ARTICLE

Psychology of working counseling framework applied to a gender diverse restaurant worker during COVID-19

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Abstract

Blustein's psychology of working counseling (PWC) framework provides a foundation for contextualizing needs of gender diverse individuals within a turbulent employment landscape. Given the impact of COVID-19 on the restaurant industry, many are navigating financial instability and challenges maintaining mental and physical health. The presented clinical case is situated in the context of restaurant work during a pandemic and incorporates considerations of intersecting identities including gender identity, class, and mental health. This article also provides interventions and professional development strategies based on PWC that career counselors can adapt to their own gender diverse clients in the restaurant industry.

KEYWORDS
COVID-19, psychology of working counseling, restaurant workers

INTRODUCTION

During the COVID-19 pandemic beginning in 2020, the landscape of working has undergone massive transitions in the United States, which may have disproportionately affected those in low-wage positions such as restaurant and food service employees (Autin et al., 2020). The nationwide closure of thousands of independently owned restaurants has jeopardized the financial stability of restaurant workers through increases in unemployment and underemployment. Restaurant workers also face unique professional challenges such as tip-based income and low hourly pay, which is currently set at $2.13 at the Federal Level (U.S. Department of Labor, 2020). Employees also report alarmingly high rates of discrimination and sexual harassment from staff and customers (Jayaraman, 2016; Yagil, 2008). In addition to stressful conditions including the pressure to earn tips (Gatta, 2002; Jayaraman, 2013), discriminatory remarks and behaviors (Jayaraman, 2016), and financial uncertainty (Kalleberg, 2011), COVID-19 has added further stress to this population of workers.

Because of restrictions placed on gathering sizes and indoor business capacities, approximately 110,000 restaurants temporarily or permanently closed nationwide due to COVID-19 (Restaurant Industry Facts at a Glance, n.d.). Restaurants that stayed open or opened in a limited capacity ran the risk of exposing customers and staff due to prolonged interactions in proximity, even in the presence of CDC-recommended safety protocols for business operations designed to minimize transmission of the virus. Restaurants complying with CDC guidelines certainly minimize the risk of transmission in restaurant settings, but the risk is not reduced to zero. In September of 2020, the Centers for Disease Control reported adults are twice as likely to contract the virus after eating in a restaurant (Fisher et al., 2020). Restaurant workers employed during a global pandemic because many feel pressure to continue working in a physically risky environment to survive the economic instability caused by COVID-19. The alternative to staying employed at a restaurant, however risky, may be entering a volatile job market with no guarantee of finding additional nonrestaurant work (which may mean less exposure to the virus), finding work but for lower pay, or finding work but in a position that offers less flexibility than previous positions.

Living through COVID-19 has been considered a prolonged traumatic experience due to feelings of a loss of control, chronic uncertainty and low stability, and risk of contracting the virus (Masiero et al., 2020). Reactions to a traumatic event also have the potential to affect professional functioning in the form of greater fatigue, sleep and appetite disruptions, poorer executive functioning, difficulty focusing, among others (American Psychiatric Association, 2013). These results suggest that restaurant workers are subjected to increased physical risk of contracting the virus, but also a potential increased risk of psychological distress due to managing such risks without adequate support from employers.

These challenges may be more psychologically harmful to restaurant employees who may not have the luxuries of paid sick leave, working from home, and adequate health insurance in the event they are exposed to or contract the virus. In a recent study of 1675 food service workers in five states, researchers found that not only were food service workers at a high risk for contracting COVID-19 69% of participants reported their employer inconsistently followed all COVID safety protocols and 80% reported a significant decrease in tips which is exacerbated when servers attempt to emphasize safety protocols with customers (One Fair Wage, 2020). Therefore, restaurant workers represent a population of employees who are vulnerable to both physical and psychological risks of working during COVID-19.

