Managing Covid-19 Fear and Anxiety by Phone and Web

About the Instructor

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- **Consultant/Trainer:** U.S. Dept. of Homeland Security; U.S. Dept. of Justice; National Criminal Justice Training Center; U.S. Health & Human Services Administration; United Nations-Operational Support-Special Situations Section; major city police departments, U.S. military

- **Responder/Supervisor:** '93 and 9/11 World Trade Center attacks; NJ Anthrax Screening Center; TWA Flight 800; Unabomber Case; Int'l kidnappings, hostage negotiation team member

- **Deputy/Police Surgeon:** Member NJ Police Surgeons' Team/Atlantic County Sheriff's Office

- **Expert:** to the courts and media on crisis prevention and response issues

- **Author:** Many published articles and book chapters addressing the behavioral sciences in crisis intervention, disaster and terrorism response

Certified Homeland Protection Professional, National Sheriff's Association

Certified Threat Manager Member, Association of Threat Assessment Professionals
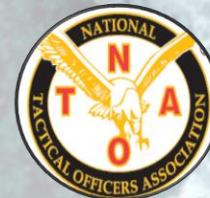
Member, National Tactical Officers Association

Diplomate, National Center for Crisis Management

Diplomate, American Academy for Experts in Traumatic Stress

Overview & Introduction

Welcome

- Thank you all for making the time to participate in this webinar

- For context, today, the broadcast date of this presentation is April 20, 2020. As of 7:00 AM, 761,991 people have been infected with the COVID-19 virus in the U.S.—there have been 40,724 deaths over the past several weeks

- April 15th was the deadliest day so far, with 2,405 deaths in the U.S. in a single day

- Covid-19 has infected more than 2.4 million people and killed at least 166,000 worldwide

For perspective, 2,606 people were killed in the 9/11 attack on the World Trade Center

Pandemics are…

Slow Moving

Refrigerator trucks as makeshift morgues

Mass graves for unclaimed bodies

Mass Fatality Incidents

Our Goal

- Our goal is to empower human service/social service to better manage fear and negative behaviors associated with a frightening event

- This is _not_ a Pandemic 101 program and will only touch upon general planning guidelines and not discuss the medical aspects of the crisis

- Our focus will be primarily on health emergency-specific behavior and emotional, as well as strategies and techniques to help individuals, families, communities and responders cope with a long and complex event

Social Service Staff Response Objectives [1]

- Help people understand what they are experiencing

- Help people explore ways to cope

- Seek to prevent longer-term mental health problems by returning people to pre-disaster levels of functioning more quickly

- Normalize people's reactions

- Validate and affirm people's reactions

- Offer practical assistance

Social Service Staff Response Objectives [2]

- Alleviate distress through supportive listening, providing comfort and empathy

- Facilitate effective problem-solving of immediate concerns

- Recognize and address pre-existing psychiatric or other health conditions in the context of the current demands

Remember the importance of

"compassionate presence"

Approaches for Support

- Active listening
- Validating feelings
- Normalizing reactions
- Empathy
- Reflecting feelings
- Helpful thinking
- Paraphrasing
- Information and education
- Screening/Assessment
- Practical assistance
- Linking to resources

Helpful Outcomes for Callers

- Prioritizing needs
- Goal setting
- Social support
- Coping skills
- Relaxation techniques
- Stress management
- Positive activity scheduling
- Problem solving
- Connection to resources & information

Public Health Emergencies are Behavioral Health Emergencies

- These types of emergencies simultaneously affect us medically and psychologically; one aspect cannot be fully addressed without dealing with the other

- In a survey of Hong Kong residents about SARS, nearly two-thirds of respondents expressed helplessness, with nearly half saying their mental health had severely or moderately deteriorated because of the epidemic
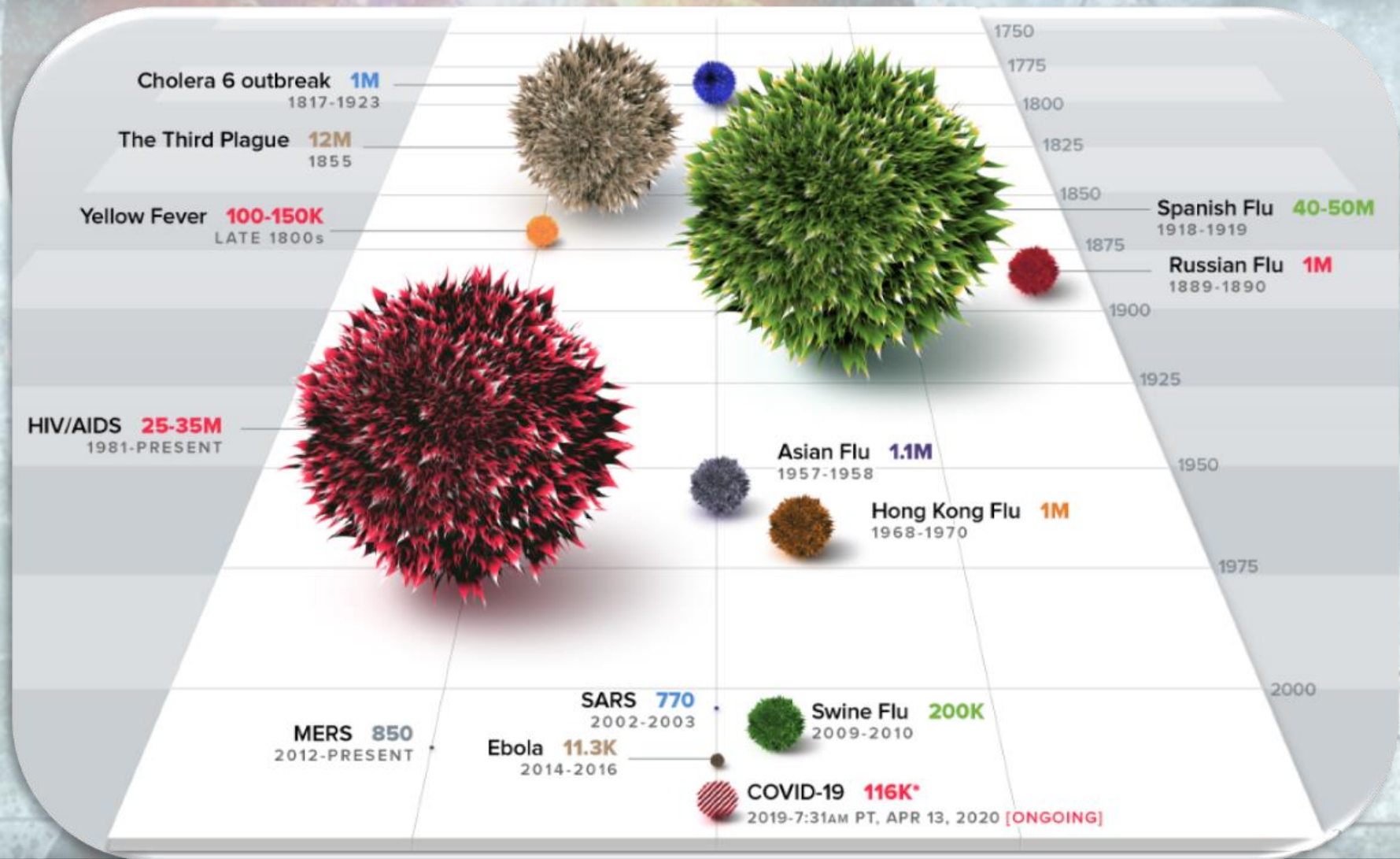
Psychological Contagion is Greater than Physical Contagion

Zhong Nanshan, Director of the Guangzhou Respiratory Research Centre, said regarding the Severe Acute Respiratory Syndrome (SARS-CoV) outbreak, **"The psychological fear [of a disease] is more fearful than the disease itself.** The psychological contagion effect is always more far-reaching than the physical contagion."

