Intersecting Losses and Integrative Practices: Work and Mental Health During the COVID-19 Era and Beyond

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The Coronavirus Disease 2019 (COVID-19) crisis has resulted in unimaginable loss of life coupled with the loss of livelihoods for millions of people across the globe. In this article, we discuss the unique challenges of this crisis with a particular focus on how the pandemic has led to intersecting losses that have been exacerbated by ongoing social marginalization and inequities. An integrative treatment model informed by psychology of loss theories is presented for understanding the intersecting losses evoked by the pandemic— including the loss of work and financial security, relationships and collective rituals, routines and work-life boundaries, and physical and psychological health. Innovative features of this integrative perspective include a focus on enhancing critical consciousness, the use of integrative mental health and work-based interventions, and trauma-informed care. A case example and an integrative, prevention-based intervention that focuses on both work and mental health issues conclude the article.

Public Significance Statement
This article examines the intersecting nature of losses that have been evoked by COVID-19, which encompass work and financial security, relationships and collective rituals, routines and work-life boundaries, and physical and psychological health. These losses, which have taken place amidst the continuing struggle of marginalization and social inequity, call for a concerted effort by psychology, writ large, to innovate and integrate practices and prevention efforts. New directions for integrative practices and prevention are presented in conjunction with a conceptual model that can inform future efforts to support people and communities during and after the pandemic.

Keywords: loss, unemployment, COVID-19, integrative interventions, psychological trauma

The Coronavirus Disease 2019 (COVID-19) pandemic (hereafter referred to as COVID-19 or the pandemic) has disrupted life for millions of people across the world, with dramatic consequences for life and death, health, safety, and work, among many other domains of life. Professional psychology has been quick to respond to the crisis with thoughtful statements emerging from the American Psychological Association (APA) and its divisions, which have provided research, practice, and policy recommendations (e.g., American Psychological Association, 2021). While the pandemic has resulted in loss and disruption across many interrelated contexts,

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we argue that psychology's response has been constrained by the pull toward insular analyses and initiatives. Moreover, within the practice community, the clear need to address the plethora of mental health needs may be overshadowing the very real psychological, social, and economic problems evoked by the massive disruptions in the world of work (Fouad, 2020; Kniffin et al., 2021). In this article, we explore intersecting losses resulting from the pandemic with a focus on developing useful perspectives and interventions that can be integrated into existing practices by psychologists. The conceptual framework underlying this contribution is derived from literature on the psychology of loss (e.g., Harris, 2020; Harris & Murray, in press), trauma (Herman, 2015; van der Kolk, 2015), and existing integrative approaches linking work-based and mental health treatments (Blustein et al., 2019; Richardson, 2012). Building on this analysis, we describe strategies that can meet the multifaceted needs of people who have experienced such profound losses in their lives.

Theoretical Framework About Loss

The experience of loss is a cohering thread during the COVID-19 pandemic, linking death and long-term disease, the rapid diminishment in social connections and mobility, and massive disruptions at work (Blustein & Guarino, 2020; Harris, 2020). These losses have been devastating for so many people across the globe with impacts in relationships, physical and mental health, housing, well-being, and work. Certainly, death is the most fundamental loss; however, non-death losses also are profoundly painful and are an integral part of life (Harris, 2020; Harris & Murray, in press). Harris and Murray (in press) described theoretical perspectives that have contributed to the psychology of loss literature, including grief studies, attachment theory, personal construct theory, and trauma theory. Common threads in this literature include the importance of culture and subjective experience in making meaning of loss, the inherent nature of loss within the human condition across the lifespan, and the observation that loss contributes to both psychic distress and growth (Harris, 2020; Harris & Murray, in press).

Understanding the experience of loss also has been a central theme in the trauma literature, which has identified the pervasive nature of loss in human experience and its intense impact on human functioning (Herman, 2015; van der Kolk, 2015). Moreover, loss has been central in many psychotherapeutic and work-based interventions (e.g., attachment theory, Bowlby, 1988; relational cultural theory, Jordan, 2018; existential theory, Yalom, 1980). As in many other contemporary psychological formulations, the loss literature seeks to balance the internal meaning making aspect of the experience with the contextual and relational factors that contribute to a given set of losses. Outcomes of loss may include bereavement, psychological distress, health challenges, disruptions of core assumptions about life, and chronic sorrow (a longer term grief reaction to non-death losses; Bowlby, 1988; Harris, 2020; van der Kolk, 2015). A common thread in this literature is that loss is ubiquitous in life, and that it can have painful and long-lasting effects for people. However, psychotherapeutic and work-based interventions can provide effective and meaningful support that can be essential in making meaning and recovering (Harris, 2020; Herman, 2015). Within the context of psychotherapy and related interventions, identifying the centrality of loss provides a useful pathway for understanding, affirming, working through,

and supporting the development of resilience and recovery for individuals.

