



ADVANCING SCIENCE AND PROMOTING UNDERSTANDING OF TRAUMATIC STRESS

For Mental Health Providers: Working with Patients Affected by the COVID-19 (Coronavirus) Outbreak

The COVID-19 outbreak may present a range of challenges for patients in your care such as:

- Anticipatory anxiety
- Social distancing to prevent the spread of the disease
- Quarantine of those who have been exposed to the disease
- Isolation of those found to be infected
- Distress associated with having the virus or a family member having the virus
- Grief for those who may have lost a loved one to the virus
- Financial impacts
- Childcare issues¹

There are many ways that these challenges might affect patients with existing mental health issues. For instance:

- Longer durations of quarantine (more than 10 days) have been associated with posttraumatic stress symptoms, avoidance behaviors, and anger
- Quarantine status has also been associated with frustration at poor or insufficient public health information, not having adequate supplies or access to healthcare, increased stigma and rejection from others, boredom and a sense of isolation from the world, and greater fears of infecting family members than those who are not quarantined (particularly if pregnant or a parent of young children)
- Financial loss has also been shown to result in serious distress and risk for negative psychological symptoms such as anger and anxiety. Having to depend on families for financial support has been shown to be particularly difficult and a risk factor for conflict, PTSD, and depression²

Providers can help mitigate risk for patients by:

- Checking in on them regularly
- Providing accurate and up to date public health information
- Empathizing with stress reactions
- Fostering their patients' ability to cope with distress
- Conveying that patients CAN take meaningful steps to manage their own stress reactions

How to Talk With Patients about COVID-19

Mental health providers are well-trained to help people manage their distress. Here are some additional suggestions for providing care in the context of the COVID-19 pandemic. When meeting with a patient, whether in person or via technology (i.e., telephone, video teleconference, email, text), consider the following strategies:

- Begin by addressing the current context of the COVID-19 outbreak and tailor treatment to the patient's specific context and stress reactions at each contact. The approach might vary depending on how patients are reacting. By taking a person-centered approach, providers can avoid making assumptions about how the patient is reacting. For instance, patients who are inclined to take preventive measures may feel validated and resilient, whereas other patients may experience negative reactions based on a variety of perceived stressors, such as:
 - Disagreement with recommended or imposed limitations on their activities
 - Insufficient financial, physical, or emotional resources for preparedness efforts
 - Potential reminders of past traumas or losses
 - Extended restriction of work, leisure, or social activities
 - Loss of health, income, resources, family or friends, or normal routines

Tailoring COVID-19-related comments to the patient's specific reactions may help them feel validated and understood, which could increase motivation and sense of control. Some suggested language, with prompts for specific circumstances, is:

- “Before we get started today I just want to check in with you to see how are you doing [in the current context of the COVID-19 outbreak]; [since you have been quarantined]; [since you've tested positive]; [since you've recovered]; [since your family member tested positive]; [since we spoke last]. What are the biggest stressors for you right now? What is helping you to cope with the current situation?”
- Providers using a manualized protocol may need to collaborate with their patients to determine whether they will move forward with an existing course of treatment, modify or adapt it in some way, or take a break from a patient's prior presenting complaint[s] and focus on the current context. Some suggested language is:
 - “Given what you just told me, let's talk about what makes the most sense for you right now. We could stay focused on our current course of treatment or stop the treatment for a bit and focus fully on helping you manage the reactions you are having now related to the virus. I don't want us to lose the progress we have been making, but I also want to make sure I am helping you in the best ways that I can. We could also just take a break for a session or two to focus on new skills that you could use and then come back to the specific treatment. What are you thinking might be most helpful to you?”
- Providers can offer strategies for patients to use to manage their reactions to the virus. Some suggested language is:
 - “It sounds like you would like some help managing your current reactions. We can definitely do that. There are many things we can try. Let's spend the next XX session(s) applying the skills you already have that might be useful and practicing some new skills as well.”

- The COVID-19 outbreak is similar to natural disasters and other events with widespread impact in that providers are also affected by the event and may be facing the same challenges as some of their patients. While it is necessary to maintain appropriate clinical boundaries, limited acknowledgement of this shared experience may be appropriate depending on your patient and their circumstances. At the same time providers should be careful not to assume their patients are having the same reactions to the outbreak that they are (e.g. saying “it must be hard being on self-quarantine”). Some suggested language is:

“This is a really hard time for a lot of people right now, how are you doing?”

“I have been ordered to telework. It’s taken some time to figure out how to work in these circumstances, but as the days go by, I am figuring it out. What challenges are you facing working at home?”