Everly, G.S. Psychology of Viral Pandemic: What We Need to Know and Do: Contagious fear may be more dangerous for more people than the viral contagion. Psychology Today March 1, 2020. Last accessed on March 25, 2020 at https://www.psychologytoday.com/us/blog/when-disaster-strikes-inside-disaster-psychology/202003/psychology-viral-pandemic-what-we-need

Pandemics Have Always Been With Us

Cholera 6 outbreak **1M**
1817-1923

The Third Plague **12M**
1855

Yellow Fever **100-150K**
LATE 1800s

HIV/AIDS **25-35M**
1981-PRESENT

Spanish Flu **40-50M**
1918-1919

Russian Flu **1M**
1889-1890

Asian Flu **1.1M**
1957-1958

Hong Kong Flu **1M**
1968-1970

SARS **770**
2002-2003

MERS **850**
2012-PRESENT

Ebola **11.3K**
2014-2016

Swine Flu **200K**
2009-2010

COVID-19 **116K***
2019-7:31AM PT, APR 13, 2020 [ONGOING]

1750
1775
1800
1825
1850
1875
1900
1925
1950
1975
2000

What Is Different Now?

- **World Population:**
  1918 was 1.8 billion; today 7.8 billion

- **Population Distribution:**
  Over the last two centuries, the U.S. has been transformed from a predominantly rural, agricultural nation into an urbanized, industrial one. 4 out of 5 Americans now live in urban areas.

- **Intercontinental Travel:**
  1918-approximately two weeks; today just hours

- **Communications:**
  Today 4.78 billion people worldwide have daily access to cellular phones. Digital information now moves around the world instantaneously and continuously

- **Access to Medicine:**
  According to the World Bank and WHO, half of the world lacks access to essential health services

Unlike Other Disasters

- *Pandemics are predictably unpredictable*

- Because we cannot predict how bad a future pandemic will be, planning is needed for multiple scenarios of a pandemic (e.g. moderate, severe, or very severe)

- Like other public health emergencies, pandemics are a threat that affects the human assets of an organization rather than physical or technological assets

- **These types of emergencies are very sensitive to human behavior, communication and perception of risk**

- The disease could spread easily and the government's response can result in high rates of employee absenteeism, and the complete closure of many sectors of society

On the Frontlines

In a pandemic there may be many non-traditional "first responders." These frontline workers can include:

- First Responders
- Hospital & Healthcare workers
- Grocery store employees
- Bus Drivers
- Mental Health workers
- Farmers
- Food Service Workers
- Delivery Workers

> ...*and many others*

Section One

Behavioral Response to Pandemics

A Critical Concept

Lewin's Equation

$$B = f\ (P, E)$$

Behavior is a Function of Person and Environment

The Dread Factor

Uncontrollability

Unfamiliarity

+ Unimaginability

+ Suffering

+ Scale of loss

+ Unfairness

_____

Dread

Ripley, A. 2008. "Unthinkable: Who Survives Disaster When Disaster Strikes and Why"

General Behavioral Response Types

Type I   Neighbor-helps-neighbor

Type II   Neighbor-fears-neighbor

Type III   Neighbor-competes-with-neighbor

The "Bookends" Effect

Events which have clear *"bookends"* (i.e.-it is clear when they begin and end; who is in the affected area, who is not) tend to produce acute stress reactions and PTSD-like symptoms

- Most natural disasters
- Many technological disasters
- Conventional terrorism: Bombing, shooting and kidnapping incidents

Events which lack *"bookends"* and have the element of invisibility (cannot see, smell, hear or taste threatening substances, etc.) result in chronic stress reactions and long-term behavioral consequences

- Unconventional terrorism: CBRN/WMD
- Disease outbreaks

Reactions to Atypical Threats

Public health crises result in different responses that are not seen in natural or technological disasters. Those include:

- Medically Unexplained Physical Symptoms (MUPS)
- Mass Sociogenic Illness
- Panic
- Surge in healthcare seeking behavior
- Greater mistrust of public officials

These reactions further complicate and confuse the public health and medical response to the situation

Invisible hazards can result in a surge in healthcare & hospital ED demand and patients with confusing somatic complaints.

Pastel, R.H. 2001. Collective Behaviors: Mass Panic and Outbreaks of Multiple Unexplained Symptoms. Military Medicine 166:44-6.

About Panic

- Panic is related to the <u>perception</u> that there is a limited opportunity for escape, a high-risk of being injured or killed, or that help will only be available to the very first people who seek it

- Panic is unlikely in most disaster scenarios, but more likely in health emergencies

Surge & the Worried Well

Many emergency scenarios (i.e., CBRNE, disease outbreaks, etc.) are equal parts medical and behavioral emergencies

Sarin gas attack-Tokyo subway 1995
Psychological Casualties : Medical Casualties

4:1

Cesium-137 release Goiânia, Brazil 1987

500:1

Kawana, N., S. Ishimatsu, and K. Kanda.(2001). Psycho-Physiological Effects of the *Terrorist Sarin Attack on the Tokyo Subway System. Military Medicine 166:23-6.*

Becker, S. (2001). "Psychosocial Effects of Radiation Accidents." Medical Management of Radiation Accidents. 2nd ed. Boca Raton, FL. CRC Press.