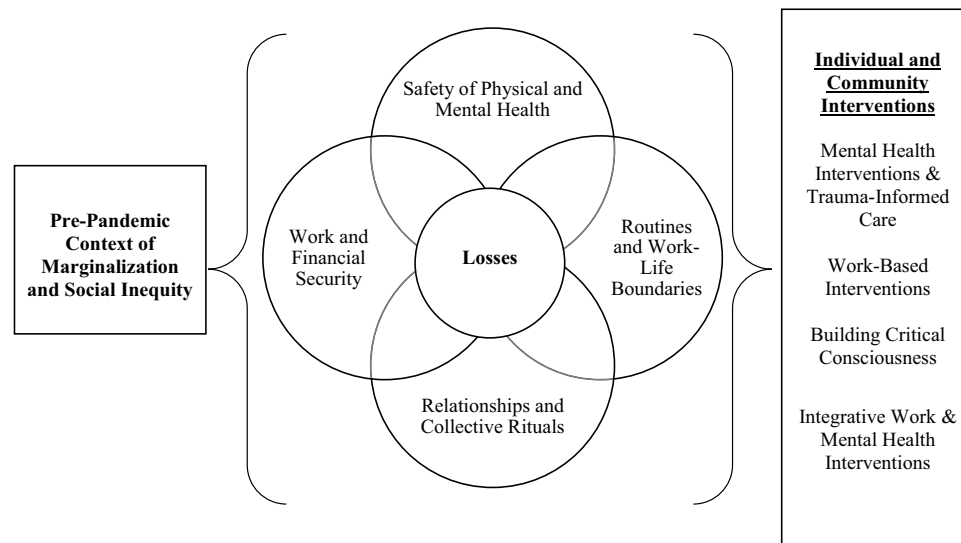## A Framework for Individual and Community Interventions

To provide a cohering structure for this article, we have developed a conceptual model to guide interventions in the lives of people and communities that have experienced profound and intersecting losses. As shown in Figure 1, the losses at the center of the model, conveyed with overlapping circles, reflect how COVID-19 has disrupted multiple domains of life. To the left, the pre-pandemic context of marginalization and social inequality, which has shaped the trajectory of this crisis, frames these losses. Solutions are evident to the right of the figure, reflecting the need for interconnected individual and community interventions that can address the immediate effects of loss and reduce the aversive impact of the intersecting losses. In the following sections, we explore the nature of the relationships conveyed in Figure 1 and provide details on integrative interventions for the COVID-19 period and beyond. We conclude by providing an illustration of the framework as applied to a case example and a prevention-based intervention.

Intersecting Losses

A central and unique feature of COVID-19 is how it has caused people to experience multiple intersecting and compounding losses (e.g., safety of physical and mental health, collective rituals and routines, work and financial security, and relationships). Perhaps the most prominent loss is the unprecedented deaths from COVID-19, which has resulted in a deep sense of mourning across the globe for those who have lost loved ones as well as the broader population that faces the ongoing deaths in the public sphere each day. Moreover, the pandemic has created disruptions and losses in people's ability to practice their routines across multiple life domains. As reflected in Figure 1, these losses overlap with fundamental life circumstances, including access to financial resources, health and ability status, geographic location, race and ethnicity, and strictness of local lockdown orders. COVID-19 also has resulted in the loss of collective rituals, which allow individuals to celebrate milestones together (e.g., weddings, graduation ceremonies), to participate in cultural and religious traditions (e.g., sweat lodge, Hajj pilgrimage), and to grieve collectively (e.g., funerals, vigils). Evidence suggests that performing rituals associated with grief, in particular, are critical in supporting people as they cope and heal in the face of uncertainty (Norton & Gino, 2014). Losing the ability to access social support and disruptions to performing communal rituals may have particularly devastating effects when compounded with managing grief associated with other losses from the pandemic.

The pandemic also has led to a wide range of losses in the working context, which were compounded by the pre-pandemic context of marginalization and social inequities (Kniffin et al., 2021). Workers in some fields quickly shifted to fully remote work, with varying degrees of ease and preparation for this transition. At the same time, workers in many industries immediately lost work through furloughs, work stoppages, and layoffs. Workers in industries that governments deemed essential have been required to continue to work face-to-face, often in dangerous and uncertain conditions, resulting in the loss of physical safety (Kantamneni, 2020). The loss

Figure 1

Intersecting Losses and Interventions in the Context of the Coronavirus Disease 2019 (COVID-19) Pandemic

of work also entails, in the United States and other regions of the world, a loss of health insurance for many workers and their families, further evoking fear, anxiety, and insecurity. For example, remote work experiences vastly differ depending upon their geographic location, living situation, and access to financial resources.

Work–family spillover challenges have become particularly pronounced during COVID-19 for individuals working remotely and for those working in high-risk industries (e.g., health care) who have been denied the luxury of separating home life from work life (Fouad, 2020; Kniffin et al., 2021). The rapid transition to remote work coupled with the shutdowns of many schools and childcare facilities also have exposed disparities in childcare and household responsibilities that fall along gender lines.