Gender and sexual minority restaurant workers

COVID-19 may also exacerbate stress already experienced by marginalized populations, for example, gender and sexual minorities (GSM) or persons in the LGBTQIAA+ community. GSM servers and bartenders may feel coerced into tolerating discrimination from customers and staff in the spirit of the "customer is always right" and not creating a "hostile work environment" (One Fair Wage, 2020; Sears & Mallory, 2011). Due to conscious or unconscious biases, employees' diverse approaches to relationships (e.g., polyamory, BDSM), gender expression (e.g., wearing clothing that does not "match" one's perceived gender identity), conflict, and customer service may be interpreted as hostile, nonconforming, or "not a good fit." While it could be argued that these personal characteristics have no place in professional settings, many employers are conscious of who their employees are outside of work and may make decisions based on the personal expression of their employees, especially on social media (Cortini & Fantinelli, 2018; Robards & Graf, 2022).

In general, employees from marginalized populations are disproportionately burdened by experiences of discrimination in and out of the workplace, thus making them more susceptible to being fired for "not fitting in" to existing workplace dynamics (Galupo & Resnick, 2016; One Fair Wage, 2020). Despite antidiscrimination laws prohibiting employees from being fired explicitly due to gender or sexual orientation, GSM employees who challenge the status quo or advocate for better treatment may be fired for reasons related to their identity that are technically legal (e.g., challenges fitting into

the team's culture, refusal to accept poor treatment from management or clientele; Reynolds & Harris, 2006; Saxena, 2020; Yagil, 2008). A 2019 survey from Glassdoor showed that 61% of Americans surveyed have witnessed or experienced some form of workplace discrimination (Glassdoor, 2019). Restaurant workers of all backgrounds report being expected to tolerate the high prevalence of mistreatment from customers or other employees, including sexual harassment (Matulewicz, 2016) and bullying (Kitterlin et al., 2016; Mathisen et al., 2008) at rates that may be higher than in nonrestaurant sectors. (In 2011, the National Center for Transgender Equality reported that 90% of transgender persons experienced harassment or other mistreatment on the job; Grant et al., 2011). More recent data from the Human Rights Campaign indicate that due to COVID-19, 54% of transgender people have experienced reduced work hours, 29% have taken unpaid leave, and 27% have taken a pay cut (Human Rights Campaign Foundation, 2020). These numbers, while not specific to the restaurant and service industry, present an alarming picture of GSM workers during the pandemic. These experiences of marginalized employees are compounded by the stress of living and working in a pandemic.

GSM clients present unique needs and challenges which counselors should readily address, including being out at work, misgendering from coworkers and clientele, health insurance coverage of gender affirming medical care, and the potential for discriminatory treatment (Lott-Lavigna, 2018). A study by Galupo and Resnick (2016) indicated that discrimination experienced by LGBT employees affected their mood, sense of well-being, work productivity, and relationships with coworkers. GSM clients navigating a service industry dominated by cisgender, White culture may utilize a variety of coping strategies to navigate employment which career counselors should validate and not pathologize. For example, GSM individuals may engage in distraction, substance use, numbing, and/or dissociation to manage stressful working conditions. Career counselors can help clients in this population in navigating workplace challenges and securing decent work that meets their survival, connection, and self-determination needs (Douglass et al., 2017). For example, a qualitative study of transgender and gender diverse (TGD) employees suggests that clients may benefit from detaching from emotional involvement in the workplace and building a community elsewhere, and/or seeking leadership roles to counter potential stigma from coworkers (Mizock et al., 2017).

The current paper

There is a clear need to support restaurant workers during a tumultuous, traumatic period of transition, and GSM employees may be at particularly high risk for work-related stress. However, there is a dearth of literature addressing the individual and systemic challenges of restaurant workers within the lens of career counseling, with the added lens of intersectional identities of employees. In fact, the author could only find a single article on food service employees from the lens of counseling (Kanagui-Muñoz et al., 2012), with other publications stemming from business and vocational guidance. The current paper provides a case example of a restaurant employee in mental health and career counseling and outlines practical counseling strategies based on the Psychology of Working Theory (Blustein, 2001, 2013; Duffy et al., 2016) and psychology of working counseling (PWC; Blustein et al., 2019), a career counseling approach grounded in social justice and addressing the needs of employees who work primarily to survive rather than thrive. After the case study is provided, additional PWC-based interventions are offered for the reader's application to their clinical work.