Economics and Panic

Economics is not just about money or the stock market, it is about the allocation of scarce resources:

- Equipment will also be in high demand and low supply

- There is a likelihood of price gouging and the development of a *"black market"* for essential goods

- Testing kits, antiviral medications, hospital beds, ventilators, and later vaccines, as well as basic consumer goods will be in tremendous demand

- Other important goods, such as food and water, will be short supply, as will critical medicines like insulin, heart drugs, and other prescription medications

- Supplies of masks, gloves, antibacterial soaps, and other protective equipment will be completely exhausted

Pharmaceutical Options

- Vaccination would be possible only after several months of the onset of the pandemic

- It is unclear if currently used antiviral medication would be effective on a novel strain

- In a significant pandemic, there would not be enough vaccine or antiviral medication to treat the majority of the global population

Non-Pharmaceutical Options

- **For most countries, pharmaceutical interventions will not be an option**

- Non-pharmaceutical interventions can include:
  - Social distancing
  - Closing schools
  - Bans on mass gatherings: business, cultural and religious
  - Bans on travel
  - Isolation
  - Quarantine

Demand on the Healthcare System

- Depending on severity of the pandemic there may be an overwhelming demand on the system. There will not be enough:

  - Space
  - Beds/Negative Pressure Rooms
  - Staff
  - Equipment (Ventilators)
  - Supplies (Masks, PPE)
  - Test kits
  - Medicines (Antivirals, vaccines)

- Some areas will have these deficiencies at the onset and for several months into an outbreak. Many developing countries will lack these resources for the entire duration

Potential Flashpoints

- Hospital Emergency Departments

- Testing Sites

- Points of Dispensing (PODs)

- Immediate Care Centers

- Pharmacies

- Home Care/Community Health Workers

- EMS Facilities, Vehicles & Workers

- Workplace & School Nursing Offices

National Guard troops standing at the entrance to Johns Hopkins Hospital during riots in Baltimore in 2015

Flashpoint Triggers

Flashpoint Factors

1. Denial of access
2. Perceived breech of rules
3. Perceived abridgement of rights
4. Lack of organization
5. Excessive or inappropriate use of force
6. Unwillingness to obey rules

Violence Potential

The potential for individual and group violence may be directed at:

- Individuals and groups associated with the disease
- Other racial, ethnic and/or socio-economic groups

Crowd violence can be related to:

- Anti-government beliefs
- Quarantine Riots
- Food/Supply Riots

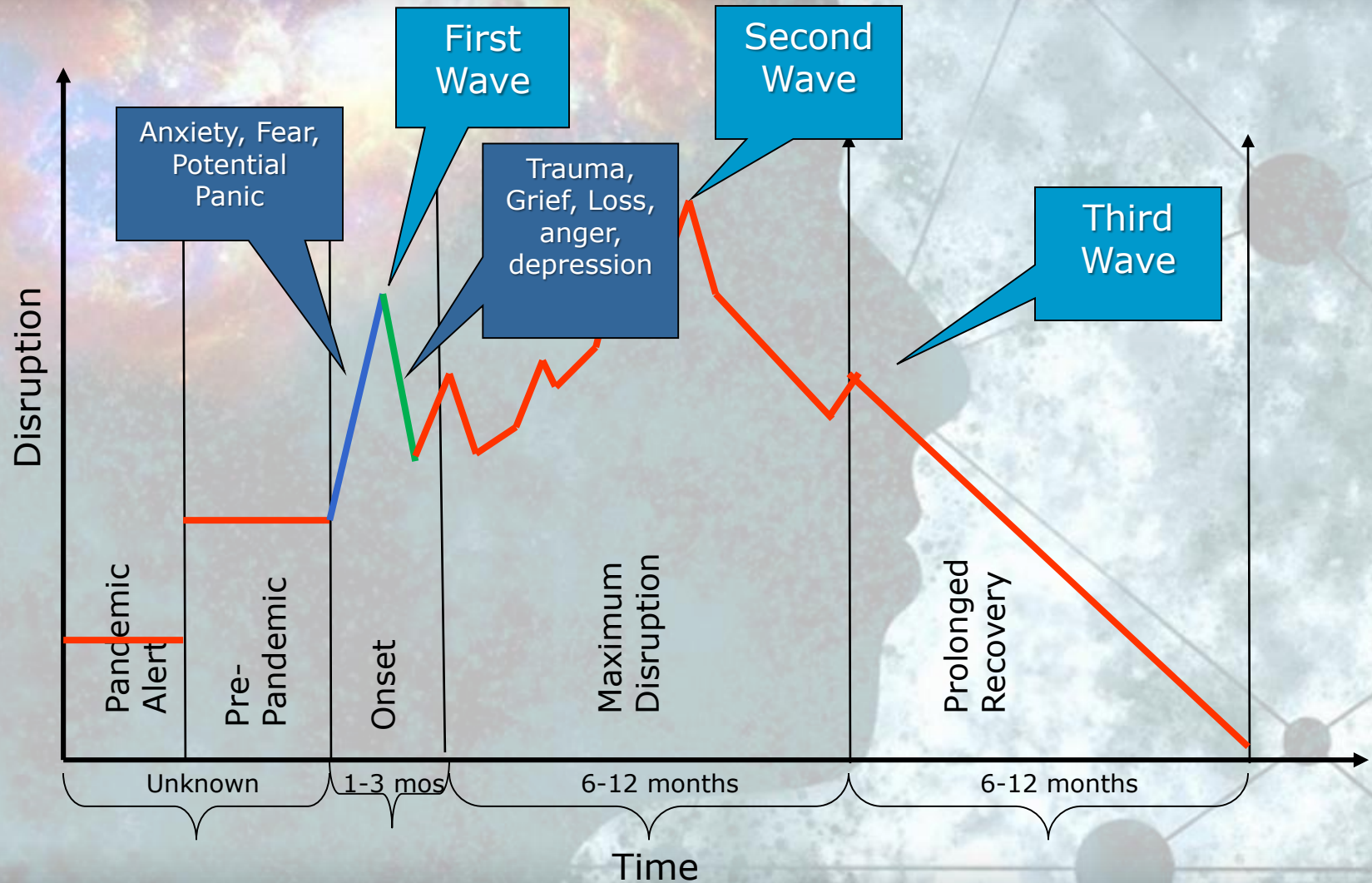Social divisions between race and socio-economic groups can be made worse:
Ex: African Americans seem disproportionately affected by COVID-19

April 15, 2020: Armed anti-social distancing protestors in Lansing, MI

Pandemic Timeline and Planning Framework

Section Two

Social Impact

Planning Assumptions

Livelihoods
- Income loss & decreased economic activity
- Travel, entertainment, retail, etc. all impacted

Human Health
- High illness & potentially higher death rates
- Overstretched health facilities
- Disproportionate impact on vulnerable

Governance & Security
- Increased demand for governance & security
- Higher public anxiety
- Reduced capacity due to illness & death

Social & Humanitarian
- Deterioration of coping & support mechanisms
- Interruption in public services
- Isolation/Quarantine policies

Economic Systems
- Trade & commerce disruptions
- Degraded workforce
- Interruption of regular supply systems

Social Impact

Many social responses revolve around **loss**. These may include the real or perceived loss of:

- Control

- Income

- Privacy

- Autonomy

- Valued civil liberties

- Trust (i.e., in government, medicine, humankind, etc.)

- Beliefs or faith (i.e., patriotism, religious beliefs, etc.)