In summary, understanding the implications of COVID-19 from a lens of loss highlights the variety of ways in which lives have been disrupted. The large-scale losses represent life-changing disruptions; however, small losses can also compound and accumulate over time (Harris, 2020). Even when the pandemic begins to wind down in some regions of the world, the long-term implications of these intersecting losses are likely to endure for years, if not decades (Harris & Murray, in press). When considered collectively, these observations point to the need for psychologists to leverage existing knowledge and expertise to develop an intentional integration of perspectives and practices that meet the needs of individuals and that prevent further psychological problems over time.

Pre-Pandemic Context of Marginalization and Social Inequity: Compounding the Losses

COVID-19 has exposed and exacerbated existing inequities around the world (International Labor Organization, 2021). Public health analyses have revealed that individuals from marginalized communities and social identities are more likely to experience major health complications and death from COVID-19

(Clemente-Suárez et al., 2021). Moreover, mental health challenges are more common among those who experience poverty and who are from marginalized backgrounds (Gruber et al., 2021). In the working context, massive cuts have occurred in the retail, service, personal care, and hospitality industries, which overwhelmingly employ women and people of color and also tend to be among the lowest paid jobs with the least financial security (Bureau of Labor Statistics, 2021). In many countries, women who worked in the paid labor market were suddenly tasked with managing their jobs while simultaneously taking care of their households. Across the world, refugees and migrant workers who lack access to unemployment or work stop benefits, legal protections, and secure contracts have been particularly devastated by COVID-19 (International Labor Organization, 2020). Women, individuals from lower social and economic classes, individuals from underrepresented racial and ethnic backgrounds, individuals with a criminal record, and immigrants and refugees already had disproportionately higher rates of unemployment and underemployment (Allan & Kim, 2020; Kantamneni, 2020). Finally, wage gaps across race and gender in many countries have been further widened by COVID-19 (e.g., Thomason & Macias-Alonso, 2020). Underneath these statistics are lives that are broken and families that face mounting unmet survival needs.

The disproportionate rates of underemployment and unemployment as well as wage gaps among particular groups that existed prior to COVID-19 are likely to intensify as economies begin to recover (Kantamneni, 2020). When considered collectively, the picture that emerges is that the pandemic is affecting the most vulnerable communities and regions, thereby further exacerbating marginalization and inequality.

Integrative Perspectives and Practices

Given the intersecting nature of the current crises and the overlapping losses people are facing, we propose that integrative

solutions are essential for developing innovative psychological and work-based practices to address these multifaceted challenges.

Creating Integrative Work and Mental Health Interventions: Challenges and Resources

The need for an intentional and evidence-based approach for integrative work and mental health practices is reflected in the relatively circumscribed nature of work-based and mental health services in many nations around the globe. Although training in career and work-based issues is infused into counseling psychology and mental health counseling, most practitioners outside of these two specialties do not have sufficient training and/or an orientation toward integrating work and nonwork contexts (Richardson, 2019). Moreover, psychotherapy theories and research often describe work as a context for mental health and relational functioning without systematic attention to the rich literature on work-based interventions (e.g., Blustein, 2006; Swanson & Fouad, 2019). In addition, career practitioners are not consistently trained to provide psychotherapy, thereby complicating efforts to offer comprehensive services by a single provider. Thus, we view integrative practice as encompassing several possible avenues for implementation.

For those practitioners who have skills that include mental health and work-based services, integrating interventions may be delivered in a seamless and theoretically coherent way. For providers who are trained in a more focused manner, integrative interventions may be manifested via referring clients to providers and working closely with the treatment team to ensure maximal care for clients. Moreover, integrative interventions may encompass developing multifaceted prevention and treatment strategies (such as structured groups or workshops) that connect clients to resources and support across a range of losses. Given the prevalence of work and mental health issues during the pandemic and the fact that people generally access services via psychotherapy or work/career counseling, we focus on these contexts as points of entry for psychologists in their work with clients facing multiple losses.

Mental Health Interventions: Centering Trauma-Informed Care

COVID-19 has highlighted the need for individual and community interventions designed to address mental health needs resulting from intersecting losses. Gruber et al. (2021) indicated that COVID-19 has three interrelated pathways that evoke detrimental impacts on mental health. First, the disease is uncertain in its trajectory, severity, duration, and overall impact (Gruber et al., 2021). Second, COVID-19 affects multiple systems across the full scope of human functioning, including family relationships, education and training, and work; at a macro level, it is disrupting political systems and relationships among diverse communities (Kniffin et al., 2021). Third, the solutions to manage the pandemic—lockdowns and recommendations to avoid in-person indoor social interactions—inhibit many of the protective factors (social connections, behavioral activation, enjoyable activities) that might otherwise help to mitigate stress and anxiety (Clemente-Suárez et al., 2021).

In addressing the intersecting losses in mental health, psychologists must draw from knowledge of evidence-based practices to treat the range of challenges that may emerge in response to the losses. Systematic reviews of data from multiple countries show

heightened levels of psychological concerns, including depression, anxiety, posttraumatic stress disorder (PTSD), and psychological distress during COVID-19 (Xiong et al., 2020; Vindegaard & Benros, 2020). Another issue that is emerging from the pandemic relates to compromised protective factors due to the restricted access to socialization, pleasant activities, and other healthy coping resources that typically promote psychological well-being (see Gruber et al., 2021 for a review), which can further increase the risk of developing mental health concerns during this major crisis. The intensity and range of losses, coupled with uncertainty about the future, create a compelling case for the development of integrative interventions that will help people work through their losses and restore their psychological, relational, and contextual support systems.

