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Mental Health Practice during the COVID-19 Pandemic: Applying What We Know about Response to Disasters

Victor Welzant, PsyD

July 24, 2020

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Learning Objectives

After attending this program, participants will be able to:

- Identify common acute psychological symptoms in response to the COVID-19 pandemic.
- Define a framework for triaging persons for further mental health treatment in response to a disaster.
- Describe strategies that may be applied in brief interventions for persons affected by a disaster such as the current pandemic.

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Introduction: The Role of Disaster Behavioral Health

Disaster Behavior

- Impacts all phases of the disaster recovery process
- May be the ONLY tool available to mitigate the effects of certain disasters
- Compliance with professional recommendations is linked to psychological processes (quarantine, isolation, decontamination)

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Surge Capacity Assumptions

HRSA benchmarks assume that hospitals must be prepared for 10 times more psychosocial casualties than inpatient medical casualties:

Critical Benchmark 2-8: Prepare to provide acute psychosocial interventions to 5,000 persons per million population

Critical Benchmark 2-1: Prepare to provide hospital beds for 500 persons per million population

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The Disaster Behavioral Health "Footprint"

- Typical responses to disaster events
- A model for predicting degree of surge
- Allows for matching of needs to resources over the time spectrum

Source: Ursano, 2019

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The majority of persons exposed to disaster experience fear and distress at the time of impact.

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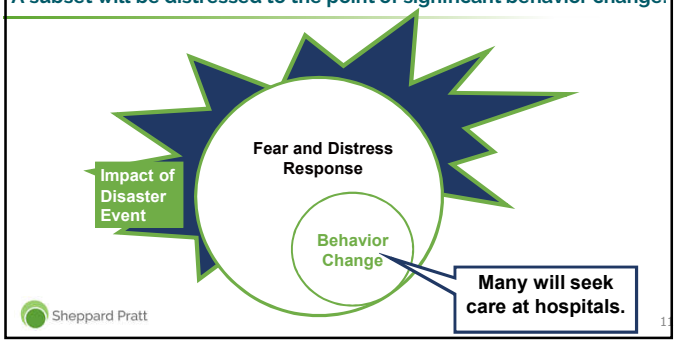
A subset will be distressed to the point of significant behavior change.



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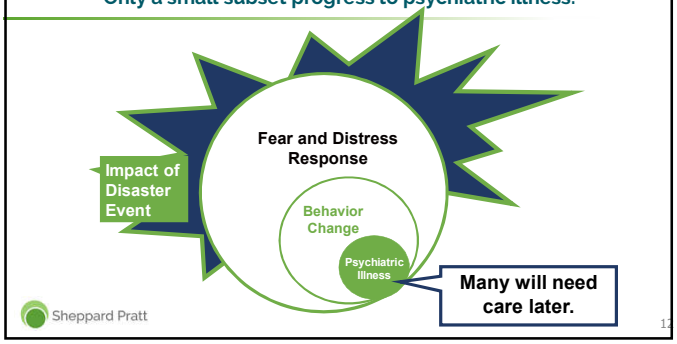
Only a small subset progress to psychiatric illness.



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Sarin Attacks in Tokyo

- 1995 Aum Shinrikyo released sarin gas in the Tokyo subway.
- 11 fatalities
- Over 1000 presented with evidence of toxicity.
- Over 4000 sought emergency medical care, but had no objective evidence of exposure.
- Physical contamination was evident in about 20% of hospital staff exposed to affected patients.

Source: Ohbu, et al., 1997, Southern Med. J.