Cultural Factors

Many cultural factors would also influence how individuals and communities respond to the event and mitigation efforts. These include:

- Language

- Cultural interpretation of the event

- Expressions of grief

- Attitudes toward help-seeking

- Varying concepts of mental health

- Concerns regarding burial rituals, cremation

- Levels of distrust or suspicion of government officials

- Fears among undocumented persons
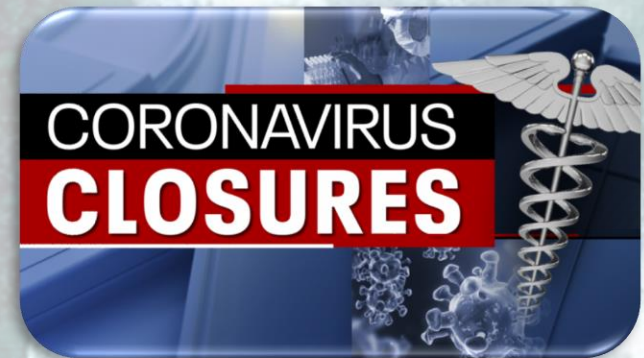
Economic Disruption

- High rates of illness and prolonged absenteeism

- Significant reduction in work productivity

- Drastic decline in retail, tourism, entertainment, travel and many economic sectors

- Business closures; Escalating unemployment

- Impairment of essential services such as utilities, transportation and communications

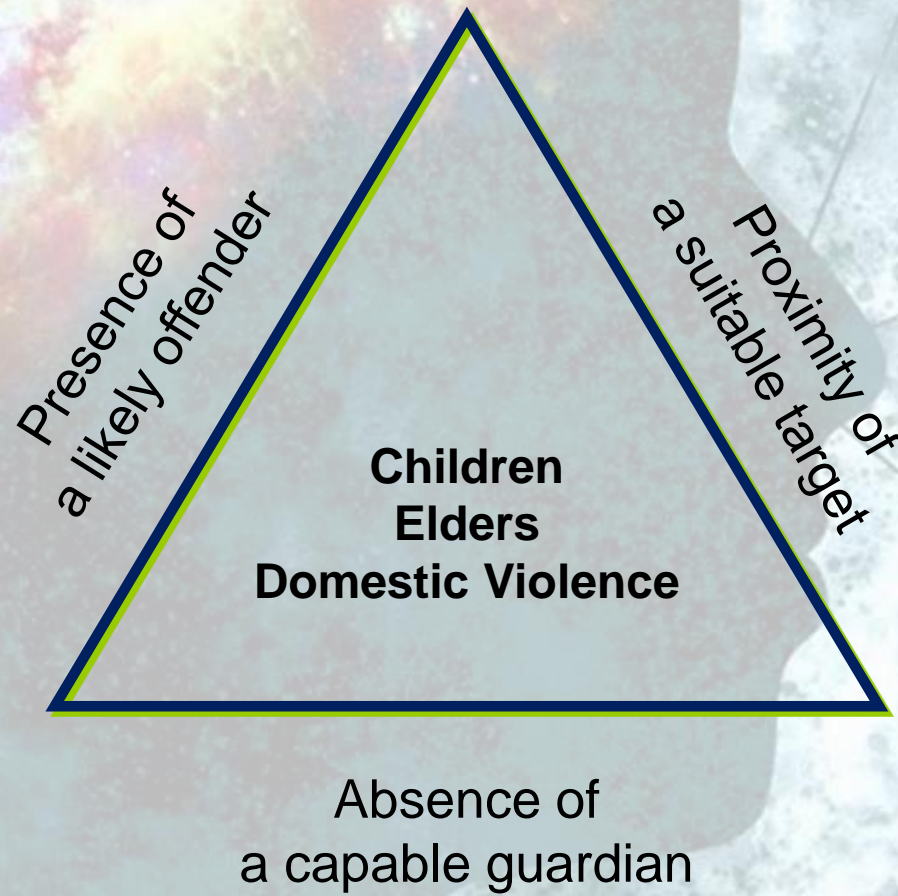- Disruption or closure of financial markets and banking

Personal Finances

Due to closures of businesses, lost work time related to illness or caring for others, and many other factors, individuals and households may suffer great financial difficulties, such as:

- Little or no household income

- Depletion of any available savings

- Increased dependence on credit cards to replace income or cover large medical costs

- Price gouging and elevated costs for many basic consumer goods

- Risk of default on loans or mortgages

- Potential for crisis-related financial scams

Victims of Abuse are More Vulnerable

Presence of
a likely offender

Proximity of
a suitable target

**Children
Elders
Domestic Violence**

Absence of
a capable guardian

Domestic Violence [1]

- For people who are experiencing domestic violence, mandatory lockdowns to curb the spread of COVID19 have trapped them in their homes with their abusers, isolated from the people and the resources that could help them

- Many victims also feel that they can no longer seek refuge at their parents' home, for fear that they could expose their elderly parents to the virus

- For some, travel restrictions may limit their ability to stay with loved ones

- Women's shelters may also be overcrowded during this time or may close their doors if the risk of infection is deemed too high

Domestic Violence [2]

- The coronavirus crisis, which is expected to push the world economy into a recession, may also ultimately make it more difficult for victims to leave abusive relationships.

- Leaving an abusive partner often involves secretly saving money, which will be more difficult if victims begin to lose their jobs.

- With the advent of the novel coronavirus (or COVID-19), many companies are choosing to let employees work from home in an effort to curtail the spread of illness.

- In most cases this is a prudent decision, but for people who are experiencing domestic violence, a mandate to self-isolate can be a virtual prison sentence.

Child Abuse [1]

- COVID-19 can quickly change the context in which children live

- Quarantine measures such as school closures and restrictions on movements disrupt children's routine and social support while also placing new stressors on parents and caregivers who may have to find new childcare options or forgo work

- High-stress home environments will also increase the likelihood of domestic violence and abuse that children either experience or observe

Child Abuse [2]

Risks presented by COVID-19*

Child Protection Risk: Physical and emotional maltreatment	
• Reduced supervision and neglect of children • Increase in child abuse and domestic/interpersonal violence • Poisoning and other danger and risks of injuries to children • Pressure on or lack of access to child protection services	• Childcare/school closures, continued work requirements for caregivers, illness, quarantine/isolation of caregivers • Increased psychosocial distress among caregivers and community members • Availability and misuse of toxic disinfectants and alcohol • Increased obstacles to reporting incidents

*In addition to the obvious risk of the virus

Disruption of Typical Service Delivery

Travel restrictions

- People can't get to service providers and sites
- Outreach workers can't get to clients
- No group sessions

Disrupted supply chain

- Inability to deliver/stock meds
- Disruption of legal and illegal substances

Reduced staffing

- Increased case loads
- Change in triage/standards of care

Substance Abuse Challenges

Impact of disasters on substance use:

- Potential increase in use of alcohol or other drugs due to isolation and psychosocial stress

Substance abuse treatment and prevention infrastructure

- Continuity of Operations for substance abuse treatment facilities

- Specific challenge for Opioid Treatment Providers (OTP)

- Recovery without social support?