Overview of psychology of working theory and counseling

Psychology of Working theory provides a useful framework for interventions with career counseling clients from diverse backgrounds which traditional counseling theories do not effectively accommodate (Blustein et al., 2019). Other career counseling theories have largely focused on career choice

and development of career-related personal factors in students, which center an individual's privilege to choose a career and neglect those without substantial decision-making power (Roberts, 2012). A significant portion of the working population does not have the luxury of choosing a career based on psychological needs, personal values, and professional goals (Blustein, 2013; Duffy et al., 2016). In this context, PWT conceptualizes work as necessary for survival and aims to help clients find meaning in this type of work despite its potential lack of intrinsic value.

A core assumption of PWT is that access to "decent, dignified, and stable work" is a human right (Blustein et al., 2019, p. 238). It is through decent work that individuals can support themselves and their families, build connections to individuals and communities, and live a life of meaning. Standards of decent work include physical and psychological safety, access to healthcare, adequate compensation, and adequate time off. Those with greater privilege (i.e., greater economic resources and fewer experiences of discrimination) are more likely to obtain decent work, while marginalized populations are less likely to do so.

In times of economic crisis such as COVID-19, career counselors can guide workers without career flexibility and choice to explore the ways their work meets psychological and financial needs to support their well-being (Duffy et al., 2016). During the COVID-19 pandemic, several systemic injustices have become more prominent in the public eye, including healthcare disparities, racism and White supremacy, as well as worker's rights (Blustein et al., 2019; Blustein & Guarino, 2020). Social marginalization and systemic oppression limit access to decent work, and experiences of marginalization affect career development in addition to psychological health (Duffy et al., 2019; Kossen & McIlveen, 2018). For example, for trans and gender nonconforming persons, experiences of workplace discrimination may be associated with reduced job satisfaction, denial of promotions, and ostracization from coworkers (Davidson, 2016; DeSousza et al., 2017). These negative outcomes interfere with employees' ability to have their needs met in the workplace. Unlike other career counseling theories that focus on career choice and personality matching, PWT emphasizes the systems and policies that harm marginalized people and aims to help clients navigate these systems (Blustein et al., 2019).

Furthermore, PWC (Blustein et al., 2019), based on PWT, encompasses both individual and systemic factors when conceptualizing an individual's search for decent work and career decision-making. The PWC framework also acknowledges clients' overlapping issues of physical and mental health and work, rather than treating these issues separately (Blustein et al., 2019). PWC involves two tasks: (1) determining the client's needs through assessment and (2) identifying sources of agentic action for the client including critical reflection/action, proactive engagement in the workplace, and building or maintaining social support and community engagement (Blustein et al., 2019).

Although this paper is conceptual rather than empirical, many other empirical studies have documented the relevance of PWT constructs in marginalized groups such as sexual minorities (Douglass et al., 2017) and those with chronic health conditions (Tokar & Kaut, 2018). Sociopolitical awareness/reflection (a core tenet of PWT) had also been shown to relate to higher vocational expectations in youth of color (Diemer & Hsieh, 2008) and greater career goal achievement in battered women (Chronister & McWhirter, 2006). Furthermore, other researchers have shown that social support may mitigate the mental health impact of employment stress (Milner et al., 2016). Therefore, application of PWT through the PWC framework is appropriate.

The following case example follows the two-pronged structure of a PWC and expands to specifically highlight the intersecting identities of class, gender beyond the binary, and disability (mental health) in the context of restaurant work during COVID-19. For the client presented below, their low-socioeconomic status (SES), gender identity, and mental health struggles are inseparable and combine to influence how the client navigates the world of work. These identifies create a context for this client's lived experiences that is impossible to ignore, even in career counseling which has traditionally left out the role of identity and societal forces in career development (Blustein et al., 2008). The case example acknowledges these contextual factors which affected the counselor's intervention choices. The current career counseling literature does not adequately address the needs and barriers of

GSM clients working in restaurants, and this paper contributes to the literature through application of PWC-based interventions to this population.