Given the confluence of losses and disruptions, we propose that a trauma-informed perspective may be optimal in guiding mental health, work-based, and integrative treatments. We acknowledge that a traumatic response to the COVID-19 crisis is not necessarily common to all clients who experience losses and distress. However, the core elements of evidence-based practices of trauma-informed care are likely useful for many clients who are facing losses that often result in psychological distress across multiple contexts. Our rationale for this focus is based on the observation that the loss of work and growing instability in a broad array of life domains (relationships, financial security, collective rituals and routines, safety) creates a context wherein traumatic responses, including complex trauma (which is manifested by a broad array of long-term effects), are more likely without the mitigation from support systems and mental health prevention/treatment (Harris & Murray, in press; Herman, 2015). A trauma-informed lens, therefore, provides a needed perspective that has the potential to enrich mental health and work-based practices as well as preventive efforts.

Traumatic events include those that cause harm, incite fear, and contribute to distress (van der Kolk, 2015). Although they vary in scope and scale, traumatic events impact individuals' ability to cope, make meaning, and/or integrate emotional reactions following the event (Park, 2008). COVID-19 has elicited fears, insecurity, and compounding losses that have profound effects for individuals' physical and mental health. These effects may be particularly pronounced among people from particular communities, including Black, Indigenous, and People of Color (BIPOC) and individuals who are low-income and economically marginalized. The pervasive detrimental effects of poverty (Thompson & Dahling, 2019) have been further exacerbated by the COVID-19 pandemic, which has disproportionately affected those who are low-income or economically marginalized. Preexisting social inequities and health disparities (Juntunen et al., 2019) have resulted in heightened rates of layoffs or unemployment; limited job protections and childcare support for low-wage workers deemed to be essential employees; and lowered access to adequate testing, vaccination, and treatment of COVID-19 among economically marginalized communities. These added traumatic stressors have been layered upon existing inadequacies in adequate health care and financial security (Gruber et al., 2021; Kantamneni, 2020).

Race-based traumatic stress results from real or perceived experiences of racial discrimination and includes both direct and vicarious exposure to threats of harm (Carter et al., 2005). Racial trauma is experienced via threats of harm and injury, humiliating and shaming events, and witnessing harm to others due to racism

(Carter, 2007). The disproportionately high COVID-19 infection rates within BIPOC communities (Gruber et al., 2021) are occurring alongside documented increases in rates of discrimination and hate crimes against BIPOC individuals (Kantamneni, 2020) and widespread uprisings in response to police brutality against Black Americans in the United States. As such, a psychological approach to understanding and responding to COVID-19 must include a focus on the intersection of the pre-pandemic context of marginalization and social inequity alongside economic stressors and racial trauma.

Using a trauma-informed care approach offers psychologists a mechanism through which to guide prevention and treatment. These efforts can be informed by Herman's (2015) three stages of trauma recovery: safety and stabilization (Stage 1), remembrance and mourning (Stage 2), and reconnection and integration (Stage 3). In accordance with Stage 1, interventions that bolster security and enhance safety nets to individuals and families who are experiencing acute losses are needed, such as ensuring access to health care and providing financial support to allow individuals to meet basic needs. Moreover, interventions need to focus on removing or diminishing the sources of stress and loss. For example, clients who have lost their jobs and are facing eviction from their housing would need direct support to help them locate financial resources and stable housing.

Central to Stage 2 is finding opportunities for remembrance and mourning. Given the significant disruptions to communal rituals during COVID-19, psychological interventions are needed to identify mechanisms to promote opportunities for individuals, families, and communities to mourn losses (of life, work, and financial stability) and to perform culturally and spiritually congruent healing practices. At the individual level, intensive psychotherapy focused on trauma reprocessing and neurofeedback may be useful for individuals whose lives have been acutely impacted (e.g., morgue workers, emergency medicine workers, families and communities in which multiple individuals suddenly were out of work or infected) and who have access to ongoing psychotherapy. The infusion of remembrance and mourning is important for individuals and communities that have experienced intersecting losses and who may not have access to traditional psychotherapy. Indeed, the process of working through loss and connecting affect and memories to a meaningful narrative about the loss is therapeutic and can be instrumental in fostering hope and recovery (Herman, 2015; van der Kolk, 2015).

In addition to direct psychological services, trauma-informed care is a useful framework for preventive interventions. For example, interdisciplinary teams can create and deliver comprehensive preventive interventions (e.g., psychoeducation interventions, workshops) that respond to the intersecting losses in order to support individuals through remembrance and mourning. Additionally, preventive efforts can be manifested in the development of a supportive network of institutions and communities that will provide a "holding space" for people as they face loss, anguish, and uncertainty.