Abuse and Dependency [1]

Some specific problems for individual with substance abuse disorders include:

- Reduced supply of drugs and alcohol due to travel restrictions and reductions in manufacturing and delivery non-essential goods

- Interruptions in methadone supply and access

- Medical and emotional distress associated with withdrawal

Abuse and Dependency [2]

- Competition and price gouging for remaining supply

- Introduction of tampered, bootleg or contaminated substances into the marketplace

- Competition and criminal activity to access substances

Section Three

Emotional Consequences

Normal Emotional Reactions

- Anxiety is related to the fear of the unknown, and all of us are vulnerable to this type of reaction at different times and in the face of different threats

- As reports from the media and public officials provide new and sometimes frightening information, it is understandable to have many different types of reactions. These reactions may be:

  - Physical
  - Emotional
  - Mental
  - Behavioral
  - Spiritual or existential

Grief and Loss [1]

- Both sudden and anticipated losses can trigger grief reactions that can feel very destabilizing

- Pre-existing grief and loss may be exacerbated

- Loss of loved ones is complicated by:

  - Not seeing/saying "good bye"

  - The manner in which bodies are handled/stored

  - Lack of funeral/burial rituals

Sussex Co
Andover
New Jersey

17 BODIES FOUND IN NURSING HOME

Grief and Loss [2]

Other losses may include:

- Financial security/retirement
- Small/Family-owned businesses
- Faith in religious beliefs, the government, science/medicine, humankind
- Human connection

Complex grief can involve survivor/responder guilt:

- Illness or death of co-workers
- Cumulative effects of countless deaths
- Feeling powerless
- Concerns of exposure/exposing home and family

Increased Rates of Mental Illness & Substance Abuse

- In the United States, it is estimated that approximately 26.4 percent of the population suffers from a diagnosable mental disorder

- In 2020, mental health and substance abuse disorders will surpass all physical diseases as a leading cause of disability worldwide

Substance Abuse and Mental Health Services Administration (2014). The NSDUH Report: Substance Use and Mental Health Estimates from the 2013 National Survey on Drug Use and Health: Overview of Findings. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Mental Health Vulnerabilities [1]

For the most vulnerable, more intense exacerbation of symptoms during this time will be those with:

- Anxiety
- OCD
- Schizophrenia

Interestingly, for other disorders, such as bi-polar disorder or PTSD, the data does not show a similar spike in symptoms.

Mental Health Vulnerabilities [2]

- Individuals with pre-existing MH conditions do not necessarily decompensate or deteriorate in functioning due to the shock and awe of a crisis

- Difficulties arise from disruption of:

  - Medications
  - Services
  - Supports

All of which may be impacted by the COVID-19 event

Section Four

Communications Under Stress

Stress is Normal, *but…*

- Stress is an elevation in a person's state of arousal or readiness, caused by some stimulus or demand, real or perceived

- In general, as stress arousal increases, health and performance actually improve. **Within manageable levels, stress can help sharpen our attention and mobilize our bodies to cope with threatening situations**

- An optimum level of stress can act as a creative, motivational force that drives a person to achieve incredible feats

- **At some point, stress arousal reaches maximum effect. Once it does, all that was gained by stress arousal is then lost and deterioration of health and performance begins**

The Stress-Performance Link
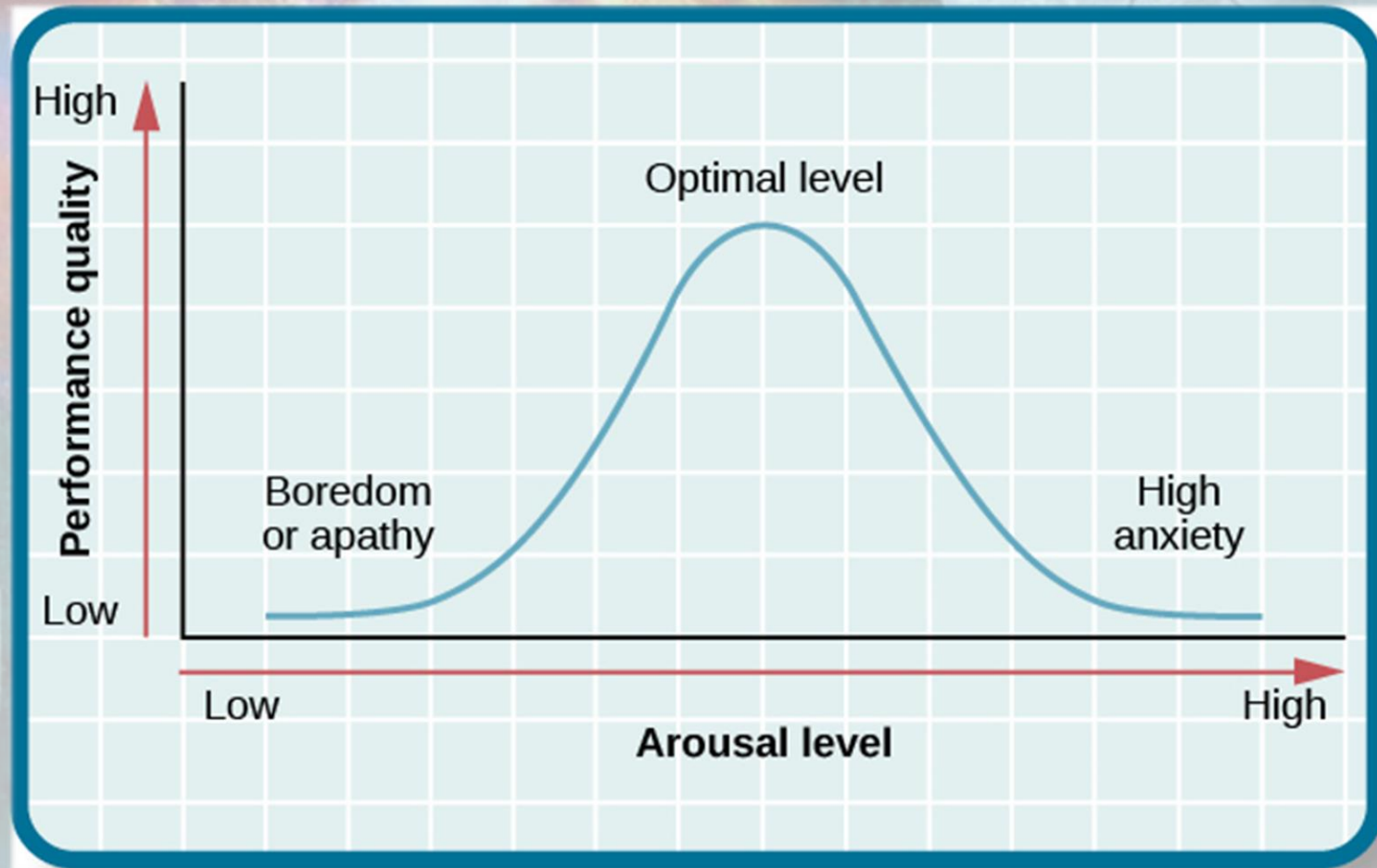
**The Yerkes-Dodson Law of Stress Response**

