never an option before and so having no idea what that what that looks like.

And so, with it, like UMass Lowell, pretty much all of the staff had desktops so they weren't able to just bring them in and grab them and bring them home. You know, ensuring confidentiality in a telehealth way was something really bizarre so I know, initially everything just stopped—so all appointments were cancelled and there were a couple of phone consultations, but for the most part there were going to be just no appointments because initially it was only going to be for a couple of weeks. And then, I think once it became clear that it was going to be ongoing then, then it was the scramble to kind of figure out, alright, how do we actually provide ethical care ongoing? Because this isn't a short term—we have to actually provide therapy while we're home.

EG: Right yeah I from looking at the news that sounds like a number spiked in areas of mental health. So that's why I wanted to reach out to you specifically. So sort of wrapping things up a little, what is a memory you have of the pandemic that stands out to you as most memorable to kind of share with other people?

SD: Oh boy, that is—that is an interesting question—my God, it's been so long, I can't even. I think maybe—I mean it's so small, like it's just it's all these like small moments. I mean there's kind of like the big moments of you know, when we used to track the cases and when Massachusetts had its first death and being able to see that or when the—and just kind of when America's death toll hit 500,000, like that I remember kind of being a big gut punch. And then I had a friend who was going through breast cancer treatment during the pandemic, which was something that was really awful in that her mastectomy had to get canceled because the hospital was too much of a health risk, which is such an insane thing, and so that, like really like hit me. I think a small thing—small memory that really sticks out that really kind of points to a little bit of that new normal, that came up to me, is when you said, like what's a memory that you think of is when my daughter, who literally knows nothing else, wanted to go outside, and this is before she could talk and so how she signed that she wanted to go outside was to grab a face mask and give it to me. That kind of hit like, “Oh, this is what she knows outside means, a mask,” and so I think that that is like a moment of the pandemic that sticks out for me for sure.

EG: Do you have any concerns with your children or with your daughter specifically being a quote unquote pandemic child?

SD: Um no, I think. I think that they were too young to get really impacted so I'm grateful for that. You know I'm much more concerned about the kids who were in an elementary school during the past like year and a half. I think she's so—just because of the fact that you know I had a job that I needed to do, I needed to work and I needed the ability to have no distractions, she was put back in daycare in June of 2020 and so when she was only five months old just out of like necessities—we just decided we had to take that risk so she's been socialized fairly normally. She's been in-- though she wasn't socialized with family and, my friends kids we didn't see each other, she was at least socialized with other children so seemingly there hasn't been too much of an impact, I think there's just going to be weird things like masks are going to be normal for her for ever.

EG: Yeah it's definitely something that's gone through a lot of people's heads, is who will be most impacted so I was just curious. From the pandemic how have you changed? What are some things that you learned that you'd like to share with other people?

SD: I feel like you know I'm not going to have a profound answer to that. I don't—I don't know. Wash your hands more, it'd be like—I guess the biggest thing is just the importance of the collective good over the individual good —like that's kind of what we've really learned through the pandemic. You know a lot of what we're being asked of being—of staying home, washing our hands, wearing masks, getting tested, getting vaccinated is more for just the collective good and less about a personal gain and just reminding ourselves like it's just so important. To have that lesson we need to consider kind of the broader scope of what's going on, and so it was a nice—not a nice—but it was an important reminder to kind of take that step back that we need to. We all need to pitch in like we need to, we need to be more collectivist than individualistic.

EG: Alright, well, that is all I have for today, thank you very much for joining me. I really appreciate you doing this. I will send you a follow up email about the next steps.

SD: Okay perfect thanks so much Emma.

EG: Thank you, have a good one.

SD: You too bye.