CASE EXAMPLE OF J

This case involves multiple intersecting personal identities and systemic variables that the counselor conceptualized through a PWC framework. The case is based on a real client and recreated here with permission. For confidentiality, the client's name and major identifying characteristics have been changed. The counselor is a trauma-informed clinician whose work focuses on gender and sexual minorities from the lens of attachment and relational–cultural theory (Comstock et al., 2008; Jordan, 2009).

J is a 27-year-old, single, nonbinary transgender individual (pronouns they/them) from a working-class family currently living in the Midwestern United States. At the start of the therapeutic relationship, J had completed some college courses and was working as a restaurant server, bartender, and barista at various restaurant venues to support their music career. J's primary professional goals centered on becoming a sustainable music artist; they have released multiple singles, EPs, and full albums and have played shows at music venues in the local area and on national tours with their band. J began seeking counseling in 2018 for posttraumatic stress symptoms related to childhood adversity and intimate partner violence. At this time, weekly counseling was primarily devoted to managing mental health symptoms (J has diagnoses of bipolar II and posttraumatic stress disorder [PTSD]) and creating healthier relationships through establishing boundaries, increasing open communication, and increasing J's comfort and assertiveness in expressing their needs. However, during 2020, J's counseling goals and focus shifted to coping with career-related challenges and navigating the pandemic. The counselor shifted to balancing J's mental health needs with career needs, and a needs assessment based on PWC was conducted collaboratively with the client to determine the goals of intervention (see Table 1). Career focused counseling continued approximately once a week for 18 months during the pandemic.

Application of PWC: Establishing treatment goals based on a needs assessment

Following the needs assessment, the client and counselor discussed new treatment goals. Due to the overlap of many of J's experiences and concerns, the treatment goals applied to multiple areas of needs that were addressed in counseling. The goals included (1) management of mental health, including reduction of PTSD and bipolar II symptoms; (2) building healthier relationship boundaries, communication, and self-confidence which applied to relationship development in and out of the workplace; (3) coping with gender-based discrimination and microaggressions in the workplace, and (4) coping with low-socioeconomic status, including financial planning and providing supportive resources such as free or reduced cost opportunities for healthcare, rental assistance, and more financially stable job opportunities.

Application of PWC: Building the client's agentic action

According to PWC, developing agentic action may involve proactive engagement in the workplace, building or maintaining social support and community engagement, and critical reflection on systemic factors related to career issues (Blustein et al., 2019). J's treatment goals 1 and 2 (improving mental health and relationship functioning) contributed to the larger PWC goal of fostering client empowerment, which established a foundation of mental functioning, allowing the counselor to guide the client more effectively toward treatment goals 3 and 4 (coping with workplace challenges and navigating the larger context of low-SES).

TABLE 1 Psychology of working counseling (PWC)-based needs assessment

Need fulfilled through work	Definition	Application to J's case
Survival	Extent to which client is able to survive via work and existing social/economic resources	Moderate: J's employer did not provide health insurance, leading J to be uninsured. Additionally, J's disability (mental health) occasionally prevents them from working consistent hours. This, combined with hourly wages and a reliance on customer tips often led to financial uncertainty; J often struggled to maintain steady income to support rent, car maintenance, food, and healthcare costs. This struggle worsened when COVID-19 further threatened J's job security in the restaurant sector due to the increased risk of loss of employment/wages if the restaurant closed.
Social connection/ contribution	Extent to which client is able to connect with others and contribute to the social good	Low: J experienced microaggressions from restaurant staff related to gender identity. Thus, connections in the workplace were challenging. J had a strong social community outside of work which fulfilled the needs of connection and contribution; however, this was complicated by social distancing. For several months in 2020, J felt isolated from their primary social group.
Self-determination	Extent to which client is able to engage in self-determined work life	Low: J exercised self-determination primarily through determining their work schedule. Because of the mistreatment from coworkers, J considered applying for other jobs in the service industry but felt limited to this sector of work. Additional skill building, training, or moving for improved career opportunities were limited by J's lack of finances. J was also at the mercy of unpredictable restaurant closures which contrived to a decreased sense of control.