The Brain's Response to Fear

In response to crises and traumatic events, we tend to experience greater activation of our limbic system, also known as the *"emotional brain"*

This can influence:

- Problem solving
- Decision making
- Judgment
- Logic
- Reasoning
- Impulse control
- **Verbal processing**

All critical functions to resolve a crisis
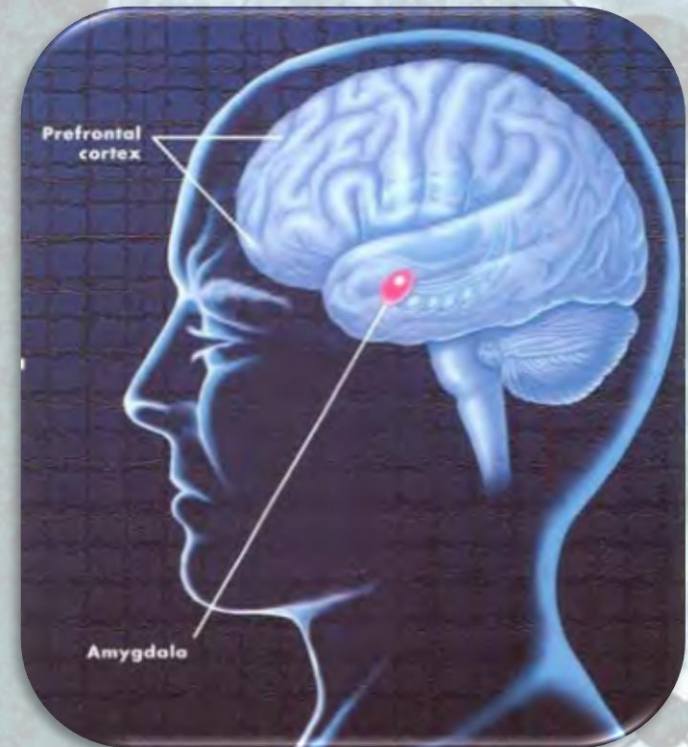
Mental Noise Theory [1]

- Mental noise theory focuses primarily on how people process information under stress

- Research indicates that when people are in a state of high concern caused by perceptions of a significant threat, their ability to process information effectively and efficiently is severely impacted
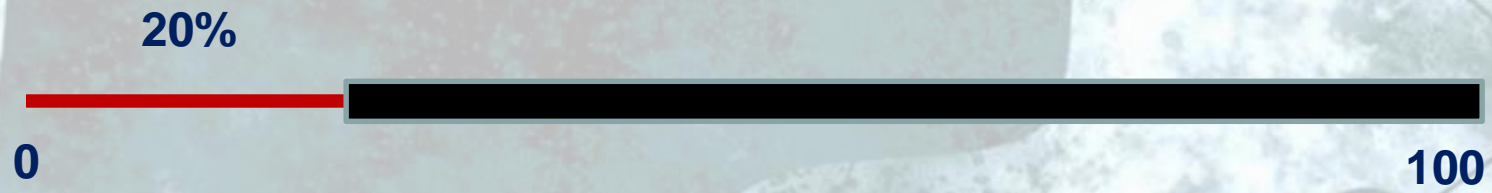
Mental Noise Theory [2]

Under high-stress conditions people…

- Receive

- Process

- Remember, *and*

- Act upon information, differently

Mental noise can reduce the ability to process information by up to 80%

20%

0   **100**

The Message, the Messenger & the Means

Remember

- People judge the messenger before the message
- People judge the messenger in terms of trust
- Information about trust comes from non-verbal communication as well as verbal

Recommendations

- Be credible
- Be sincere and genuine
- Remember facts play virtually no role compared to perception

Finding the Balance: *Expertise versus Empathy*

Low Stress

Message recipients focus on competence and expertise

The more frightening the situation, the more important it is to lead communications with empathy.

High Stress

Message recipients focus on honesty and empathy

Effective Communication in a Crisis

- Clarity

- Repetition

- Honesty

- Empathy

- **Efficacy (Give people actionable things to do)**

Words to live by:

ACTION BINDS ANXIETY!

-P. Sandman

The New Media Landscape

- **Social media is a two-edged sword in public health emergencies**

- There have been many examples of social media apps and emergency notification technologies expediting the delivery of good information to a concerned public

- But there have been an equal number of instances in which bad information, misinformation and rumor have moved through communities with light-speed fueling the reactions described above

- Social media in public health emergencies *does not cause* extreme psychosocial or psychophysiological reactions, but it *can contribute* to the rapid and potentially exponential fear response in the community

Uncharted Waters

- The intersection of the known psycho-social and psycho-physiological reactions to disease outbreaks with the lesser known impact of social media, fake news and alternative facts can only serve as a *force multiplier* for the potential impact of a health crisis

- Social media alone will likely serve as an *accelerant,* moving good information, bad information, misinformation, and rumor instantly through our communities and organizations

- **Efforts to inform, educate, and reassure a worried public may be badly undermined by the advent of *fake news* and *alternative facts***

Section Five

Strategies & Techniques for Coping

Managing COVID-19 Stress

- Whether by phone, social media or in person, there are a number of helpful ideas for those having difficulty coping with the current health crisis

- Call takers, counselors working in health care settings, or testing sites, all may have an opportunity to assist others experiencing emotional distress

- The following are strategies and techniques helpful in managing the emotional consequences of the COVID-19 outbreak

Strategies for Coping

- Just as there is no one way to react to a health risk, there is no one best way to cope with the emotional challenges that may accompany it

- Not everyone reacts the same way, and in fact, people may react in a variety of different ways even in the course of the same day

- Each person gets through the emotional challenges in their own time and on their own terms

Become Informed

- Becoming educated and aware about a threat is a good way to manage any kind of fear

- The more we know about the real dangers, the more we can take effective steps to avoid or minimize them, thereby putting some fears to rest

- **Education** and **accurate information** are the best antidotes to managing unrealistic fears

  - Your doctor

  - Your local health department

  - The Center for Disease Control & Preparedness at www.cdc.gov

Take a Break from the News and the Web

- Traditional media and social media, as well as information on the Internet, can heighten anxiety

- It can be helpful limit online research and exposure to news during health scares

- This is especially true when the information and level of concern are changing rapidly

- It's important to stay aware and informed, but try to make sure your level of fear does not exceed your actual risk factors

Stay Connected

- The fear associated with a public health emergency can push people apart

- People who are normally close to family and friends may avoid contact because they are afraid they might get sick or get someone else sick

- It is important to stay connected with others. Use the phone, e-mail, or other electronic means of communication.