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Medical Casualties

Medical casualties may present with:

- No apparent psychological symptoms
- An "overlay" of psychological symptoms due to the traumatizing disaster event
- Psychological symptoms as a direct outcome of exposure to specific chemical or biological agents

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Sources: Locke, 2002; Benyakar, 2002
Ursano, et al. 2017

15

Psychological Casualties

Psychological casualties may present with:

Multiple unexplained physical symptoms (MUPS) in the absence of injury, infection or contamination

- Experience physiological symptoms as a consequence of heightened fear, hyperarousal, alertness, or feelings of helplessness
- Symptoms are real
- Convinced they are ill or exposed

Source: Pilch, 2004

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Psychological Casualties

Psychological patients may present with:

1. Psychological symptoms with or without exposure
2. Multiple unexplained physical symptoms (MUPS) without direct impact
3. "Mass psychogenic illness" (MPI)

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COVID-19 Novel Psychological Dynamic

Medically ill patients who increase morbidity and mortality through refusal to seek emergent medical care due to fear of hospital acquired exposure / "fear of contamination"

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Lessons Learned from Disaster Behavioral Health

Disaster Mental Health Epidemiology

Most common mental health problems following disaster:

- Depression
- PTSD /ASD
- Alcohol / drug use disorders
- Other anxiety disorders
- Complex bereavement

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Mental Health Outcome Predictors

- Severity of exposure
- Injury
- Witnessing injury or death of others
- Gender (women have 2x risk of PTSD following disasters)
- Predisaster psychopathology
- Resource loss or lack
- Social support

Source: North et al., 2012, 2017

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Mental Health Outcome Predictors

- Occurrence of other adverse life events in the post disaster period
- Degree of loss suffered
- Substance abuse post disaster
- Exposure to violence post disaster
- Natural vs. non natural event
- Avoidance / Numbing symptoms at 1 week

Source: North et. al., 2012, 2017

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Prevalence of Post Disaster Mental Health Disorders

Review of 22 DMH studies with wide range of stressor events:

- Major Depression (2% - 30%)
- PTSD (4% - 46%)
- Any Diagnosis (16%- 52%)

Source: North et. al., 2017

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Implications

- Normal stress responses exist following disasters of all types
- Triage of high-risk reactions is an important immediate priority following exposure
- Interventions should be matched to the need and timed to be most acceptable to the survivor

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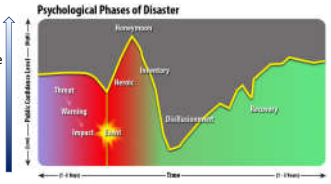
Disasters Follow a Predictable Phasic Progression

Public Confidence

Psychological Well-being

Social/ Community Well-being



2020 Zuninn & Meyers, SAMHSA

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Heroic Phase

- Fear, anger, confusion
- Psychological numbing
- Altruistic concerns
- Survival based concerns
- May include disregard for personal safety

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Honeymoon Phase

- Characterized by outpourings of community and professional support and assistance
- Symptomatic reactions may begin to be evident
- May include feeling relieved or euphoric about surviving

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Reconstruction

- Rebuilding
- Mourning
- Re-establishing relationships
- Non disaster focused lifestyle

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Disillusionment Phase

- Initial sources of support begin to withdraw (as agencies complete their missions)
- Less media focus
- Loss of sense of shared experience in the community
- Normal routines re-established
- More pervasive anger, disappointment, resentment, loss, grief, abandonment

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Key Point!

Traumatic Stress is a "time sensitive" process with indicators of both resilience and adaptational difficulties

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Discussion/ Questions

COVID-19 Pandemic: Intervention

Unique Therapeutic Issues/Stressors

- Risk of contamination / contaminating others
- Physical isolation
- Lack of resources / resource guarding
- Lifestyle modifications
- Common symptoms can be mistaken for COVID-19
- Higher levels of exposure to death
- Betrayal trauma / institutional betrayal

Unique Therapeutic Issues/Stressors

- Moral injuries / guilt
- STIGMA!
- Higher levels of exposure to death
- Betrayal trauma / institutional betrayal
- Overall consequences of the outbreak
- Family stressors
- Rumors / misinformation
- Exhaustion
- Denial as a coping strategy

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Unique Therapeutic Issues/Stressors