Key to Herman's (2015) third stage of trauma recovery is reconnection and integration. Efforts that focus on resilience and healing are essential in supporting people managing intersecting losses. In the work context, individuals who suddenly found themselves out of work as a result of COVID-19 may benefit from assistance in developing new skills and exploring emerging interests and fields and by finding mechanisms by which to establish hope for the future. Given the myriad barriers to mental health treatment faced by individuals who are low income, psychologists are encouraged to work collaboratively with other health care providers via integrative behavioral health and dissemination of psychoeducation and to continue to advocate for expanded and affordable telehealth (Juntunen et al., 2019). In order to meet the needs of all clients, psychologists must draw from expertise in cultural resources for coping (e.g., spirituality, traditional healing practices, and cultural connectedness) that play a crucial role in supporting individuals (Walters et al., 2020).

Recently, scholars have called for psychologists to shift from an emphasis on coping to one of healing in order to move from surviving to thriving among BIPOC individuals (French et al., 2020). This approach, known as radical healing, includes resisting oppression and other barriers to wellness and encouraging connections to community and thriving within collectivism (French et al., 2020). Psychologists who are working with BIPOC individuals are encouraged to honor their testimonies and bear witness to their pain that is inflicted by systemic injustices (e.g., racism, sexism, and xenophobia) to promote healing (French et al., 2020). Empowering BIPOC individuals to develop more adaptive narratives and to resist and combat unjust systemic structures exacerbated by COVID-19 can reduce self-blame, foster a strong sense of agency, and promote well-being through social action.

The trauma-informed interventions described herein represent a framework that we believe is particularly relevant in rebuilding after the COVID-19 pandemic. We view the trauma-informed perspective as providing the scaffolding for integrative interventions that can be tailored to the needs of individuals and communities. This includes, in some cases, prevention initiatives that focus on psychoeducation, development of relevant resources for people and communities (e.g., online tools), and the infusion of relevant trauma-informed content into workshops and structured group initiatives. In some cases, treatment efforts may entail traditional psychotherapy in which the psychologist's understanding of a client's pre-pandemic social context and intersecting losses may be key to establishing a healing relationship that contributes to positive outcomes (Wampold & Imel, 2015).

Psychotherapeutic approaches that complement the trauma-informed focus to provide clients with tools to foster self-soothing, adaptive ways of managing psychic distress, and engaging in meaningful life goals may be useful. One such approach is acceptance and commitment therapy (ACT; Hayes, 2019), which focuses on accepting losses and rebuilding with the use of evidence-based interventions that are derived from mindfulness, existential approaches, behavior therapy, and relational frame theory. ACT provides particularly useful tools for clients who are plagued by intense ruminations, anxiety, depression, and difficulty in engaging in value-based agentic action. For example, clients who experience anxiety based on experiences during the height of the pandemic can use acceptance-based approaches that provide a way of facing difficult emotions and thoughts without becoming engulfed in painful memories. Other therapeutic approaches, such as dialectical behavior therapy (DBT; Linehan, 2015), also provide useful strategies that can help clients work through losses and develop adaptive approaches to the profound losses that define this era. Like ACT, DBT builds on behavioral interventions and mindfulness frameworks in teaching skills that clients can use to manage the losses. The interventions presented here do not represent the full gamut of

approaches for dealing with loss; rather, they reflect perspectives that we believe are particularly well suited in designing integrative interventions that will encompass the diverse contexts for loss.

Finally, a trauma-informed approach coupled with best practices in work-based interventions converge on the importance of helping people locate and deepen relational support, which is a robust source of protection during crises (Blustein et al., 2019; Herman, 2015). These interventions can also educate communities about the systemic structures that lead to work-related losses and crises and empower them to take action to challenge those structures. Preventive interventions can be liberating for individuals while also providing a sense of safety in the face of challenges.

Work-Based Interventions

COVID-19 provides a unique challenge to developing work-based interventions to address the economic and psychological fallout of the pandemic. To treat and prevent distress resulting from multiple intersecting losses, people need multifaceted interventions that address immediate and long-term survival needs (e.g., food security) and psychological needs (e.g., self-determination; Blustein, 2006). Traditional interventions for unemployment have primarily focused on job search and reemployment, rather than obtaining essential services or remediating and preventing mental health problems (Wanberg, 2012; Wanberg et al., 2020). Moreover, a troubling level of insularity has also plagued work-based interventions, resulting in a diffusion of work-based services, such as career planning, job search, managing the full impact of job loss, and harassment on the job. As such, we propose that integrative interventions are needed within work-based contexts to connect the multiple needs that people face beyond the boundaries of work and career issues (as in integrative mental health and work-based interventions, described later in the article). Moreover, given the multiple losses of this period, infusing trauma-informed care into work-based interventions may be a particularly viable strategy to help individuals work through their losses and pain.

The most well-studied reemployment intervention is the JOBS program, which consists of a range of psychological (e.g., social support and inoculation against setbacks) and job skill interventions (e.g., problem-solving skills, decision-making processes, and job-seeking skills; Price & Vinokur, 2014). The JOBS program effectively increases rates of reemployment, perceptions of internal control, job-seeking self-efficacy, and self-esteem and improves long-term mental health (Price & Vinokur, 2014). Although the JOBS program includes some degree of treatment integration, it may not be as effective in the current crisis when people are experiencing profound losses that may require more flexible and emotionally responsive interventions. Moreover, the JOBS program is a highly structured manualized treatment and does not provide the sort of relationally based responsiveness that is needed to help people manage the psychological losses that are so prevalent now among those facing unemployment.