Building agentic action: Increasing empowerment and motivation

Treatment goals 1 and 2 helped establish a baseline of improved functioning for J, thereby increasing their motivation and sense of self-determination. First, mental health symptoms were addressed and monitored during each session. J described their experiences in the restaurant business during the pandemic as traumatic, which triggered an increase in symptoms of PTSD they already displayed due to previous relational trauma. As is noted in Blustein et al.'s (2019) conceptualization of PWC, which holistically considers the role of mental health in career functioning, J's increased mental health symptoms affected multiple work-related tasks. Per J's self-report, their symptoms negatively impacted their ability to remember customer details, their anxiety symptoms present during work, and their ability to cope with microaggressions from coworkers. To improve mental health, the counselor implemented cognitive interventions to increase self-compassion, reduce negative self-talk, and reduce shame and self-blame (Au et al., 2017; Beaumont et al., 2012). For example, when J reported thoughts of worthlessness, the counselor gently helped J reframe them to a positive affirmation such as "I am good enough." Additionally, J practiced increasing their distress tolerance through mindfulness and emotion regulation using breathwork (Arch & Craske, 2006). Over time, J felt more in control of their

emotions and behaviors, which allowed J to focus more on treatment goal 2: improving relationship functioning.

J's increased self-understanding and compassionate self-talk improved their self-confidence, which translated to increased frequency of J setting and maintaining boundaries within their relationships. For example, through practicing mindfulness, J became more aware of their emotional needs and was more effective at setting boundaries such as "I need a break from this conversation to settle my anxiety," and "I need you to be consistent in your communication, please let me know if you are unable to follow through with a commitment." Due to J's previous experiences in abusive relationships, asking for help has often felt shameful to J. For example, J feared rejection or abuse when asking for help from those in power because in previous relationships J was punished for appearing "weak and helpless." Acknowledging and reframing these patterns in session helped J build self-empowerment to overcome fears of rejection in relationships and to ask others for support when needed. These communication tools helped J feel a greater sense of safety and trust in their friendships, which helped J feel less isolated and combat the dehumanization of the service industry (One Fair Wage, 2020).

Building agentic action: Fostering critical reflection and engagement in the workplace

To address treatment goals 3 and 4 (improve coping with workplace discrimination, low-SES status, and the effects of the pandemic on restaurant work), the client and counselor began regularly considering the impact of the systemic factors that affect privilege and oppression in the workplace. The counselor helped J separate symptoms related to internalized oppression (e.g., shame, related to capitalistic expectations of productivity) from other mental health symptoms (Barr, 2018; Flynn & Bhambhani, 2021). These discussions were woven into multiple sessions and helped J lessen the emotional load they were carrying.

Building on their relationship tools and skills, J began self-advocating at work when experiencing microaggressions based on their gender identity or expression. This was not always possible, as J feared retaliation from superiors if they perceived J to be difficult or not a good fit due to J's increased assertiveness. Because of J's experiences in abusive relationships and being punished for voicing their needs, assertiveness was incredibly difficult for J to achieve without first transforming learned maladaptive relationship patterns. Thus, while the goal at this point of counseling was career-focused (advocating for a more inclusive work environment), the impact of J's mental health and relationship experiences on the workplace could not be ignored. The possibility of retaliation became a focus of some counseling sessions; J expressed thoughts and emotions related to this challenge, while the counselor affirmed J's identity and validated their experiences. As a transgender person, J is unfortunately accustomed to being misgendered at work by coworkers and customers. Adding to an already stressful environment, J also found it incredibly challenging to work in an environment with coworkers and customers who discounted the threat of the COVID virus and often needed reminders to adhere to health and safety protocols (e.g., mask wearing, hand washing after busing tables).

At a point in late 2020, these experiences created, according to J, a hostile work environment that J no longer had the mental resources to manage. Despite improvements in confidence and self-advocacy, J's mental health suffered, which is consistent with literature on the effect of transphobic bias discrimination and mental health (Barr, 2018). J began calling in sick more frequently, having panic attacks at work, and struggling to find motivation to seek additional work opportunities outside this increasingly toxic environment. These manifestations of mental health challenges also jeopardized J's ability to earn a stable income, which further increased J's stress as a low-SES laborer. In many food-service jobs, earnings are based on low hourly pay and tips, which cannot be earned if the employee is unable to come in to work. It became evident that the most effective intervention for J's mental health would be finding a healthier work environment that did not exacerbate J's existing depression and anxiety. Again, it is important to note the intersection of career and mental health factors here.