“I also find that there are times when I get anxious thinking about the future. When this happens I remind myself I try to Let’s talk about what might be most helpful for you?”

Considerations about How to Modify Treatments

Providers who decide to move forward with an existing treatment model should discuss potential modifications to the model that map more closely onto the patient’s current challenges with the COVID-19 outbreak^{3,4}. These modifications will be very specific to the individual treatments. For example, in Prolonged Exposure, providers would not recommend a patient expose themselves to crowds when the [Centers for Disease Control and Prevention \(CDC\)](#) is recommending social distancing.

This would be a great time to network with colleagues and see how they are adapting treatments. Providers using an evidence-based PTSD treatment can review the National Center for PTSD’s online lecture, “Treating PTSD during the COVID-19 Virus Outbreak.” It is available in the **Previous Lectures** section of [this page](#).

It may also be appropriate to spend some time discussing how the skills the patient has been learning in their existing treatment can be helpful in managing their reactions. Providers might say:

“Let’s take some time to apply the strategies we’ve been practicing to your reactions related to the coronavirus outbreak.”

The rest of the session could be devoted to using an existing model to help develop the patient’s skills to manage both prior and current challenges by brainstorming ways to apply those skills to their current situation and then proceeding with the treatment protocol.

A Framework to Help Patients Manage COVID-19 Reactions

There are five evidence-informed elements that have been shown to be related to better outcomes in situations of ongoing threat: increased sense of safety, calming, connectedness, self-efficacy, and hope.⁵ It is not necessary to have all elements in place but implementing some of them may help patients deal with the stress caused by the COVID-19 virus. Providers can use the five elements framework to assess patients by asking them whether their current life conditions have had an impact on each of these elements, and also by

asking them their preferred strategies for improving these five elements in their life. This [fact sheet](#) for patients has specific strategies related to the COVID-19 outbreak. Here are some talking points to guide the discussions:

- 1. *Increasing Sense of Safety.*** Finding ways to increase sense of safety can moderate biological reactions that create panicky feelings and make it hard to function. Help patients increase their sense of safety by sharing trusted information and resources on how they can protect their health and well-being. Help patients to prepare for a range of possible scenarios.
- 2. *Cultivating Ways to Calm Oneself.*** In the face of a pandemic, calming is particularly important. Remaining overly anxious or grief-stricken can interfere with making decisions and taking care of self and others. Calming strategies are very personalized, but in the context of a pandemic suggest the following strategies to patients:
 - *Calming actions* such as breathing exercises, meditation, exercise, stretching, yoga, prayer, music, writing in a journal, or spending time outdoors.
 - *Engaging in satisfying or rewarding activities.*
 - *Reduction of unhelpful strategies* which seem to help in the short term but can make things worse in the long term, such as exclusive reliance on alcohol to relax, or excessive exposure to the news, particularly prior to sleep.
 - *Practice helpful, less extreme ways of thinking*, with the goal of modifying thoughts so that they are *both* realistic (i.e., “bad things might happen”) and helpful (adding to the thought, “but if they do, I can handle it with help.”). A table of specific pandemic-related unhelpful and helpful thoughts is at the end of this document.⁴ For more information about how to walk a patient through choosing more helpful thoughts, see the [Skills for Psychological Recovery Field Guide](#).
- 3. *Staying Connected with Others as Much as Possible.*** Social support has been found to be a strong protective factor in adverse life situations. Help patients increase their social support by suggesting flexible, creative, and feasible ways to access support, whether by phone, email, text messaging, or video calls. If patients are quarantined with others, [conflict resolution principles](#) may be also be helpful.
- 4. *Improving Sense of Self-Efficacy.*** Self-efficacy is a feeling that one has the skills or resources to get through difficult times. In the context of a pandemic, providers can help patients enhance self-efficacy by suggesting they seek out mentoring or information to help make decisions and take actions, learn about the most common early warning signs of serious illness that require medical care, revise priorities and expectations, make concrete plans to mitigate stress reactions, and set achievable goals related to the impact of the outbreak and the pandemic response.
- 5. *Remaining Hopeful.*** Hope has been defined by researchers as the expectation that things can work out, optimism about some aspect of the situation, or a connection with something greater than oneself. It is related to improved outcomes in extended threatening situations. Help patients be more hopeful by encouraging them to change negative thoughts to more helpful ones. Remind them to keep

a long-term perspective while remaining focused on the present and the positive actions one can take in the moment. Paying attention to what inspires or increases gratitude has also been linked to better outcomes, as does making time for engaging in actions that support personal values, faith or spirituality.