Building on a trauma-informed perspective, we propose that work-based interventions provide clients with a means of bearing witness to the job loss narrative, which can help in validating the painful sense of loss that is so apparent in the unemployment experience. We also suggest that psychologists integrate a career development component along with the traditional job search and reemployment approaches that are often deployed. Traditional career development practice has focused on fostering satisfying career choices and the capacity to adapt to developmental tasks and challenges (Swanson & Fouad, 2019). In our view, infusing some aspects of traditional career development (such as helping clients explore themselves and the world of work, developing long-term goals) would be useful for many unemployed individuals, especially those whose industries or fields have constricted markedly during the pandemic.

Amidst the pressure to develop workable job search strategies, clients may find it helpful to connect short-term goals of finding a job with long-term goals (e.g., discerning a pathway to a work life of meaning and purpose), which can create a motivating and meaningful strategy to support one's emergence out of unemployment. Moreover, integrating career planning interventions into the job search process may provide a sense of hope that is particularly useful during periods of significant labor market constriction (Autin et al., 2020). By infusing hope and a vision of a better future, a career planning approach may also help to ameliorate chronic sorrow, which is one of the most complex outcomes of loss. From a trauma-informed perspective, building hope via career planning, which may entail exploring new fields and engaging in further training, may serve as a means of reconnection and integration. However, we do not suggest that career planning interventions replace the need to focus on job search, reemployment efforts, and structural changes to enhance access to dignified and decent work. Rather, we view these as integrative intervention strategies in the work context that can yield positive gains for people in multiple domains of their lives.

Building Critical Consciousness

Critical consciousness (CC), which refers to the capacity to understand and act on systemic challenges that overtly or covertly influence or constrain people, began as an educational approach focused on helping marginalized people liberate themselves from oppressive systems by developing awareness and agency (Freire, 2000; French et al., 2020). CC represents an approach that is particularly timely in the wake of intersecting losses and growing awareness of racial injustice; moreover, using CC in psychological interventions also serves to cohere treatment across contexts. As a psychological construct, CC represents awareness of social inequities, a commitment to a more just society, and critical action to transform unjust systems (Diemer et al., 2016; French et al., 2020).

The pandemic and the consequent losses have exacerbated existing inequities and left people vulnerable to self-blame for some of the events that have led to loss. For example, unemployment and losses of other important life roles represent a trauma for many that results in the loss of identity, meaning and purpose in life, and social mattering (see Allan & Kim, 2020). People who lose their jobs, loved ones, their homes, or other core aspects of their lives often lose a key part of their identity; and in the current crisis, this is occurring in the context of the exposure and exacerbation of existing social inequities based on racism, classism, and other oppressive systems (Fouad, 2020; Kniffin et al., 2021). Negotiating these transitions and traumas requires that people construct meaningful attributions about the causes of the losses and their positionality while developing agency, which makes the development of CC an essential target for intervention. In this context, we view efforts to enhance CC as being useful in work-based, mental health, and integrative interventions.

Using CC in psychological interventions informs efforts to use reframing and interpretation by providing a way for individuals to accurately understand the contributing cause of mental health and work-based losses. By critically reflecting on the systemic roots of labor market inequities and developing actions to advocate for decent and dignified jobs, people are able to reframe their understandings of the opportunity structure, while also gaining important protective factors that help to ward off further psychological distress (Blustein, 2019; Diemer et al., 2016). While developing such awareness and action can be challenging for people facing unemployment, oppression, and poverty, awareness can be cultivated in different ways and agency can involve various levels of engagement (e.g., signing a petition, joining a human rights organization, or working on a political campaign; Diemer et al., 2016). For example, previous research and program development in CC has described the use of structured group discussions that utilize the participants' personal experiences, which are then framed into a broad and critical perspective (Diemer et al., 2016). This approach can specifically help people develop adaptive narratives that resist internalized oppression and self-blame while developing agency and self-determination (Blustein et al., 2019).

Integrative Work and Mental Health Interventions

In an era of multifaceted losses, traumas, and uncertainties, integrative interventions that link work-based and psychotherapeutic treatment can help individuals manage the psychosocial consequences of current crises. A number of important theoretical and practice-oriented efforts have provided theories and models to guide integrating work-based interventions and psychotherapy (e.g., American Psychological Association [APA], 2017; Blustein, 2006; Richardson, 2012). The APA Practice Guidelines for integrating work-based issues into psychological practice (2017) described evidence-based rationales and strategies for an intentional and systematic understanding of the complex ways that work affects psychosocial functioning. From a relational and narrative perspective, Richardson (2012, 2019) has proposed a theoretical framework, known as counseling/psychotherapy, which is optimally suited to guide an affirming and coherent approach to intervening in the full range of life experience (including work and nonwork issues). Richardson's model seeks to connect the past with the present and future and the inner life with the outer life (as reflected in working), which are linked via narrative practice and via an affirming view of both work and nonwork issues and contexts.