- If you are anxious about a health risk, talk to someone who can help. This may be your doctor, a family member, friend, member of the clergy, teacher or mental health professional

Stay Active

- Staying engaged in activities that keep you busy and present can be helpful

- Exercising can be a good option if medically appropriate

- Other good activities for that can help you stay in the here and now include:

  - Reading
  - Playing or listening to music
  - Puzzles and games

- These activities can all interrupt and reduce the intensity of anxiety

Social Distancing Does Not Have to Mean Social Isolation [1]

- The Centers for Disease Control and Prevention (CDC) recommends avoiding large gatherings, working from home and practicing social distancing—maintaining at least six feet of distance from others when possible

- Under these guidelines, normal social interactions are practically impossible

- Humans are social beings, and we all benefit from connecting to others, but right now direct contact is strongly discouraged

- There are ways we can stay connected and reduce feelings of isolation even when we can not physically be together

Social Distancing Does Not Have to Mean Social Isolation [2]

- There are many safe ways that we stay connected with our neighbors, friends and loved ones during this time

- There are many low-cost or no-cost technologies available to help keep in touch

- If possible, you can connect over the phone or by video using a number of services and applications like Zoom, Skype or FaceTime

- Google Hangouts and Facebook Messenger, and simply calling, texting or emailing your contacts is a great way to stay in touch to give and receive support

How to Help a Concerned Loved One

If someone in your home or family is struggling with fears about COVID-19, it can be helpful to:

- **Acknowledge their concerns.** It's scary to learn about a global health threat or feel like you have little information about it. Acknowledging that this is a real concern can help individuals and families stay calm, but does not provide false assurances

- **Be empathic and calm.** Asking a loved one to share their thoughts or feelings can help them feel more comfortable about opening up and disclosing their true concerns. Often just sharing frightening thoughts and feelings can help reduce their power and helps people feel less alone with their worries

Helping Children [1]

- Children may respond differently to stress, such as being more anxious, clingy, withdrawn, angry or agitated. Younger children may even regress to bedwetting and/or being more needy or dependent

- Responding to children's reactions in a supportive way and listening to their concerns is important

- This is a time for extra love and attention, even if the adults in their lives are more stressed. Listen, speak kindly, and gently reassure children

- When possible, make time opportunities for children to play and relax

- Be mindful of watch news and other media reports they are exposed to, and limit those that seem upsetting or overwhelming

Helping Children [2]

- Try to keep parents and children close together and avoid separating children from their caregivers whenever possible. If separation is necessary (e.g. hospitalization) maintain regular contact via phone/video chat/ text, etc.

- As much as possible, keep to regular routines or create new ones to adjust to the new environment. This should include time for school or learning, as well as meal times, bed time, and time to relax and play

Helping Children [3]

- Provide facts in age-appropriate ways to let children know what is going on and what might be happening next

- Speak openly, but in a calm manner, about what could happen (e.g.- A family member or the child may start not feeling well so that doctors can check them out and help them feel better)

- Give children clear information about how reduce their risk in words that they can understand

Helpful Strategies:
Temporal Distancing

- It may be helpful to reframe the coronavirus outbreak by using a technique called *temporal distancing*

- Temporal distancing means focusing your attention on a longer timescale, not just the present moment

- For example, imagine how you might look back on these events in a year, or even a few years from now

- You can also try putting the outbreak in historical context

- Remember, we have experienced these kinds of things as a society before, and we have always gotten through them. We will get through this situation, as well

Helpful Strategies:
Control What You Can Control

- We can follow the everyday precautions that experts such as the PA Department of Health, CDC and the WHO are advising to help protect ourselves and our loved ones and prevent the spread of the disease—that's something we can control

- Otherwise, recognize that there are things about this situation that we can't control and no amount of worry will change that
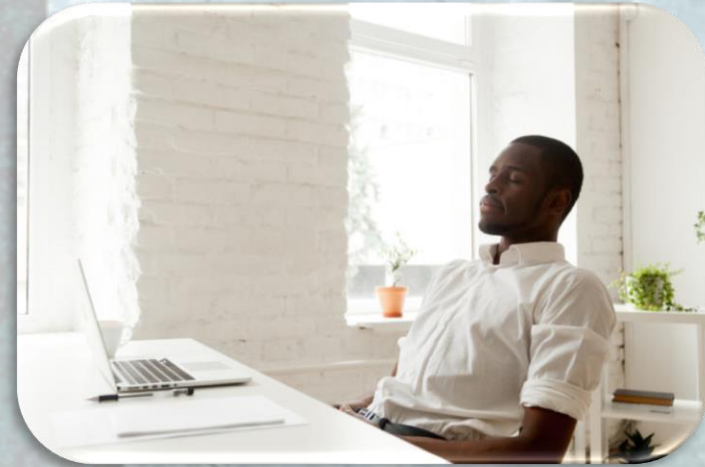
Helpful Strategies:
Relaxation Exercises

Instructions

1. Inhale slowly to a count of four ("one-thousand one; one-thousand two; one-thousand three, etc.) in through your nose and comfortably fill your lungs all the way down to your belly

2. Hold your breath for a count of four, silently and gently saying to yourself, *"My body is filled with calmness"*

3. Exhale on a count of four through your mouth and comfortably empty your lungs all the way down to your abdomen. Silently and gently say to yourself, *"My body is releasing the tension"*

4. Wait for a count of four, then repeat five times slowly and comfortably

   Do this as many times a day as needed

Breathing exercises are one of the techniques that turn on our relaxation response, and turn down our stress response

The more often you practice this type of technique, the more helpful it will become

Helpful Strategies:
Relaxation Exercises for Children

Make a game of it:

Blow bubbles with a bubble wand and dish soap

Blow bubbles with chewing gum

Blow paper wads or cotton balls across the table

Tell a story where the child helps you imitate a character who is taking deep breaths

<u>Lead a child through a breathing exercise. Say:</u>

"Let's practice a different way of breathing that can help calm our bodies down."

"Put one hand on your stomach, like this" [demonstrate].

"Okay, we are going to breathe in through our noses. When we breathe in, we are going to fill up with a lot of air and our stomachs are going to stick out like this" [demonstrate].

"Then, we will breathe out through our mouths. When we breathe out, our stomachs are going to suck in and up like this" [demonstrate].

"We are going to breathe in really slowly while I count to three. I'm also going to count to three while we breathe out really slowly"

Tell the child: *"Let's try it together. Great job!"*

Accept & Ask for Help

- Accepting help is tough for a lot of people. Most of us are more comfortable giving help than receiving it

- But asking for help isn't weak; it's a wise thing to do when you're feeling overwhelmed

- Accepting the support of your family, friends or helpers on various helplines and chatrooms isn't going to resolve all your current challenges, but it can make a significant impact

- Practical and emotional help relieves stress and helps us feel less alone

- Being vulnerable, as we do when we ask for help, can also strengthen relationships; it allows others to better understand us and our feelings

- And don't forget that other people like to help, too. So, don't rob them of the opportunity to be supportive

Section Six

Providing Support by Phone

On the Phone: *Communicating Warmth*

- Soft tone
- Sound interested
- Open/welcoming statements
- Allow the person you are talking with to dictate the pace. (This can vary according to cultural or personal differences)

Listening and Responding [1]

- Seek to understand first, then to be understood
- Concentrate on what is being said
- Be an active listener (affirming sounds)
- Be aware of your own biases/values
- Listen for feelings
- Do not rehearse your answers

Listening and Responding [2]

- Pause to think before answering
- Do not judge
- Use clarifying questions and statements
- Avoid expressions of approval or disapproval
- Do not insist on the last word
- Ask for additional details

Using "I" Statements

These types of statements reflect what you are seeing and hearing. These statements convey that you are listening, you understand, and that you care.