References

1. Reissman, D. B., Watson, P. J., Klomp, R. W., Tanielian, T. L., & Prior, S. D. (2006). Pandemic influenza preparedness: adaptive responses to an evolving challenge. *Journal of Homeland Security and Emergency Management*, 3(2).
2. Brooks, S. K., Webster, R. K., Smith, L. E., Woodland, L., Wessely, S., Greenberg, N., & Rubin, G. J. (2020). The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *The Lancet*, 395 (10227), 912-920.
3. Ruzek, J. I., Walser, R. D., Naugle, A. E., Litz, B., Mennin, D. S., Polusny, M. A., ... & Scotti, J. R. (2008). Cognitive-behavioral psychology: Implications for disaster and terrorism response. *Prehospital and disaster medicine*, 23(5), 397-410.
4. Berkowitz, S., Bryant, R., Brymer, M., Hamblen, J., Jacobs, A., Layne, C., & Watson, P. (2010). Skills for psychological recovery: field operations guide. National Center for PTSD & the National Child Traumatic Stress Network.
5. Hobfoll, S. E., Watson, P. J., Bell, C. C., Bryant, R. A., Brymer, M. J., Friedman, M. J., et al. (2007). Five essential elements of immediate and mid-term mass trauma intervention: Empirical evidence. *Psychiatry*, 70(4), 283-315.



ADVANCING SCIENCE AND PROMOTING UNDERSTANDING OF TRAUMATIC STRESS

Helpful Thinking During the COVID-19 (Coronavirus) Outbreak

The table below is organized by concerns that are likely to occur in disease outbreaks, including safety, feeling unable to cope, helplessness, guilt, and anger. For each category, unhelpful thoughts and the negative feelings that go with them are followed by more helpful thoughts and their potential resulting feelings. You can use the table to identify which less helpful thoughts you commonly use, and which thoughts might be more helpful. *Then, it's important to practice using more helpful thoughts as often as you can.*

| Safety | | | |
|---|--|--|--|
| Common Unhelpful Thoughts | How You May Feel | Alternate Helpful Thoughts | How You'll Feel |
| <ul style="list-style-type: none"> The world is a dangerous place. | <ul style="list-style-type: none"> scared worried not trusting | <ul style="list-style-type: none"> The world can be dangerous, but also has good opportunities. Change is the only guarantee in life. Sometimes, when things go wrong, the only thing we can control is our reactions. The world is not always dangerous. Most of the time I'm safe. | <ul style="list-style-type: none"> hopeful open to a better future trusting that people will help calmer |
| <ul style="list-style-type: none"> I can't trust anyone. | <ul style="list-style-type: none"> lonely withdrawn suspicious sad | <ul style="list-style-type: none"> Trusting people is why I'm getting help. I can choose some people to trust. | <ul style="list-style-type: none"> more trusting less suspicious hopeful optimistic |
| <ul style="list-style-type: none"> I'm not safe. | <ul style="list-style-type: none"> worried scared insecure | <ul style="list-style-type: none"> Feeling unsafe isn't the same as being unsafe. Something bad happened, but it doesn't mean it'll last forever, or happen again. | <ul style="list-style-type: none"> more relaxed confident capable more secure |

Helplessness and Control

| <i>Common Unhelpful Thoughts</i> | <i>How You May Feel</i> | <i>Alternate Helpful Thoughts</i> | <i>How You'll Feel</i> |
|--|---|---|---|
| <ul style="list-style-type: none"> • I am too scared to do anything because I might get infected. • I am going to infect others. | <ul style="list-style-type: none"> • immobilized • helpless | <ul style="list-style-type: none"> • I can gather information, make some plans, and carry out the most important priorities if I am careful. • I am doing the best I can to keep both myself and my family safe. I can still get close to them if we are all careful. | <ul style="list-style-type: none"> • reassured • capable • stronger |
| <ul style="list-style-type: none"> • Things will never be the same again. | <ul style="list-style-type: none"> • sad • regretful • hopeless | <ul style="list-style-type: none"> • Feeling really bad usually doesn't last forever. • Thinking like this makes it hard to plan for the future. • Not everything will be like it was before. But some things are the same now. • Even though things will never be the same, I can grow from what is happening and continue to live in the new life. | <ul style="list-style-type: none"> • open to the future • hopeful • accepting |
| <ul style="list-style-type: none"> • I have no control over anything. • I have to stay home all the time. • This is a huge setback. | <ul style="list-style-type: none"> • helpless • not caring or giving up • confused • frustrated | <ul style="list-style-type: none"> • I can control some decisions about my future. • Doing things gives me more control. • Talking to a someone about what I'm feeling shows I have some control. • There are many things I can do, so I'll focus on those instead of what is out of my control. • Every setback or obstacle is potentially an opportunity to improve things in my life. | <ul style="list-style-type: none"> • like you have a purpose • hopeful, capable • able to set goals or take steps • less helpless |