In psychology of working theory (PWT; Blustein, 2006; Duffy et al., 2016), practice applications are framed around an integration of life roles, experiences, contexts, and level of intervention (i.e., individual and systemic). Blustein (2006) proposed an inclusive psychological practice perspective that sought to affirm work and nonwork issues centered on a commitment to social justice and integrative work-based counseling and psychotherapy practices. More recently, Blustein et al. (2019) developed a theory of change approach to PWT, which culminated in the design of two interrelated intervention approaches that are useful in integrating work-based and mental health issues: psychology of working counseling (PWC; focuses on individuals) and psychology of working systems intervention (PWSI; focuses on systemic and policy-based changes). These two intervention strategies include a focus on developing agentic action, mobilizing relational and community

support, and developing critical reflection and action across domains of functioning (including work and mental health). Consistent with the model presented in this article, the theory of change approach to PWT describes the importance of integrating individual and systemic interventions in the service of changing systems to more effectively and empathically nurture people and communities.

The Case of Ricardo: An Illustration of Integrative Interventions for Intersecting Losses

To illustrate an intentional integration of work-based and mental health issues, we present a brief case vignette below that illustrates how to navigate the complex space of intersecting losses. The case of Ricardo, which is based on amalgam of clients of the first author, provides an illustration of the integrative model that we are proposing.

Ricardo identifies as a 55 year old Latinx man who was laid off at the onset of the pandemic from a job with a nonprofit that worked with unhoused individuals in a large city in the Northeast. Ricardo has worked in nonprofit agencies and in state government, which built on his Master's degree in Public Administration. He has had previous periods of unemployment episodically throughout the past 15 years. In the initial session with a psychologist, he indicated that he has blamed himself for his previous layoffs. He does not overtly blame himself for the job loss during the pandemic, but the experience of being unemployed is triggering difficult feelings from previous periods of unemployment. As the therapy process began, Ricardo increasingly questioned his competence and skills. Ricardo stated in session that he needs a full-time job with benefits and that he does not want to engage in a more systematic career planning process. In addition to this stress pertaining to his job loss, he experienced grief during the pandemic in the death of an elderly uncle. Ricardo reports becoming angry and increasingly bitter about his life and his future, which is being manifested in growing conflict with his wife and three grown children (all of whom have been living at home during the pandemic). He is still looking for a job in his field, but now needs to consider "survival jobs." He begins the first session with the following plea: "I need help now and I need a job now!"

Organizing an integrative treatment plan for Ricardo requires a clear understanding of the scope and depth of his presenting issues. Moreover, the psychologist needs to affirm the importance of culture, race, and social class in case formulation. For example, the problems that Ricardo has experienced at work may reflect the impact of racism and microaggressions that have elevated his level of self-doubt and racial trauma. While space limitations prohibit a more detailed case analysis, we offer a framework for this case in the following points:

- Establishing a caring and relationally connected therapeutic relationship is essential for Ricardo to face the traumatic experiences he has endured and to help him recover and move forward.

- The therapist will need to review the way in which an integrative approach might be manifested with Ricardo, noting that both work-based and mental health issues will be addressed in tandem via a coherent theoretical framework (e.g., Blustein et al., 2019; Richardson, 2019).

- Assuming that Ricardo concurs with this plan, the psychologist can implement a trauma-informed approach with an initial focus on safety and stabilization. In this case, ensuring Ricardo and his family have access to the means for continued survival would be a critical initial stabilizing step in the treatment. The second phase of the trauma-informed care could focus on remembrance and mourning; in the case of Ricardo, this can be manifested by having Ricardo recount his experiences with job loss and the grief related to his uncle's death from COVID-19 in a safe and supportive therapeutic space. The third phase of the trauma-informed care would address reconnection and integration. This phase might include a focus on work-based interventions that could help Ricardo reconnect to his community via training and/or a new job. Moreover, integration may be fostered by helping Ricardo to understand and experience his losses in a way that does not overwhelm him. In this context, using psychological tools (such as radical acceptance; grounding, self-soothing, and self-care practices) that can help Ricardo to deal with his painful feelings and memories of the traumatic events surrounding his job loss may be helpful.

- As reflected in the initial presentation, Ricardo's self-blame for the job losses is a potential vulnerability for the development of further mental health struggles. Using a CC approach, the psychologist can gently explore how Ricardo is making meaning of these job losses and introduce a critical perspective that would have a broader and more systemic-level analysis.

- The treatment plan for Ricardo would also need to embrace active and engaged career planning and job search activities. Embedding these interventions within a relationally supportive therapeutic milieu might make it possible for Ricardo to explore issues that he is initially resistant to, such as exploring different fields and opportunities.

This case example provides an illustration of many of the major themes presented in this article. As reflected in Figure 1, the core elements of working through the intersecting losses that Ricardo is experiencing might include a trauma-informed perspective that seeks to establish a safe and caring therapeutic alliance, enhance CC, and integrate relevant mental health and work-based interventions.