At this stage, a number of counseling sessions took on a solution-focused lens to help J brainstorm potential employment-related choices. J may not have felt empowered in their hostile job position, but they did recognize the power in having the option to take a leave of absence and leave the job entirely for better opportunities. As a skill building exercise, J and the counselor role-played conversations with their HR department; J practiced asking for policies surrounding the Family Medical Leave Act (FMLA) that could allow them time off due to mental health problems. J applied for and received six weeks of paid leave, during which time J was able to recalibrate, focus on self-care, and secure another job after their leave of absence ended. The newfound restaurant position provided greater management support and a culture of affirmation for gender nonconforming employees, which improved J's mood and overall emotional functioning significantly. In an identity-affirming position, J was less stressed at work and therefore had greater mental resources to cope with other challenges. J did not receive healthcare benefits in the new position, but they were able to apply for coverage through the Affordable Care Act. J was able to consistently see a psychiatrist and obtain medication for their bipolar II diagnosis which also contributed to improvements in mental health symptoms and a greater sense of self-efficacy.

Because of the interconnectedness of J's mental health and career needs, interventions in these areas did not always occur linearly. The counselor flexibly adapted to J's needs as they changed both between and within sessions. However, despite J's changing needs, the counselor was able to provide a loose structure in sessions to help J feel some stability. This loose structure involved continually revisiting the treatment goals based on the PWC needs assessment: the counselor consistently addressed topics of mental health, coping tools, relationship functioning, and more practical tasks related to health insurance, FMLA, and J's job status. The counselor also integrated multiple theoretical approaches and techniques in order to meet J's needs and address the specific goals outlined by PWC, including cognitive (i.e., Acceptance and Commitment Therapy; Hayes et al., 2006) and trauma-informed (i.e., polyvagal theory; Porges, 2017) and relational-cultural approaches (Jordan, 2009). Blustein et al. (2019) introduced the PWC framework as integrative and applicable to "both personal and work-based contexts" (p. 249), which the counselor found to be appropriate in the case of J. At the end of the counseling relationship, the pandemic was still raging, but J felt more equipped to manage the ambiguity and stress related to COVID-19.

CONCLUSION

This paper focuses on the experiences and needs of one employee navigating the restaurant industry during a pandemic. Just as J's counseling goals were intersectional and interrelated, other workers with different intersecting identities may face unique challenges that are not simply added on to their COVID-19 struggles but are intertwined to create unique stressors and oppressions in the workplace and beyond (Blustein et al., 2019; Crenshaw, 1991). Table 2 contains general PWC intervention strategies for career counselors assisting clients working in restaurants, and career counselors should be mindful of other culturally informed interventions in working with diverse clients (Busacca & Rehfuss, 2016; Hill et al., 2021). Table 2 is divided into strategies focusing on direct intervention with the client in addition to tasks the counselor can take to improve their awareness of social justice issues in the context of career counseling. Blustein emphasizes the importance of career counselors taking a systems view of their clients, therefore addressing both the client and counselor's development aligns with PWC (Blustein et al., 2008, 2019).

Additionally, the American Counseling Association's domains of advocacy competency reflect a need to build client empowerment in addition to intervening at the macro, or systemic, community, and political level (Lewis et al., 2002). For example, the case discussed in this paper emphasizes the importance of government support for small business such as restaurants to be able to remain open and functioning when it is safe to do so (depending on the status of the pandemic) but be able to cease operations without fear of losing income as the pandemic continues. The lack of consistent

TABLE 2 Psychology of working counseling (PWC)-based strategies for developing agentic action in career counseling clients