| Coping | | | |
|--|---|---|--|
| <i>Common Unhelpful Thoughts</i> | <i>How You May Feel</i> | <i>Alternate Helpful Thoughts</i> | <i>How You'll Feel</i> |
| <ul style="list-style-type: none"> I should be coping better. | <ul style="list-style-type: none"> helpless useless scared | <ul style="list-style-type: none"> I got here today, so I'm coping a bit. Talking to a friend, mentor, or counsellor might help me cope better. Most people would have trouble in a situation like this. | <ul style="list-style-type: none"> less scared more hopeful less helpless stronger capable open to getting support or help |
| <ul style="list-style-type: none"> My reactions mean I'm going crazy. Something must be really wrong with me. | <ul style="list-style-type: none"> scared worthless negative | <ul style="list-style-type: none"> These reactions are temporary. Most people react like this. Just because my mind tells me that something is awful or negative doesn't mean I have to listen to it or agree. I can decide what to tell myself. | <ul style="list-style-type: none"> reassured capable hopeful |
| <ul style="list-style-type: none"> Other people deal with this better than I do, so what's wrong with me? Only weak people react the way I do. | <ul style="list-style-type: none"> worthless | <ul style="list-style-type: none"> Most people react this way for a while. My reaction shows the challenge I'm going through, not how weak I am. | <ul style="list-style-type: none"> reassured capable stronger |

| Guilt | | | |
|---|---|--|--|
| <i>Common Unhelpful Thoughts</i> | <i>How You May Feel</i> | <i>Alternate Helpful Thoughts</i> | <i>How You'll Feel</i> |
| <ul style="list-style-type: none"> I'm a bad person for letting this happen. | <ul style="list-style-type: none"> guilty worthless like you hate yourself | <ul style="list-style-type: none"> A bad person wouldn't feel guilty about this. The reason I feel bad is because I care. I did the best I could with the information I had at the time. We all make mistakes. I can forgive myself and learn from what happened. | <ul style="list-style-type: none"> like you aren't to blame worthy self-accepting |
| <ul style="list-style-type: none"> I should have prevented this. | <ul style="list-style-type: none"> guilty worthless or blaming frustrated upset | <ul style="list-style-type: none"> Nobody could have prevented this. I can't always protect others. There was limited information about how to prevent this at the time it happened. I had to make difficult decisions about how to proceed with life and didn't realize the extent of danger at the time. | <ul style="list-style-type: none"> self-accepting worthy like you aren't to blame |

| Blame and Anger | | | |
|---|--|---|--|
| Common Unhelpful Thoughts | How You May Feel | Alternate Helpful Thoughts | How You'll Feel |
| <ul style="list-style-type: none"> • It's unfair. | <ul style="list-style-type: none"> • angry • vengeful | <ul style="list-style-type: none"> • This could have happened to someone else. • Sometimes bad things happen to good people. • Even though it's unfair, the way I'm expressing my anger is not going to help me get what I want and/or need. • It might be unfair, but if I continue to be angry, it is getting in the way of my bigger priorities (e.g., helping my children feel safe). • There are many things I'm grateful for, so I'll focus on those instead of what is bothering me. • The alternative to the current situation could be much worse. | <ul style="list-style-type: none"> • understanding • realistic • accepting |
| <ul style="list-style-type: none"> • It's their fault this happened. | <ul style="list-style-type: none"> • angry • frustrated • vengeful • blaming • not trusting | <ul style="list-style-type: none"> • Blaming others doesn't change my situation. • Others may be to blame, but I need to focus my energy on me and my family. • Later, my anger will motivate me to try to do something to change the things I'm angry about, but at the moment, I need to focus on what I can accomplish in my immediate circumstances. | <ul style="list-style-type: none"> • accepting • optimistic • more trusting • better able to move on |

Adapted from Berkowitz, S., Bryant, R., Brymer, M., Hamblen, J., Jacobs, A., Layne, C., Macy, R., Osofsky, H., Pynoos, R., Ruzek, J., Steinberg, A., Vernberg, E., Watson, P., National Center for PTSD and National Child Traumatic Stress Network, *Skills for Psychological Recovery: Field Operations Guide, 2010*. Available on: www.nctsn.org and www.ptsd.va.gov.