Concluding Recommendations

Integration of treatment domains should be governed by the practitioner's knowledge and comfort with a particular skill set, the client's openness to integrative interventions, and the course and trajectory of the interventions process. General guideposts for this integrative perspective are summarized below:

- The losses that people are facing may be synergistic and may result in emotional experiences and life challenges that belie traditional boundaries in psychological and work-based interventions. As such, practitioners need to be affirming of the diverse sources of distress that clients present, recognizing that the moorings that support people are severely compromised.

- Integrative approaches and perspectives may illuminate informative parallels and distinctions in individuals' experiences and functioning within various domains of life (Blustein, 2006). At the same time, clients may manifest diverse coping strategies in different life roles, offering sources of strength and strategies for coping that may not have been evident in a more circumscribed treatment approach. An example of connecting psychological experience across domains is illustrated in cases wherein clients present coping strategies in one domain that would be useful to employ in other domains.

- Consistent with psychology of loss theories, practitioners should explore how the reactions to loss are manifested in the liminal spaces between work, mental health, and other domains of life. As indicated in psychology of loss theories, diverse responses may be evoked by the various losses evoked by the pandemic that may have different manifestations, such as chronic sorrow and grief reactions. Being aware of the array of loss reactions can help psychologists formulate therapeutic responses that are tailored to the specific context and nature of the loss.

- Integrative approaches are embedded in a broadly contextual framework that affirms the role of culture, relationships, social class, race, and other social identities in exploring the interface of work and mental health (APA, 2017). Linking work and mental health issues forces a reckoning with the systemic factors that have created and sustained an inequitable society, which is often painfully apparent in the working context (Blustein et al., 2019).

The Work Interventions Network: An Illustration of an Integrative Preventive Intervention for Intersecting Losses

The authors of this article along with several other academics and practitioners from psychology and career counseling formed the Work Interventions Network (WIN; Blustein et al., 2020) early in the pandemic with the goal of developing workshop content that could be disseminated (pro bono) to agencies that are providing work-based interventions. The WIN workshop content is framed around four specific themes that seek to support clients in their mental health, career planning/job search, relational well-being, and CC. Core tenets of the WIN workshops, described below, include a focus on providing a suite of options for agencies and clients that encompass attention to intersecting losses.

Planning, Exploring, and Engaging in the Job Search (Two Workshops)

Two workshops focus on career planning and job searching. Included in these two workshops are exercises to enhance self-awareness, explore new career paths, and reinvigorate the job search process using state-of-the art evidence-based practices. A number of the interventions include a focus on healing and hope, thereby linking this effort with some needed psychological support for people experiencing work disruptions.

Deepening and Sustaining Relationships

One of the key losses during the pandemic and during job loss is social connection (Gruber et al., 2021). In this workshop, participants have an opportunity to deepen their relationships, which is an essential source of support and resilience. Using the strengths of working in a group of peers, the workshop seeks to foster a renewed sense of purpose for participants to connect with their friends and family and to develop connections within the group that can be sustained for the long haul.

Fostering Social Awareness and Reducing Self-Blame

This workshop focuses on helping participants enhance their CC, which offers a powerful reframe about the causes of unemployment. The workshop includes discussion and experiential activities that reduce self-blame and enhance the capacity of CC to furnish a protective factor that enhances resilience and promotes active engagement in one's life.

Building Emotional Resilience and Self-Care (Two Workshops)

These two workshops focus on self-care and stress reduction that can help to prevent mental health problems, which research indicates are far more prevalent and challenging during periods of job disruption and loss (Gruber et al., 2021). Via structured exercises and discussions, participants have an opportunity to build emotional resilience and enhance their self-care strategies, which are essential for managing work-related stresses.

As reflected in these brief descriptions, the overarching thematic scope of the WIN workshops is integrative and structured around building resilience in the face of intersecting losses. We recommend that agencies offer all four workshops to clients or any combination that seems optimal for their needs. The WIN workshops provide preventive strategies for clients that can reduce the onset of mental health problems and social isolation, while also facilitating agentic action that can enhance one's options in work and in relationships.

Conclusion

The unique nature of this crisis requires innovative and comprehensive approaches to intervening in the lives of those who have lost so much. We have sought to present a vision centered around the intersecting losses that people are experiencing. While we have focused on the development of integrative interventions and effective prevention efforts, we are cognizant that many needed changes will require systemic advocacy and policy changes. Institutional and structural changes can serve as a game changer as societies manage and ultimately recover from COVID-19 (Autin et al., 2020). From a broad perspective, systemic innovations that center the needs of people in the design of more supportive work and mental health resources should be a guiding principle in developing humane public policies (see Blustein, 2019; Thompson & Dahling, 2019 for more specific proposals).

As we have argued, psychology can play a major role in informing transformations in practice and prevention efforts so that individuals and communities have the psychological, social, and community-based support systems to manage unprecedented losses. We hope that this article provides an effective framework to mobilize creative interventions for people across the globe who are suffering from such profound and intersecting losses.

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