PWC component of agentic action	Intervention and professional development strategies
Development and exploration of critical reflection and consciousness in client and counselor	Client intervention • Conduct a needs assessment that attending to tenets of PWC (survival, social connection/contribution, and self-determination) to determine priority areas to intervene • Provide psychoeducation on systemic political factors (e.g., capitalism, CDC guidelines) as needed to enhance client social consciousness • Address and reframe internalized oppression surrounding unemployment or changes in income, helping the client move away from shame and self-blame • Validate ambivalence regarding staying in adverse work conditions for fear of losing income and/or employee benefits (e.g., health insurance) Professional development • Counselors should be familiar with current events in politics and the effects of neoliberal, capitalist policies on workers, especially people of color, disabled people, and gender and sexual minority workers who face additional systemic barriers to "decent work" (Blustein et al., 2019).
Proactive engagement in the workplace, fostering empowerment and self-determinism	Client intervention • Collaboratively develop opportunities for the client to assert their needs in responsible ways. For example, anonymously reporting unethical business practices to local, state, or federal agencies. Check local health department procedures for reporting violations of COVID-19 health and safety requirements. If a client has a good working relationship with supervisors and employers, they may consider identifying and voicing concerns directly to management/owners • Assist client in navigating Family and Medical Leave paperwork and procedures in the event they want to leave their job due to mental or physical health reasons • Develop coping skills for discrimination encountered in workplace (e.g., misgendering, lack of health coverage for gender affirming medicine, other microaggressions related to gender and sexual orientation; see Mizock et al., 2017 for examples) • Support the client's mental health needs both related and unrelated to the workplace. Building an overall sense of confidence and motivation helps propel the client toward action in their career • Assist clients in skills assessments, resume building, and brainstorming additional employment options. Or, provide referrals to such services outside of counseling • Role play interviews or other work-related conversation to encourage self-advocacy. For example, clients may question businesses about their COVID safety, discrimination policies, and history of enforcement
Building or maintaining social support and community engagement	Client intervention • Apply interventions to improve relationship health (e.g., education on mutually growth fostering relationships (RCT; Jordan, 2009) • Work with clients to practice setting boundaries and articulating them to others • Mindfulness practice may help clients improve self-awareness which aids in articulating needs to others (e.g., "I am feeling angry, I need a break") • Practice healthy communication, for example, communication based on Gottman's research with couples (Gottman, 1999) • Identify opportunities for community work such as volunteering and mutual aid Professional development • Within professional settings, advocate for policies supporting workers' rights, antidiscrimination laws, and socially conscious government budgeting • Share and discuss current information with other professionals and explore their implications for career clients and counselors

unemployment support for individuals and small businesses pushed many employers to remain open and employees to continue working or risk termination, even as COVID cases continued to rise. Thus, employers and employees were stuck between a rock and a hard place: isolating to reduce risk of contracting/spreading the virus but losing income and working to earn money but increasing the risk of contracting/spreading COVID-19 among employees and customers. Career counselors should understand these societal variables and advocate for government policies that support restaurant workers.

It is important to keep in mind that the strategies provided in this paper are not meant to be exhaustive. Career counselors should creatively, flexibly, and collaboratively develop and apply any additional interventions depending on the unique needs of their clients. Researchers have shown that positive treatment outcomes are more predicted by an ability to flexibly adapt to situations and apply different coping mechanisms as needed, rather than any specific type of coping strategy (Flynn & Bhambhani, 2021; Kato, 2012). Therefore, it may also be beneficial for counselors to focus on client mindfulness, acceptance, and psychological flexibility rather than specific coping strategies. Additionally, cultural competence is a necessary component of effectively integrating client's cultural identities into career counseling conceptualization and intervention. PWC's focus on societal contexts situates clients' needs within a larger system of politics and oppression. The COVID pandemic has drawn attention to the shortcomings of the U.S. government in providing adequate crisis support to its citizens, particularly those with marginalized cultural identities (Blustein & Guarino, 2020; Blustein et al., 2020). Career counselors should actively advocate for greater systemic support for low-income, marginalized employees such as GSM in restaurant work.

As the pandemic continues, client career experiences and needs will fluctuate. This calls for adaptability and creativity on the part of the client and counselor. Due to the ongoing uncertainty in restaurant workers' employment as COVID-19 continues and local and state governments differ in their responses, counselors can model adaptivity to this ongoing ambiguity, seeking additional training in case management, social advocacy, and other forms of work aligned with the integrative framework of PWC career counseling.

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