- Family stressors (child abuse, DV)
- Rumors / misinformation
- Exhaustion
- Denial as a coping strategy
- Substance use
- Suicide risk / monitoring

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Functions of Emergency Behavioral Health Teams

- Consultation
- Education
- Assessment
- Crisis management
- Referral
- Facilitation of response activities
- Recovery interventions
- Research

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Core Competencies of Comprehensive Disaster Mental Health
(adapted and expanded from ASPPH, CDC Consensus Committee)

- Strategic planning and utilizing an integrated multi-component crisis intervention system within a unified incident command system. Effective crisis/resilient leadership
- Surveillance
- Recognition of benign vs. malignant symptoms
- One-on-one psychological first aid (PFA). Most common.
- Group crisis intervention. Effective crisis communications
- Psychological triage
- Facilitation of access to alternative care (counseling, psychiatry, chaplaincy, financial, wellness)

Source: Everly, GS., Jr, Beaton, RD., Pfefferbaum, B., & Parker, CL (2008). Training for disaster response personnel: The development of proposed core competencies in disaster mental health. Public Health Reports, 123, 13-19.

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Crisis Support / Psychological First Aid

- Best Practice Model:
  - Evidence informed
  - Multiple models of PFA
  - Multidisciplinary strategy to reflect population dynamics

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PFA-IOM Definition

"A set of skills identified to limit distress and negative health behaviors that can increase fear, arousal and subsequent health care utilization."

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Core Competencies for Psychological First Aid

- Active listening, good communication skills
- Provide information on behavioral / psychological reactions
- Teach stress management
- Access and utilize resources for interpersonal support
- Psychological triage and referral
- Practice self care

Source: Johns Hopkins Bloomberg School of Public Health, 2006

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Essential Skills for Offering PFA (IRC)

- Active listening skills
- Caring attitude
- Empathy
- Non-judgmental approach
- Commitment
- Patience
- Self care

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PFA Intervention Principles

- Establishing a sense of safety
- Calm
- Instilling a sense of being able to solve problems for oneself or as part of a group
- Establishing social support
- Fostering hope

Source: Hobfoll et. al. (2007)

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Psychological First Aid

- Mobilizes the strengths of survivors
- Strives to relieve emotional suffering
- Improves a person's immediate ability to function under stress
- Strives to reduce the likelihood of longer-term negative effects

Source: IRC 2003

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Johns Hopkins RAPID PFA Model

R – Rapport and Reflective Listening
A – Assessment
P - Prioritize (Triage)
I - Intervention
D - Disposition

Source: Everly and Lating, 2017

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PFA in Ongoing Events: VCR Model

V - Validate Perspective

C - Clarify Key Points

R - Reframe..Highlighting Strengths

Source: Ford, 2020

Psychotherapy

- Evidence based approaches continue to be discussed as primary options for therapy precipitated by COVID-19
  - CBT
  - Mindfulness training / practice
  - DBT
  - ACT
- We have minimal data currently related to effectiveness with pandemic specific concerns

Tele...whatever you are calling it!

- Transition to telehealth for existing clients
  - Informed consent issues
  - Uncertainty about regulations / reimbursement for telehealth
  - Tech issues for some of us!
- Psychotherapy Issues
  - Different data available to providers and clients
  - Therapeutic relationship issues
  - Balancing COVID concerns with original reasons for therapy

Suggestions for Coping

- Talk openly with family and friends…both about real and imagined concerns
- Learn about what distresses you
- Learn from trusted sources
- Limit unhelpful media consumption
- Physical self care (rest, sleep, eating, monitor your health)
- What has worked to cope in the past?
- Spiritual support (if important to you)

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Suggestions for Coping

- Monitor and talk with friends /family about feeling helpless / hopeless
- Consider "buddy system"
- Maintain contact with family if separated
- Journal to express reactions
- Avoid self-medication
- Remember the wins

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Discussion/ Questions