Some examples might be:

- *"I can hear that you are upset/frightened/angry."*
- *"I hear in your voice that you are worried."*
- *"I'm here to help you." "I want to help you."*
- *"I care…I have time…I'm listening"*
- *"I appreciate your speaking with me about this."*

Ways of Responding

- Ask mostly open-ended questions

- Address thoughts or feelings

- Paraphrase

- Avoid giving outright advice

- Remember your role as supportive helper
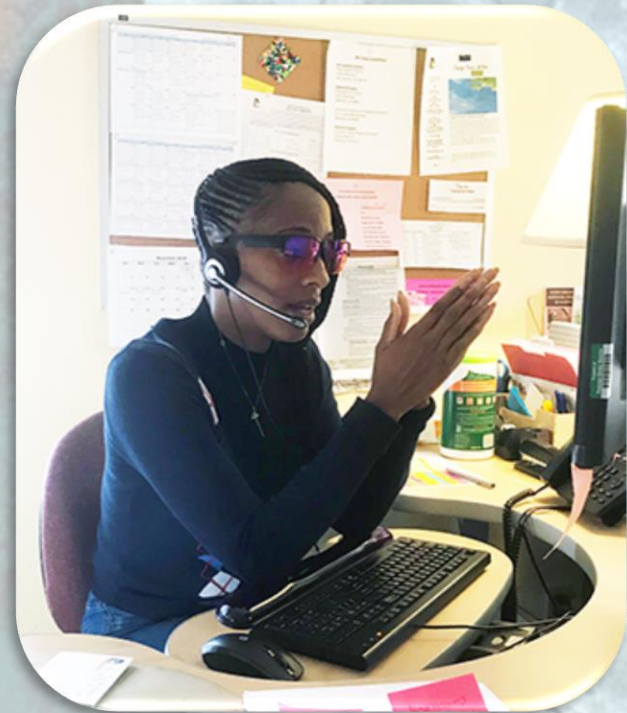
Key Coping Messages [1]

Reassure callers that:

1. It is normal, natural and understandable to feel sad, stressed, confused, scared and/or angry during a health crisis

2. Gathering information and the facts will help them accurately determine their risk so that they can take reasonable precautions

3. Finding credible sources of information, such as the Department of Health, CDC and World Health Organization, as well as local health agencies and primary care providers

4. If people must stay home, encourage a healthy lifestyle-including proper diet, sleep, exercise and social contacts with loved ones at home and by email, text and phone with other family and friends

Key Coping Messages [2]

Reassure callers that they should consider:

5. Limiting worry and agitation by lessening the time that callers and their families spend watching or listening to media coverage that they perceive as upsetting.

6. Drawing on strategies and skills successfully used in the past that have helped in managing previous adversities. Promote those skills to help manage the caller's emotions during the challenging time of this crisis.

7. Avoiding smoking, alcohol or other drugs to deal with emotions. When feeling overwhelmed, suggest talking to a counselor or health worker, friends, family or clergy member. Encourage callers to have a plan for where to go and how to seek help for physical and/or mental health needs if necessary.

Do's & Don'ts

Promote Safety

- Help people meet basic needs for food, shelter, and obtain emergency medical attention, if necessary.

- Provide repeated, simple and accurate information on how to obtain these.

Do's & Don'ts

Promote Calm

- Listen to people who wish to share their stories and emotions and remember there is no wrong or right way to feel

- Be friendly and compassionate even if people are being difficult.

- Offer accurate information to help people understand their situation

Do's & Don'ts

Promote Self-Efficacy

- Give practical suggestions that steer people towards helping themselves

- Engage people in meeting their own needs

Do's & Don'ts

Promote Hope

- Find out the types of help available to people and direct people to those services accordingly

- Remind people (if you know) that more help and services are on the way when they express fear or worry

Do's & <u>Don'ts</u>

- Force people to share painful stories with you, especially very personal details (this may decrease calmness in people who are not ready to share their experiences)

- Give simple reassurances like *"everything will be OK"* or *"at least you survived"* (statements like these diminish calmness)

- Tell people what you think they should be thinking or feeling or how they should have acted (this decreases self-efficacy)

Do's & Don'ts

- Tell people why you think they have suffered by alluding to personal behaviors or beliefs of the victims (this also decreases self-efficacy)

- Make promises that may not be kept

- Criticize existing programs or services in front of people in need of these services (this undermines hope and calmness)

Section Seven

Summary & Conclusion

In Summary

- The human response to disasters and emergencies is both *phase specific* and *hazard specific*

- Hazards that lack *"bookends"* create more somatic and long-lasting behavioral consequences

- People benefit from truthful hazard-related information, but balanced with education about their roles and the organization's role in response

- **"Action Binds Anxiety"**-Get people involved in preparedness at work and home. Preparedness is best done *with* the community, not *to* the community

Secondary Traumatic Stress in Pandemics

- Exposure to other's raw and powerful emotional reactions

- Cumulative stress from hearing traumatic stories

- Feeling overwhelmed by the depth of grief, anger or frustration expressed by survivors

- Over-identification or enmeshment with survivors

- Unrealistic expectations of reliving emotional pain

Realities of Situation

"*The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet.*"

(Remen, 2006)

Closing Thoughts

- Participants in this program will be dealing with extreme levels of both operational stress and traumatic stress

- As leaders, we are not immune from the emotional power of these events, in fact we often have much heavier emotional and professional loads to bear

- From the onset of this long emergency, it will be necessary to take care of yourself in order to lead your organization, employees and consumers through a very complex and fluid crisis

Whoever fights monsters should see to it that in the process he does not become a monster.

~ Nietzsche ~

Mental Health Cares Helpline

Who cares? We do!

NJMentalHealthCares is New Jersey's behavioral health information and referral service. Our staff of behavioral care specialists use their experience and understanding of the behavioral health system to provide emotional support for issues related to COVID-19 and other mental concerns.

Emotional Support During COVID-19 Outbreak
Get Help Now: 866-202-HELP (4357)

E-mail: help@njmentalhealthcares.org

We are available 7 days a week, 8 A.M. to 8 P.M. (EST)
After hours, please leave a message and our staff will return your call within one business day.

New Jersey
MentalHealthCares

For More Information

BEHAVIORAL SCIENCE APPLICATIONS
Corporate | Campus | Community Crisis Intervention

Toll Free

888-404-6177

New York Metro Area

917-289-1186

Email: info@behavioralscienceapps.com

Web: www.behavioralscienceapps.com

www.facebook.com/bsacrisisintervention

www.linkedin.com/in/stevecrimando